OKLAHOMA DEPARTMENT OF CORRECTIONS
ACCOUNTING OF DISCLOSURE LOG

This form is to be utilized to document all non-authorized disclosures (i.e., Health Department). An accounting is not required for disclosures which have an authorization form signed by the offender; for treatment, payment or health care operations; for national security or intelligence purposes; or to correctional institutions.

Date Received	Name of Requestor	Purpose	PHI Disclosed	Date Disclosed	Staff Completing Request

Key:
Date Received: The date the request is received to disclose information when applicable.
Name of Requestor: Name of person requesting information to be disclosed.
Purpose: Brief description of the purpose of the disclosure to reasonable inform the individual of the basis of the disclosure.
PHI Disclosed: Brief description of the information disclosed.
Date Disclosed: Date the information was released

Offender Name (Last, First) _____ DOC Number _____