EMPLOYEE GROUP INSURANCE
PHI RELEASE DISCLOSURE LOG

Member name: _____ Date of birth_____ Other ID __

Dates Covered by this Accounting Sheet: _____ to _____

The individual has the right to an accounting of disclosures made up to six (6) years prior to the date of the request

Date of Release	**Description of PHI disclosed**	**Name of Plan for Which PHI Collected or Held by EGI**	**Name, Title &Address, if Known, of Person to Whom Released**	**Basis for Disclosure**	**Person making disclosure**	**Written request/ Other Documentation attached? If so No. of pages?**