

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**ACCOUNTING OF DISCLOSURE**

This form is to be utilized to document all non-authorized disclosures. (Example: 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: \_\_\_\_\_

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PHI Disclosed: \_\_\_\_\_

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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 or entity 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.

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Offender Name (Last, First) \_\_\_\_\_ DOC Number \_\_\_\_\_