

**OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH SCIENCES**

**ACCOUNTING FORM FOR DISCLOSURES AS
REQUIRED OR AUTHORIZED BY LAW**

Regulations issued under the Health Insurance Portability and Accountability Act (“HIPAA”) require Oklahoma State University Center for Health Sciences (“OSU-CHS”) to make a written record of disclosures of individual health information that OSU-CHS makes in the eleven situations listed at the bottom of this form. A disclosure is sharing Protected Health Information (“PHI”) with someone outside the OSU-CHS workforce. Use this form to keep a record of each disclosure made about an individual. This form should be kept in the individual’s medical record research file.

Individual’s Name: _____

Individual’s Medical Record Number: _____

Date	Name of Person/Entity Who Received Health Information and Address (if known)	Brief Description of Health Information Disclosed	Brief Statement of the Purpose of the Disclosure (List the category number from below plus specific purpose)

HIPAA Accounting Requirements

1. Uses and Disclosures Required by Law
2. Uses and Disclosures for Public Health Activities
3. Disclosures About Victims of Abuse, Neglect or Domestic Violence
4. Uses and Disclosures for Health Oversight Activities
5. Disclosure for Judicial and Administrative Proceedings
6. Disclosures for Law Enforcement Purposes
7. Uses and Disclosures About Decedents
8. Uses and Disclosures for Donation Purposes
9. Uses and Disclosures to Avert a Serious Threat to Health or Safety
10. Uses and Disclosures for Specialized Government Functions
11. Disclosures for Worker’s Compensation

NOTE: Submit to the OSU-CHS Compliance/Privacy Office.