Taylor Health and Wellness Center
Southwest Missouri State University
901 S. National Avenue, Springfield, MO 65804-0094
Phone: (417) 836-4000 Fax: (417) 836-4133 http://health.smsu.edu

PATIENT RECORD OF DISCLOSURES

_____
Date

_____
Patient's Social Security Number

_____
Patient's Date of Birth

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of and requests for Personal Health Information (PHI) to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

Note: In an emergency, uses and disclosures may be permitted without prior consent. Disclosures for treatment, payment or care given by this or another healthcare facility do not need to be logged. Disclosures that must be logged include: Judicial/Law Enforcement, Public Health, Funeral Director, Public Safety, or as required by law.

Date	Disclosed to Whom: Address or Fax Number	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed

A copy of this form will be filed in the above-named patient's PHI.