



**Disclosure Record for Clients/Patients and Families**

Client Name: \_\_\_\_\_  
 PHIN: \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                         DD                        MM                        YYYY  
 Time: \_\_\_\_\_  
 Location: \_\_\_\_\_  
   Facility / Community / Program

**Initial Disclosure Details**

Disclosure by: \_\_\_\_\_  
 (appointed spokesperson) (Name & Professional Designation)  
 Disclosure to: \_\_\_\_\_  
   (Name of Client / Patient / Family)

**Others present (Include names and professional designations, if applicable, below)**

Name	Professional Designation

**Narrative Description of Event**

What happened with respect to the event? (facts only)

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What was the outcome for the client as a result of this event as it is known today?

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What actions were taken, or are to be taken, to address the outcome (as it is known today)?

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Questions raised and answers given.

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Signature: \_\_\_\_\_

**Disclosure Record to be filed in the Client's Health Record**