State of Kansas
Department for Children
and Families
Prevention and Protection Services

PPS 10200
REV 10/12

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.
2) Name of Persons/Entity who received the information and their address.
3) Description of the information disclosed.
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 Tracking	Person, Title/Agency Contacted	INFORMATION: PURPOSE, FACTS, DECISION, NEXT ACTION, PHI INFORMATION, ETC.

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Strong Families Make a Strong Kansas