

San Mateo County Mental Health Services Division

LOG OF ACCOUNTABLE DISCLOSURES

Client name	 MH #	DOB

Dates covered by this accounting sheet _____

The following disclosures DO NOT have to be included in the accounting:

٠	for treatment, payment or healthcare operations	•	to the individual	Prior to
•	occurring with client's written authorization	•	for national security or intelligence	compliance date of April 14, 2003.

The individual has the right to an accounting of all other disclosures made up to six (6) years prior to the date of the request and occurring after April 14, 2003.

Date	Protected Health Information Disclosed	To Whom Disclosed Name/Address	Basis for Disclosure	Signature	
Example	Current episode, diagnosis, assessment, progress notes	CPS Human Services Agency	Request re: child abuse	MH Staff signature	