Family and Pediatric Medicine of Grand Rapids 4130 Breton Rd SE, Suite B Grand Rapids, MI, 49512

Phone 616-281-0093 / Fax 616-281-0580

Medical Records Disclosure Log

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Before disclosing personal health information:

- 1. Verify the identity of the individual requesting information and the purpose for disclosure
- 2. Note any specifications from patient regarding the release of their Personal Health Information (Restrictions, Authorizations, Designations).
- 3. Document any non-routing disclosures of health information EXCEPT:
 - a. To carry out treatment, payment, healthcare operations
 - b. To persons or representatives involved in the individual's care

First and Last Name: Date of Birth:/ DESIGNATION OF PERSONS INVOLVED IN CARE (OTHER THAN PARENTS OR GUARDIANS):							
DATE	NAME	RELATIONSHIP TO PATIENT	PHONE	★ <u>PARENT/PATIENT</u> SIGNATURE			
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DISCLOSURE LOG (FOR STAFF USE ONLY):

DATE	INFORMATION DISCLOSED	PURPOSE OF DISCLOSURE	RECIPIENT OF INFORMATION	STAFF INITIALS
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