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| **Section I: Instructions** |
| **1.** Use this form to document disclosures of protected health information (PHI) about a single individual made during research that requires an accounting of such disclosures. For information on which research projects require an accounting of PHI disclosures, review the [OSF Guidance for Investigators: HIPAA Accounting of Disclosures](https://www.osfhealthcare.org/filer/canonical/1517583353/6651/). |
| **2.** A separate form must be completed for each individual. Multiple disclosures about the individual to the same person/entity for the same research project can be documented on one form. |
| **3.** This form should be completed after the first disclosure event and submitted via in-house mail to the Medical Records Department of the facility that made the PHI disclosure. Address the envelope to:  <Name of Facility>  Hospital Medical Records  Scanning |
| **4.** If any information provided on a submitted form changes during the course of the research, an updated Accounting Form must be completed and resubmitted. |
| **5.** If the research project involves disclosing PHI about 50+ individuals, use the [PHI Disclosure for Research Alternative Accounting Form](https://www.osfhealthcare.org/filer/canonical/1526052987/7376/) instead. |
| **Section II: Research Project Information** |
| **1. Project/Protocol Title:** |
| **2. Principal Investigator Name:** |
| **3. Person Making the Disclosure Name & Title:** |
| **Section III: PHI Disclosure Information** |
| **1. Full name of the individual whose PHI was disclosed:** |
| **2. Date of birth of the individual whose PHI was disclosed:** |
| **3. Medical Record Number (MRN#) of the individual whose PHI was disclosed:** |
| **4. Date of the 1st disclosure:** |
| **5. Name and address of the person or entity that received the PHI:** |
| **6. Description of the PHI that was disclosed:** |
| **7. Purpose of the disclosure:** |
| **8. Will there be multiple disclosures about this individual to the same person/entity for this research project?** |
| No **>** STOP and submit completed form to the HIM/HIMS Director at your facility |
| Yes **>** Complete **a.** and **b.**: |
| **a.** **What is the planned frequency and number of disclosures that will be made about this individual?** |
| **b.** **What is the date of the last disclosure that will be made about this individual?** |