



10-DISCLOSURE LOG MINIMUM NECESSARY

State Form 52288 (7-05)

CONFIDENTIAL INFORMATION

per 45 CFR 164.514

**INDIANA STATE DEPARTMENT OF HEALTH
OFFICE OF HIPAA COMPLIANCE**

Purpose: This form is used to document each disclosure of protected health information that we make for which we are obligated to account on an individual's request. This form is also used to document our compliance with the minimum necessary requirement.

SECTION A: Individual whose protected health information was disclosed.

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Identification Number: _____

Social Security Number: _____

SECTION B: Disclosure made.

Disclosure Date: ____/____/____

Name and Address (if known) of Person or Entity to whom the Protected Health Information Was Disclosed:

Protected Health Information Disclosed: _____

Purpose of the Disclosure: Describe the purpose for disclosing the protected health information, or attach a copy of any written request for the information received from a government agency.

Repetitive Disclosure:

Check if this disclosure is one of a series of repetitive accountable disclosures for a single purpose to the same person or entity. State, if known, the date of the first disclosure of the series, and the frequency, periodicity or number of these repetitive disclosures made prior to the disclosure being reported on this form.

SECTION C: Minimum necessary determination (check each applicable box).

- No minimum necessary determination was required because:
 - Disclosure was to a health care provider to carry out treatment.
 - Disclosure was to the individual in Section A or to that individual's personal representative.
 - Disclosure was authorized by the individual in Section A or that individual's personal representative. Attach the authorization.
 - Disclosure was to the Department of Health and Human Services for compliance review or complaint investigation or enforcement.
 - Disclosure was required by law. Cite the law: _____
 - Disclosure was required for compliance with HIPAA Administration Simplification Rules. Cite the Rule and why disclosure was required to comply with it: _____

 - Disclosure was to a covered entity whose request appeared reasonable under the circumstances.
 - Disclosure was to a public official whose representation that the minimum necessary was requested appeared reasonable under the circumstances.
 - Disclosure was to a professional who is a member of our workforce or our business associate, and whose representation that the minimum necessary was requested appeared reasonable under the circumstances.
 - Disclosure was to a researcher providing appropriate documentation to support that the disclosure was the minimum necessary.
- This disclosure was part of a series of routine or recurring disclosures and was made in accordance with our standard protocols that limit such disclosures to the minimum reasonably necessary for the purpose.
- This disclosure was the minimum reasonably necessary based on an individualized determination made by applying our criteria for limiting such disclosures to the minimum necessary for the purpose. Identify the person who made the individualized determination: _____
- This disclosure was for an entire medical record. State the justification for the entire medical record being the minimum necessary protected health information for the purpose: _____

SIGNATURE

I attest that the above information is correct.

Signature: _____ Date: _____

Print name: _____ Title: _____

Include completed form in the individual's records.

**Send copy to: Privacy Officer, Office of HIPAA Compliance
Indiana State Department of Health
2 North Meridian Street, 3K
Indianapolis, IN 46204**