YAMHILL COUNTY

# HEALTH AND HUMAN SERVICES DEPARTMENT

## Disclosures Log
## Release of Protected Health Information Tracking Log

**Client Name:** **Client #:**

**Section 1: Accounting of Disclosures Log** (Information released without a signed authorization or consent. See page2)

| Date Disclosed | Name & Location of Person/Entity Receiving PHI: | PHI/ Information Disclosed: | Purpose of Disclosure: | Disclosed By: |
|---|---|---|---|---|
| | | | | |
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| | | | | |
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**Section 2: IF Releasing Entire Medical Record** please complete below (See page 2 for additional information)

| Date | Reason Why |
|---|---|
| | |
| | |
| | |

**Section 3: Tracking Log of Information Released in Paper Format** (See page 2 for additional information)

| Date Disclosed | Staff Initials | Name & Location of Person/Entity Receiving PHI | PHI/ Information Disclosed: | Auth/ ROI Filed? | Verified Signature of Person Authorizing |
|---|---|---|---|---|---|
| | | | | Yes / No | Yes / No |
| | | | | Yes / No | Yes / No |
| | | | | Yes / No | Yes / No |
| | | | | Yes / No | Yes / No |
| | | | | Yes / No | Yes / No |
| | | | | Yes / No | Yes / No |
| | | | | Yes / No | Yes / No |
| | | | | Yes / No | Yes / No |

## I. Terms:

**A. PHI = Protected Health Information**

**B. ROI =** Release of Information

**C. Auth =** Authorization

## II. Section 1 Instructions for Completing the Authorization Log:

### A. What to Record?

1. record any disclosures of Protected Health Information not otherwise allowed:
    a. by client's authorization
    b. to carry out treatment, payment, or health care operations

### B. Note the following:

1. Date of disclosure
2. Name & address, if known, of the individual or entity receiving the information
3. A brief description of the information (See examples below)
4. A brief explanation of the purpose (See examples below)
5. Signature of the person making the disclosure

### C. Examples of PHI provided by YCHHS Staff needing to be accounted for:

1. Information to a public health official (other than staff employed for public health functions) such as the reporting of disease or injury.
2. Information in response to mandatory child or elder abuse reporting laws to an entity authorized by law to receive the abuse report.
3. Information about an individual that is ordered to be disclosed pursuant to a court order in a court case or other legal proceeding - include a copy of the court order with the accounting.
4. Information about an individual provided by YCHHS staff to avert a serious threat to health or safety of a person.
5. Information from an individual's records in relation to licensing or regulation or certification of a provider or licensee or entity involved in the care or services of the individual.

## III. Section 3: Instructions for Completing the Tracking Log of Information Released in Paper Format:

### A. What to Record?

**1.** Record any information you have released, from a client's file that you faxed, emailed, or otherwise sent out in paper format. The purpose is track only the client information that has been physically released.

### B. Note the following:

1. Date of disclosure
2. Name & address, if known, of the individual or entity receiving the information
3. A brief description of the information
4. Authorization/ROI Filed– Has the original or copy of the Authorization or Release of Information (ROI) been placed in the client's file?
5. Verified Signature of Person Authorizing - Has the signature of the person authorizing the release of the information been verified that they in fact are authorized to release such information?