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

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