

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 **MUST** include (in the Information Section of the log):

- | | |
|---|--|
| 1) Date of Disclosure. | 3) 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 **CMA** - Case Management Activities **ET**- E-mail To
TF - Telephone From **LT** - Letter To **LF** - Letter From **EF**- E-mail From
TT - Telephone To **M** - Meeting / Case Conference **IMT**- Instant Message To **IMF**- Instant Message From
PH- Personal Health Information Disclosure

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.

