



**Disclosure—Abuse, Neglect, Domestic Violence
Hillsborough County
Disclosure of Protected Health Information
Pertaining to Abuse, Neglect or Domestic Violence**

Directions: This form is to be used whenever there is a disclosure of an individual's protected health information as it pertains to abuse, neglect, or domestic violence. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

Date: _____

Patient/client's full name: _____

SSN or other patient identifier: _____

This disclosure of protected health information is (check all that apply):

- 1. In regard to a child that Hillsborough County believes may be the victim of abuse or neglect. The recipient of this information is authorized by law to receive such reports.
- 2. In regard to an adult that Hillsborough County believes may be the victim of abuse, neglect or domestic violence. The recipient of this information is authorized by law to receive such reports; AND
 - a. The victim has given permission to Hillsborough County to disclose the information for this purpose; or
 - b. The disclosure is required by law and will be made in a manner that is consistent with the law; or
 - c. Disclosing information for this purpose is expressly authorized by statute or regulation; and
 - Hillsborough County believes that disclosing the information is necessary to prevent serious harm to someone; or
 - The victim is incapacitated and the official who is authorized to receive this report does not intend to use it against the victim. That official also stated that immediate law enforcement activity depends upon this information and such activity will be adversely affected without it.

If a written version of the disclosure exists, it is attached. ___ Attached ___ Not Applicable

Name of individual obtaining PHI: _____ Title: _____

Verification of recipient's authority (if applicable): _____

Organization name: _____

Organization address: _____ Telephone: _____

Original signature of recipient: _____ **Date:** _____

Original signature of Hillsborough County staff providing the information: _____ Date: _____

<p><i>For internal use only.</i></p> <p>Date Received: _____</p> <p>Recipient: _____</p>
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