



DISCLOSURE LOG/MINIMUM NECESSARY

SECTION A: Individual whose protected health information was disclosed:

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Social Security Number: _____

SECTION B: Disclosures made.

Disclosure Date: ____/____/____

Name and Address (if known) of Person or Entity to who the PHI was Disclosed:

Protected Health Information Disclosed: _____

Purpose of the Disclosure: Describe the purpose for disclosing the protected health information, or attach a copy of the completed and signed authorization form for the disclosure.

Repetitive Disclosure:

- Check if disclosure is one of a series of repetitive disclosures for a single purpose to HHS or to the same person or entity as permitted without authorization under our Privacy policies and Procedures. State if known, the date of the first disclosure of the series, and the frequency, periodicity or number of repetitive disclosures made prior to the disclosures being reported on this form.

SECTION C: Minimum necessary determination (check each applicable box).

- No minimum necessary determination applies to this disclosure because:
- Disclosure was to a health care provider to carry out treatment.
 - Disclosure was to the individual in Section A or to that individual's personal representative.
 - Disclosure was authorized by the individual in Section A of that individual's personal representative. Attach the authorization.

- Disclosure was to the Department of Health and Human Services for compliance review or complaint investigation.

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- Disclosure was required by law. Cite the law: _____
- Disclosure was required for compliance with HIPAA Administration Simplification Rules. Cite the Rule and why disclosure was required to comply with it: _____
- Disclosure was in response to a request by a covered entity, and we have no reason to believe that the covered entity requested more than the minimum necessary.
- Disclosure was to a public official as defined by HIPAA, who represented that the request is for the minimum necessary, and we have no reason to disbelieve the representation.
- Disclosure was to a professional who is a member of our workforce or our business associate, and who represented that the request is for the minimum necessary, and we have no reason to disbelieve the representation.
- Disclosure was to researcher providing appropriate documentation to support the disclosure being for the minimum necessary determination:
- This disclosure was part of a series of routine or recurring disclosures and was made in accordance with our policies and procedures or standard protocols that limit routine or recurring disclosures to the minimum necessary for the purpose.
- This disclosure was the minimum necessary for the purpose based on an individualized determination made by applying our criteria that limit such disclosures to the minimum necessary for the purpose. Identify the person who made the individualized determination.
- This disclosure was for all medical files. State the justification for the entire medical record being the minimum necessary protected health information for the purpose:

SIGNATURE.

I attest that the above information is correct.

Signature: _____ Date: _____

Print name: _____ Title: _____

Attached completed Identity and Authority Verification and all applicable authorization to this form, and include in the individual's records.

Send copy to the Agency Privacy Officer.