



## RECORD OF DISCLOSURES OF PATIENT HEALTH INFORMATION

**You must make an entry on this form for every disclosure that you make of identifiable patient health information outside of Baptist Health, except for disclosures:**

- To carry out treatment, payment and health care operations,
- To patients about themselves,
- Incident to a use or disclosure otherwise permitted or required,
- Pursuant to a HIPAA patient authorization,
- For the facility's directory or to persons involved in the patient's care or other notification purposes,
- For national security or intelligence purposes,
- To correctional institutions or other law enforcement custodial situations,
- As part of a limited data set, or
- That occur prior to April 14, 2003.

For more information on this, please see the HIPAA Privacy Procedure Manual.

Date of Disclosure	Recipient and Address of Recipient if Known	Description of the Patient Information Disclosed	Purpose of the Disclosure

