



LIST OF DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Date of Disclosure (A list of disclosure dates, or range of dates, may be used for multiple disclosures made to the same recipient for a single purpose)			
Brief Description of Purpose of Disclosure OR <input type="checkbox"/> Copy of Request Placed Behind This Form			
Name of Entity OR Person(s) to Whom Information was Disclosed (If recipient is a DBH client enter "Another DBH Client" as Name and do not enter address)			
Address (if known) of Entity OR Person(s) to Whom Information was Disclosed			
Address	City	State	Zip Code
Brief Description of the PHI that was Disclosed:			

Date of Disclosure (A list of disclosure dates, or range of dates, may be used for multiple disclosures made to the same recipient for a single purpose)			
Brief Description of Purpose of Disclosure OR <input type="checkbox"/> Copy of Request Placed Behind This Form			
Name of Entity OR Person(s) to Whom Information was Disclosed (If recipient is a DBH client enter "Another DBH Client" as Name and do not enter address)			
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Brief Description of the PHI that was Disclosed:			

<p>PROTECTED HEALTH INFORMATION A valid <u>Authorization to Release Protected Health Information (PHI)</u> must be obtained prior to releasing medical records. (Welfare and Institutions Code (WIC) Section 5328, 42 Code of Federal Regulations (CFR) Part 2, and 45 CFR Part 160 and 164.)</p>	Client Name:	
	Client DOB:	
	Chart No.:	
	Program:	