

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

ACCOUNTING DISCLOSURE TRACKING

Member's Name (*Last, First, M.I.*): _____ Date of Birth: _____ Assist Number: _____

Date of the Disclosure	Disclosed to (Last, First Name and address if known)	Brief Description of Protected Health information (PHI) Disclosed	*Basis for Disclosure	Disclosure By	If Multiple Disclosures, total number, and date of last disclosure

*Legal authority under which information was disclosed to the Agency/Company/Individual:

1. To a public health authority
2. To the Food and Drug Administration
3. To health oversight agencies
4. For judicial and administrative proceedings
5. To law enforcement officials
6. Other: