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| **Section I: Instructions** |
| **1.** Use this form to document the necessary information when there will be disclosures of protected health information (PHI) about 50 or more individuals 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.** One form can be completed for the entire research project to cover all potential disclosures. |
| **3.** This form should be completed after IRB approval to conduct the research is received and submitted via in-house mail to the Medical Records Departments of all facilities that made PHI disclosures. Address the envelopes 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 fewer than 50 individuals, use the [PHI Disclosure for Research Standard Accounting Form](https://www.osfhealthcare.org/filer/canonical/1526052650/7375/) instead. |
| **Section II: Research Project & PHI Disclosure Information** |
| **1. An individual’s PHI may or may not be disclosed for the following research project:** |
| **a. Project/Protocol Title:** |
| **b. Principal Investigator Name:** |
| **2. Description, in plain-language, of the research project, including the purpose of the research and the criteria for selecting particular records:** |
| **3. Description of the type of PHI that will be disclosed:** |
| **4. Period of time that disclosures are likely to occur: Begin Date:**       **Date of Last Disclosure:** |
| **5. Contact information of the person or entity that sponsored the research:** |
| **a. Name:** |
| **b.** **Address:** |
| **c.** **Telephone Number:** |
| **6. Contact information of all outside researchers to whom PHI will likely be disclosed:** |
| **a. 1st Outside Researcher** |
| **i. Name:** |
| **ii.** **Address:** |
| **iii.** **Telephone Number:** |
| **b. 2nd Outside Researcher** |
| **i. Name:** |
| **ii.** **Address:** |
| **iii.** **Telephone Number:** |
| **c. 3rd Outside Researcher** |
| **i. Name:** |
| **ii.** **Address:** |
| **iii.** **Telephone Number:** |