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| Policy Name: | Youth Information Disclosure Log | Date Revised: | 9/2017 |
| Purpose: | Record of Disclosure of Youth Information | Board Approval: | 9/2017 |

Client Name: _____ DOB: _____ Client ID: _____

The client/legal representative has the right to an accounting of disclosures made up to six (6) years prior to the date of the request.

| Date of Disclosure | Description of Disclosure (documents or type of information) | Name, Title, and Address of Person/Entity to Whom Information is Disclosed | Purpose for Disclosure | Person preparing Disclosure | Written Request Received? |
|--------------------|--|--|------------------------|-----------------------------|---|
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | | <input type="checkbox"/> YES |

| | | | | | |
|--|--|--|--|--|---|
| | | | | | <input type="checkbox"/> NO |
| | | | | | |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Instructions: This log is to be used for all disclosures of client information that is shared outside of the organization. All disclosures should be accompanied by a written release of information for any client record that was created while the client was enrolled within the agency by agency staff.