New York College of Health Professions
Accounting of Disclosures for Research

Directions for use of this form:

1. Complete the Section 2 of the Form (information regarding the researcher and project)

2. Photocopy the form (you will need one copy for each patient record that is reviewed)

3. Handwrite the Name, SSN, and birth date of the patient on the forms as they are reviewed

Section 1: Patient information (fill in for each patient after photocopies are made)

Patient Name: _____

Patient SSN: _____

Patient Birthdate: _____

Section 2: Researcher and Project Information (complete before photocopying)

Name and Address of Researcher:

_____

_____

Name of Research Project:

_____

_____

Date(s) of disclosure:

_____

Description of the protected health information disclosed (e.g., diagnosis code, procedure code, blood pressure, etc.):

_____

_____