

ACCOUNTING OF DISCLOSURES LOG

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This form is intended to serve as a sample for Michigan attorneys assisting clients with forms for HIPAA compliance. Under HIPAA preemption standards a HIPAA form is not intended to replace a current form being used in compliance with applicable Michigan law. Use of the sample HIPAA forms will require integration of the HIPAA sample form with existing forms currently in use. The attorney also may wish to consult the HIPAA Matrix to determine if any preemption issue under Michigan law needs to be addressed in the form. This form is for educational purposes only and does not constitute, and may not be relied upon, as legal advice.

Name of Individual _____
 Address _____
 Date of Request for Accounting _____
 Date of Accounting _____

Name of workforce Member completing Accounting _____
 Date _____

Name of Recipient of Disclosure of PHI	Address of Recipient	Date of Disclosure	First of Multiple Disclosures? (yes or no)*	Frequency of Multiple Disclosures? Date of Latest Disclosure?	Purpose of Disclosure	Description of PHI disclosed	Research Disclosure for Study >50 (Attach Research Accounting)

OPTIONAL: Cover letter from MO to Requestor

* For multiple disclosures, it is not necessary to complete an entry for each disclosure.