PROTECTED HEALTH INFORMATION (PHI) TRACKING LOG

Patient Name:	Date Of Birth:	MM / DD / YY

Medical Record #:	Other Identifier (Social Security Number):

Date Privacy Notice Provided To Patient:	Date Acknowledgment Of NPP Signed:	Date Authorization Form Signed:

REQUEST TO INSPECT OR REVIEW PHI	Date Requested	Date Request Granted	Date Request Denied	Reason Denied	Date Denial In Writing Sent	Date Records Reviewed/ Inspected
REQUEST FOR A COPY OF PHI	Date Requested	Date Request Granted	Date Request Denied	Reason Denied	Date Denial In Writing Sent	Date Records Copied & Sent
REQUEST TO RESTRICT USE AND/OR DISCLOSURE OF PHI	Date Request For Restriction Received	Date Request Granted	Date Request Denied	Reason Denied	Date Denial In Writing Sent	Date Restriction Terminated

List here what information is restricted (and also indicate it in the record):

REQUEST TO KEEP COMMUNICATION CONFIDENTIAL	Date Request For Confidential Communication Received	Date Request Granted	Confidential Communication Pertains To: ☐ Alternate telephone ☐ Alternate address ☐ No communication via mail/postcard ☐ Phone messages ☐ Other:

REQUEST TO AMEND PHI	Date Requested Amendment to Record	Date Request Granted	Date Request Denied	Reason Denied: ☐ PHI was not created by the organization ☐ Health information is not part of patient's designated record set ☐ Health information is accurate & complete ☐ Federal law forbids making health information in question available to patient for inspection ☐ Other:	Date Denial In Writing Sent	Date Record Amended As Requested

REQUEST FOR ACCOUNTING OF DISCLOSURES	Date Requested Accounting of Record	Date Range Requested	The following accounting of information must be given to patient: (1) Date of disclosure(s) (2) Party to whom disclosures were made, (3) Description of information disclosed, and (4) Purpose of disclosure	Date Request Granted	Date Accounting Was provided To Patient

Each of the above requests is supported in this record with a corresponding form completed by the patient. Please refer to those documents for additional information about the specific request as well as the action taken on each request.

NOTES:

Form 110
©2003

SAMPLE