Protocol # or Exemption #: _____
Protocol Title: _____

## DISCLOSURES LOG

| PATIENT NAME | NAME OF PERSON and ENTITY TO WHOM PHI IS DISCLOSED | ADDRESS OF PERSON and ENTITY TO WHOM PHI IS DISCLOSED *(record if possible)* | DATE OF DISCLOSURE | BRIEF DESCRIPTION OF PHI DISCLOSED | PURPOSE OF DISCLOSURE *(or, attach copy of request for disclosure)* |
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The Privacy Rule requires that you retain this page for seven years from the date of the last disclosure.