U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Indian Health Service

DISCLOSURE ACCOUNTING RECORD

DATE RECEIVED	RELEASED TO (Name and Address)	PURPOSE/USE (Number(s) Below)	INFORMATION FURNISHED	DATE RELEASED
		I	1	

PATIENT IDENTIFICATION

PURPOSE/USE NUMBER(S): 1. Further Medical Care 2. Insurance

- 3. Attorney
- 4. Personal Use
 5. School Record
 6. Tort

- 7. FOIA8. Subpoena
- 9. Other (specify above)