

THE INSTITUTE FOR FAMILY ENRICHMENT

ACCOUNTING OF DISCLOSURES LOG

(FOR INTERNAL PURPOSES ONLY)

*(This log shall be maintained in the client's clinical record for disclosures made **for purposes other than treatment, operations, or payment.**)*

Name: _____
TIFFE Record No. _____

CR / ID# _____

Date	Name of recipient of information	Address of recipient (if known)	Information disclosed	Purpose of disclosure	If periodic, note frequency and expected date of periodic disclosures