

# Instructions for Accounting of Disclosures

This site is used to gather reports required to accommodate the right of an individual to receive an accounting of disclosures concerning their protected health information (PHI) for purposes other than treatment, payment, and health care operations. For questions and concerns contact [hipaa@u.washington.edu](mailto:hipaa@u.washington.edu).

To view this site you will need to be running Internet Explorer version 5.0 or better. Mac users may encounter difficulties if not running OSX. [Download Internet Explorer](#)

Click [here](#) if you want to view this in a browser to print it.

## Instructions

Two different means of submitting disclosure data are supported via this site:

- Single entry submission via a web form
- Batch data entry via a spreadsheet

### Single entry submission

Disclosure data may be entered into the database one entry at a time via the fields presented in the web form. All fields are required except the patient's first and last name and middle initial, and the field marked "In Lieu of Statement". (If the "In Lieu" field is filled in rather than the "Statement of Purpose" field, a reviewer will contact you later to instruct you on how to file the relevant documentation.) Submit your entry by pressing the "Submit" button. When the data has been recorded in the database you should receive a confirmation message on the site, after which you may continue to use the site for additional entries. Please include a correct email where **YOU** (the submitter the person who is entering the data) can be reached in case of errors.

### Batch entry submission

Disclosure data can be uploaded into the database via a uniquely named Excel spreadsheet that may contain multiple rows, each corresponding to an individual entry. **THE SPREADSHEET MUST CONFORM EXACTLY TO THE FORMAT SPECIFIED BY THE AVAILABLE TEMPLATE.** In order to ensure that the data conforms exactly, please download the spreadsheet template available on the site and copy or enter the data into it. No other spreadsheet formats will be accepted, and if the spreadsheet uploaded contains any deviations from the format the data will not be collected. Users can download the spreadsheet template by clicking on the "Download Template" link and then selecting "Save As" on the File menu, and saving to a local drive - but not "My Documents" or "Documents and Settings" folders. After each spreadsheet file is reviewed, you will be notified as to whether it has been archived or rejected and needs to be resubmitted. PLEASE KEEP THE SPREADSHEETS UNTIL YOU HAVE BEEN NOTIFIED THAT THE DATA HAS BEEN REVIEWED AND ACCEPTED.

Please note the following guidelines.

### Guidelines

- The Excel files must have a unique name that can be used to identify the file later. You should include your UWNID in the name of the document, along with a unique identifier that might be a date, or number, or combination. An example would be "DRseh15apr03". This filename is saved so that if errors are found upon review the file can be quickly identified and fixed for resubmission. It is important that you do not accidentally submit a file that has the same name as one that someone else submitted.
- The worksheet must be named "Sheet1". Do not change the name.

- Note that patient IDs must contain an initial character designating the hospital.
- No empty rows should exist. If the data in the spreadsheet is not contiguous, any rows after an empty row will not be updated and no errors will be reported.
- Filename paths must not contain non-standard characters (such as +,\*,&, ^,%,\$,#, @,!) or white spaces, such as "My Documents".
- Column headers cannot be removed or changed, nor can their order be altered. If the headers are removed, the first row of data will be skipped. If a column is added or deleted, errors will either be caused or data will be stored in the wrong column.
- Spreadsheets can have up to 25000 rows.
- All columns are required except first name, last name, middle initial, and In Lieu. If In Lieu is filled in, the Statement of Purpose may be left blank.
- The phone number column can contain either numeric (only numbers) or alphanumeric (numbers and characters, like "(206) 222-2222") values. However, the same file cannot contain both alphanumeric and numeric data in the same column. If the format for phone numbers is not consistent you will get errors.
- You must include a correct email where **YOU**, (the submitter – the person who is uploading the spreadsheet) can be reached in case of errors with the data.

If the data is successfully recorded in the database you should receive a confirmation message on the site, after which you may continue to use the site for further entry of data. Duplication is not prevented. If you enter in the same data twice, two records will exist in the database each with a unique identifier. If you upload the same spreadsheet twice, duplicate records will occur as well. If there are any errors, none of the data will have been saved in the database. Errors will have to be corrected and the spreadsheet re-submitted.

If your file is rejected, you should fix and resubmit it with the same name, so that the old (rejected) file can be deleted when we receive the new one.

### **Common Errors**

- Missing data in required fields
- Date entry not valid
- Phone entry not valid
- Alternating format for phone entries - all should be the same.
- Patient IDs do not contain an initial character.

### **Description of fields:**

1. Date of Disclosure: date of the disclosure being reported, entered in mm/dd/yyyy format.
2. Patient Number: unique patient identifier beginning with U, H, N, or Z and followed by 7 numbers.
3. First Name: first name of patient (optional).

4. Last Name: last name of patient (optional).
5. Middle Initial: middle initial of patient (optional).
6. PHI Receiver Name: name of person or entity that received the protected health information (PHI).
7. Your Email Address: email address of person who is uploading the spreadsheet. (This will be used if there is a problem with this file.)
8. PHI Phone: phone number where person or entity that received the PHI can be reached.
9. PHI Address: address of person or entity who received the PHI.
10. Brief Description of PHI: brief description of the protected health information disclosed (example - DOB and Diagnosis code). Limited to 600 characters, excess will be truncated.
11. Brief Statement of Purpose: brief purpose statement that reasonably informs the individual of the basis for the disclosure (example - IRB number and title). Limited to 600 characters, excess will be truncated.
12. In Lieu of Statement: in lieu of the statement of purpose, you may provide:
  - *a copy of a written request for disclosure* made by the Secretary of Health and Human Services for compliance review purposes; **or**
  - *a copy of the governmentally mandated request for disclosure* as required by law - includes but is not limited to the following examples:
    1. for public health activities
    2. for victims of abuse, neglect, or domestic violence
    3. for health oversight activities
    4. for judicial or administrative purposes
    5. for decedents
    6. for cadaver organ, eye, or tissue donation purposes
    7. for research purposes
    8. to avert a serious threat to health or safety
    9. for specialized government functions
    10. for workers' compensation cases

For more information about our UW Medicine Privacy Policy: COMP.104 Patient Rights Related to Protected Health Information (PHI) or help using this site please refer to [http://depts.washington.edu/comply/comp\\_104/](http://depts.washington.edu/comply/comp_104/)

If you experience any unusual problems please contact the ITS Helpdesk at (206) 543 7012.