



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

**Directions:** *Add this page only if appropriate.* This form is to be used to inform an individual of the disclosure of his or her 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.

Hillsborough County has reported to the proper authorities evidence of abuse, neglect or domestic violence. Hillsborough County believes that the Individual will not be harmed from knowing that Hillsborough County reported the above information or, if Hillsborough County is providing this notice to the Individual’s representative, that the Individual’s representative is not responsible for the abuse, neglect or injury. Therefore, Hillsborough County hereby notifies the Individual or his or her representative that such a disclosure has been made.

Individual’s Full Name:

\_\_\_\_\_

First	MI	Last	Suffix
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SSN or Other Patient Identifier: \_\_\_\_\_

\_\_\_\_\_  
Original Signature of Individual/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Hillsborough County staff providing the information

\_\_\_\_\_  
Date