



**UNIVERSITY HEALTH SYSTEM
DISCLOSURE LOG**

Name of Person/Entity to Whom PHI is Disclosed:	
Address of Person/Entity to Whom PHI is Disclosed:	
Brief Description of PHI Disclosed:	
Purpose of Disclosure:	
IRB# or Pre-Research#:	
Protocol Title:	
Principal Investigator:	

PATIENT NAME	MEDICAL RECORD NUMBER	DATE OF DISCLOSURE
C		

