Annual Disclosure Record
of
PROTECTED HEALTH INFORMATION

Instructions: certain types of information that is shared about your consumer needs to be logged on this form. If you are unsure, record the disclosure of information. Rule of thumb: if the information was shared beyond the person's team of care, it needs to be reported.

Examples of information sharing that will need to be logged:

1) Reports made to the state about abuse, neglect, and exploitation.
2) Reports made to the police – information given will vary based on the context of the investigation.
3) Information provided to coroners, medical examiners, etc. about the death of a client.
4) Information provided to personal to avert a serious threat to health or safety.
5) Information provided for judicial or administrative proceedings.

Client Name: _____ Date of Birth: _____ Home Provider: _____

☐ By checking this box, I certify that I have made ***no*** disclosures of protected health information.

Date of Disclosure	Information Shared With	Describe Information Shared	Reason for Sharing Information	Information Shared By

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