

RECORD OF DISCLOSURE OF PERSONAL HEALTH INFORMATION (COMMUNITY) FORM

Client Name:	
Date of Birth:	(dd/mmm/yy)

Date	Type of Info Disclosed	To Whom	From Whom	Method of Disclosure

Type of Info Disclosed:

- 1. Assessment 8. Audiology Report
- 2. Consult Record
- 3. Discharge Summary
- 4. Letter
- 5. Memo
- 6. Progress Note
- 9. Audiogram
- 10. Prescription
- 11. FM System Contract & Inventory
- 12. Referral
- 13. School Information Package
- 7. Equipment Request 14. Other (specify)

Method of Disclosure:

- 1. Mail
- 2. Email
- 3. Fax
- 4. Verbal
- 5. Sent with client
- 6. In-person delivery of written info
- 7. Other (specify)