



University of Connecticut
 Health Center
 Farmington, CT 06030

Patient ID
MRN:
NAME

HCH- 1354

EFF - 04/14/03

Accounting Log for Disclosures of Protected Health Information for 50 or more Research Subjects

Your PHI may or may not have been included in disclosures related to research for the particular protocol below or other research activity.

Date/Time Period which Disclosures Occurred or May Have Occurred _____

Last Disclosure Date _____

Name of the Protocol or Research Activity _____

Description, in plain language, of the protocol or activity, including its purpose and the criteria for selecting particular records

Research Sponsor that Received the PHI Disclosure

Sponsor Name _____

Address: _____

City, State, Zip _____

Researcher name: _____

Description of the Protected Health Information Disclosed: _____
