WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Patient Name:_____
Account #:_____
Location:_____

ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

Date of Disclosure	Released to	Address	PHI Released	Purpose	Released by

Note:

(1) Paper health records – excludes disclosures for treatment, payment, and health care operations and disclosures as requested by authorization. (May request up to six years prior to the request date.)

(2) Electronic health records – includes disclosures for treatment, payment and operations. For disclosures by Business Associates may include just contact information on business associates. (May request up to three years prior to the request date.)