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

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Research Sponsor that Received the PHI Disclosure

Sponsor Name ________________________________________________________________

Address: _________________________________________________________________

City, State, Zip __________________________________________________________

Researcher name: __________________________________________________________

Description of the Protected Health Information Disclosed: ________________________

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