

STATE OF KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES PREVENTION AND PROTECTION SERVICES		SOCIAL SERVICE CASE ACTIVITY LOG		PPS 1010 REV 10/12	
PRIMARY CLIENT:			CASE NUMBER:		
*Type Contact: HI (Home Interview); OI (Office Interview); SI (School Interview); CMA (Case Management Activities); Tt (Telephone to); TF (Telephone From); LT (Letter To); Lf (Letter from); M (Meeting/Case Conference); Ft (Fax to); Ff (Fax from); Et (E-mail to); Ef (E-mail from);					
Check Mark for Health Insurance Portability and Accountability Act (HIPAA): In order for this log to be a Protected Health Information Disclosure Tracking log it MUST include (In the Information Section of the log): 1) Date of disclosure 2) Name of Person/Entity who received the information and their address 3) Description of the information disclosed 4) Purpose of the disclosure					
M/DD/YY	AGENCY STAFF	*TYPE CONTACT	√ HIPAA Tracking	PERSON, TITLE / AGENCY CONTACTED	INFORMATION: PURPOSE, FACTS, DECISION, NEXT ACTION, PHI Information, ETC.

