
Mandated Reporting includes documenting when Protected Health Information (PHI) is disclosed regardless of if it is an authorized or unauthorized disclosure of information. The Mandatory and Allowable Disclosures PowerForm is available to streamline and increase efficiency of documentation for Authorized Disclosures by Clinical Staff across the system. Mandated Reporting no longer needs to be entered into the HIPPA Tracking Database. This requirement remains for unauthorized disclosures or PHI.

Mandated Reporting of Authorized Disclosures

STEP 1: Select the **Mandated and Allowable Disclosures** PowerForm located in AdHoc.

- The form is available for all clinical team members and is in the following AdHoc folders:
 - **Ambulatory Root**
 - **Behavioral Health**
 - **Care Management**
 - **Critical Care**
 - **Dialysis**
 - **ED Documentation**
 - **Nursing Care Folder**
 - **NICU**
 - **Physicians Practices**
 - **Primary Care**
 - **Surgery/Procedure**
 - **Therapy**
 - IRF Therapy
 - Acute Therapy
 - Outpatient Therapy
 - Outpatient Peds Therapy
 - **All Items**

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Mandated Reporting Documentation
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STEP 2: Document **Date/Time** of when report was made.

STEP 3: Document **Notified By**.

- This should be the clinical team member who did the notification in case the form is being documented by someone else.

STEP 4: Document the **Agency Notified**.

- A new documentation field opens for notification reason documentation based on the agency selected.

STEP 5: Document what type of PHI was disclosed.

Mandatory and Allowable Disclosures

Date/Time Report Made: [Date Picker] [Time Picker]

Notified By: [Text Field]

Agency Notified:

<input type="checkbox"/> CDC	<input type="checkbox"/> DHHS
<input type="checkbox"/> Correctional facility	<input type="checkbox"/> FDA
<input type="checkbox"/> Relief Agency	<input type="checkbox"/> Law Enforcement

If you have any questions regarding Mandatory and Allowable Disclosures, please contact your Compliance Officer.

CDC Reason

- Immunizations
- Infectious/Communicable Disease
- Public Health Oversight
- Other (specify in Other Reason box)

DHHS Reason

- Abuse (Elder/Child/Domestic)
- Animal bite
- Birth Defects
- Lead Poisoning
- Newborn: eye inflammation
- Newborn: prenatal drug exposure
- Poison Control
- Previous DHHS
- Suspected Pesticide Poisoning
- Other (specify in Other Reason box)

FDA Reason

- To report adverse event
- To track FDA registered product
- Enable product recall, repair, replacement
- Other (specify in Other Reason box)

Law Enforcement Reason

- Gunshot wound
- Threat to public
- Protective Services (President & Others)
- Victim of a crime
- Other (specify in Other Reason box)

Other Reason

[Text Field]

PHI Disclosed

<input type="checkbox"/> Date of Service	<input type="checkbox"/> Medications
<input type="checkbox"/> Demographics	<input type="checkbox"/> Procedure
<input type="checkbox"/> Diagnosis, Condition, Problems	<input type="checkbox"/> Other
<input type="checkbox"/> Lab results	

Other PHI Disclosed

[Text Field]

NOTE: This form will NOT be included in the release of records.