



Doctor Name
Office Address



Form PF-4000 Tracking of Request for Access or Disclosure of PHI

ACCOUNTING OF DISCLOSURES TRACKING SHEET

Use this form to track all disclosures outside of Treatment, Payment and Health Care Operations (TPO) for the Patient Listed Below. Our practice must keep and be prepared to make this information available to the patient, upon their request, for a period of six (6) years.

NAME OF PATIENT _____ **DATE OF BIRTH** _____

Date Information Was Released:
To whom was the information (PHI) released/disclosed:
Description of the information released/disclosed:
Additional Information/Notes:
Reported By: _____ Signature: _____

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