

**Department of Social Services  
PHI Disclosure Tracking Log**

**INFORMATION REGARDING INDIVIDUAL WHO IS SUBJECT OF DISCLOSURE**

Individual Name:		Social Security No.	
Street Address:		Birth Date:	
City/State/Zip:		Other Identifier (e.g., DCN)	

**Details Regarding Information Disclosed**

Specify Information Disclosed:

- Claims Information
- Entire Record
- Medical Diagnosis
- Other \_\_\_\_\_

Dates Covered in Disclosure: From: \_\_\_\_\_ To: \_\_\_\_\_

Legal authority under which information was disclosed to the Agency/Company/Individual:

- To a public health authority
- To the Food and Drug Administration
- To health oversight agencies
- For judicial and administrative proceedings
- To law enforcement officials
- Other \_\_\_\_\_

Purpose of Disclosure Request:

- At request of the individual or individual's personal representative
- Other \_\_\_\_\_

Circle format in which it was disclosed: Paper \_\_\_\_\_ Computer Disk \_\_\_\_\_ Microfiche \_\_\_\_\_ Fax \_\_\_\_\_ (fax number)  
Other \_\_\_\_\_

Date information was disclosed \_\_\_\_\_

**Information Regarding Agency/Individual To Whom Information Was Disclosed**

Name of Agency/Company/Individual: \_\_\_\_\_

Name of Individual to Whom it was Disclosed: \_\_\_\_\_

Title/Position of Individual: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Details Regarding Employee that Disclosed Information**

Employee Name	Division	County/Location
Employee Signature	Worker Telephone Number	User ID