

**Nova Southeastern University
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.)

