THE UNIVERSITY OF TEXAS AT DALLAS CALLIER CENTER FOR COMMUNICATION DISORDERS

DISCLOSURE LOG FOR RELEASE OF PHI

Patient name:	Date of Birth	CCCD#

Dates Covered by this Accounting Sheet: ______ to ______

The individual has the right to an accounting of disclosures made up to six (6) years prior to the date of the request

Date of Release	Description of PHI disclosed	Name, Title &Address, if known, of Person to Whom Released	Basis for Disclosure	Person making disclosure	Written request/ Other Documentation Attached? If so, Number of pages?