Adult Protective Services Case Activity Log

Primary Client:

Check Mark for Health Insurance Portability and Accountability Act (HIPAA): In order for this log to be a Protected Health Insurance Disclosure Tracking log it <u>MUST</u> include (in the Information Section of the log):							
	Description of the information disclosed.						
2) Name of Persons/Entity who received the information and their address.	4) Purpose of the disclosure.						
Types of contact: HI - Home Interview OI - Office Interview TF - Telephone From LT - Letter To	CMA - Case Management Activities LF - Letter From	ET - E-mail To EF - E-mail From					
 TT - Telephone To M - Meeting / Case Conference PH- Personal Health Information Disclosure 	IMT- Instant Message To	IMF- Instant Message From					

DATE MM/DD/YY	Time	Agency Staff	Type Contact	HIPAA Trackin g	Person, Title/Agency Contacted	INFORMATION: PURPOSE, FACTS, DECISION, NEXT ACTION, PHI INFORMATION, ETC.

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