HIPAA Accounting of Disclosures Log

Patient Name: _____ DOB: _____ Medical Record No._____

Date	Name of recipient of information	Address of recipient (if known)	Information disclosed	Purpose of Disclosure	If periodic, note frequency and expected date of periodic disclosures

Signature _____ Date: _____ Time: _____

(This log shall be maintained in the patient's medical record.)

NOVANT HEALTH

HIPAA Accounting Disclosures Log

Name / MR # / Label