**Release of Protected Health Information (HIPAA) – Tracking Form**

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| Protocol Title: |  | IRB Protocol #: |  |
| Sponsor: |  | Principal Investigator: |  |

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| Name of Subject | Disclosure Date | Name and Address of  Investigator Receiving PHI | Description of  Disclosed PHI | Reason for Disclosure |
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***Note: PHI release must be tracked for all research projects that are granted a waiver of authorization by the IRB or any time PHI disclosure occurs without authorization. The HIPAA Privacy Rule requires covered entities to keep disclosure records for six years (after the last disclosure).***