

OKLAHOMA DEPARTMENT of CORRECTIONS
ACCOUNTING of DISCLOSURE

This form is to be utilized to document all non-authorized disclosures. (Example: Health Department) An accounting is not required for disclosures which have an authorization form signed by the inmate; for treatment, payment or health care operations; for national security or intelligence purposes; or to correctional institutions.

Date Received: _____ Name of Requestor: _____

Purpose: _____

PHI Disclosed: _____

Date Disclosed: _____

Staff Completing Request: _____

Key:

Date Received: The date the request is received to disclose information when applicable.

Name of Requestor: Name of person or entity requesting information to be disclosed.

Purpose: Brief description of the purpose of the disclosure to reasonably inform the individual of the basis of the disclosure.

PHI Disclosed: Brief description of the information disclosed.

Date Disclosed: Date the information was released.

Inmate Name
(Last, First)

ODOC Number