

PRIMARY CLIENT:		CASE NUMBER:	
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*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.
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STATE OF KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES PREVENTION AND PROTECTION SERVICES		SOCIAL SERVICE CASE ACTIVITY LOG		PPS 1010 REV 10/12	
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