



# DEPARTMENT OF MENTAL HEALTH

## ACCOUNT TRACKING SHEET

**NOTE: Consult with County Counsel prior to making any non-routine disclosures.**

*(See Accounting of Disclosure of PHI 2.4.1)*

Date of Disclosure	Name and Address Of Entity Receiving PHI	Description of PHI Disclosed	Statement of Purpose of Disclosure

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

**Name:** \_\_\_\_\_ **MIS#:** \_\_\_\_\_

**Facility/Practitioner:** \_\_\_\_\_

**Los Angeles County – Department of Mental Health**