*Northwest Florida ENT*

561-737-8000
Fax: 561-737-8001

www.audiology.pro eardoc@audiology.pro 1800 West Main Rd., 201 - Boynton Beach, FL 33426

## ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

Patient Name: Robert L. Smith

Location: _____

| Date of Disclosure | Released to | Address | PHI Released | Purpose | Released By |
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Note: This list excludes disclosures for treatment, payment, and healthcare operations and disclosures as requested by authorization.