PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Improving the quality of life for all Pennsylvanians

HIPAA DISCLOSURE TRACKING SYSTEM
Disclosure Request Data Entry Form

REQUEST INFORMATION

Date Received: Document Location: Disclosure Request #[1]:

Document Type[2]: ☐ Subpoena ☐ Letter ☐ E-Mail ☐ Phone ☐ Verbal ☐ Certified Letter

DISCLOSURE INFORMATION

Date Disclosed: Disclosure Method[2]: ☐ Hardcopy ☐ Electronically ☐ Mail ☐ Oral ☐ Fed-Ex

CLIENT INFORMATION

Client Name: ID Number(s)[3]: SSN

MCI: CIS: MAID:

Date of Birth: Phone:

Street Address: City/State: Zip:

REQUESTOR INFORMATION

Name:	Title:	Phone:
Employer Name:	Employer Phone:	
Employer Address:	City/State:	Zip:

DISCLOSED BY

Name:	Employee ID:
Program Office:	Location:

DISCLOSED TO

Name:	Organization:	Phone:
Address:	City/State:	Zip:

DISCLOSURE PURPOSE[4]

- ☐ Required by law
- ☐ Are made pursuant to Public Health Activities or oversight
- ☐ Involve the reporting of communicable diseases
- ☐ Involve the reporting of Adverse Drug events
- ☐ Trauma Registry
- ☐ Cancer Registry
- ☐ Birth Defects Registry
- ☐ AIDS Registry
- ☐ To Coroner, Medical Examiner or Funeral Director
- ☐ To avert serious threats to health or safety
- ☐ Involve the reporting of abuse, neglect or domestic violence
- ☐ Are made pursuant to judicial or administrative proceeding, including subpoena
- ☐ Are made for law enforcement activities, excluding custodial situations
- ☐ Are made by or to a business associate
- ☐ Other

DISCLOSED INFORMATION[4]

- ☐ Entire record
- ☐ Name
- ☐ Phone number
- ☐ Address
- ☐ Medical record numbers
- ☐ Social Security numbers
- ☐ Birth date
- ☐ Admission date
- ☐ Discharge date
- ☐ Dates of service
- ☐ Date of death
- ☐ Fax number
- ☐ Health plan beneficiary number
- ☐ Account numbers
- ☐ Certificate/License numbers
- ☐ Vehicle identification numbers & serial numbers
- ☐ URL
- ☐ IP address
- ☐ Biometrics
- ☐ Photographs
- ☐ Procedure codes/descriptions
- ☐ Diagnosis codes/descriptions
- ☐ E-mail address
- ☐ Other

[1] The Disclosure Request # should be taken from the Process Disclosure Request screen given when the record has been successfully saved in the DTS.
[2] Check only one
[3] SSN is required, all others are optional
[4] Select one or more