

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

**DISCLOSURE ACCOUNTING RECORD**

DATE RECEIVED	RELEASED TO <i>(Name and Address)</i>	PURPOSE/USE <i>(Number(s) Below)</i>	INFORMATION FURNISHED	DATE RELEASED

**PATIENT IDENTIFICATION**

- PURPOSE/USE NUMBER(S):
- 1. Further Medical Care
  - 2. Insurance
  - 3. Attorney
  - 4. Personal Use
  - 5. School Record
  - 6. Tort
  - 7. FOIA
  - 8. Subpoena
  - 9. Other *(specify above)*