

As per mandated reporting protocols, all Protected Health Information (PHI) disclosures, both authorized and unauthorized, must be documented within the Electronic Health Record (EHR). To streamline this process for authorized disclosures, clinical staff must document the Mandatory and Allowable Disclosures PowerForm, which replaces the need for entries into the legacy HIPAA Tracking Database for such instances. It is important to note that the requirement to document unauthorized disclosures of PHI in the HIPAA Tracking Database remains in effect.

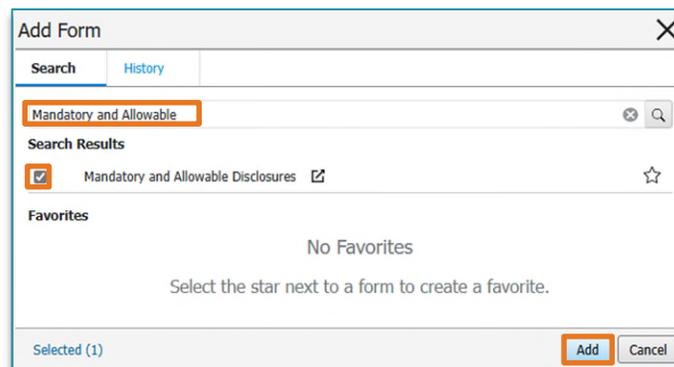
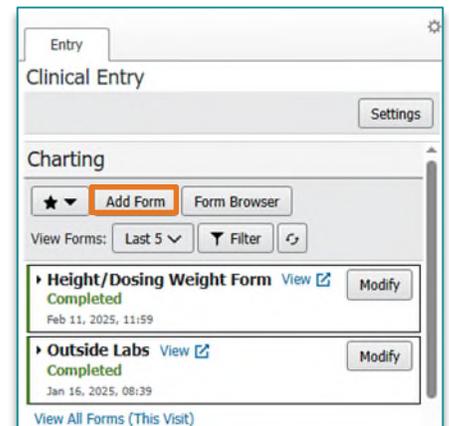
## Documenting Mandated Reporting of Authorized Disclosures

**STEP 1:** The **Mandatory and Allowable Disclosures** PowerForm can be located from the **Add Form** button in the **Clinical Entry Workspace** pane in the Workflow MPages.

**STEP 2:** In the **Add Form** window, search for **Mandatory and Allowable Disclosures**. The **Mandatory and Allowable Disclosures** PowerForm will populate the Search Results.

Click the  to select the form to document then click **Add**. The form will open.

- Click the **STAR** button to add the form to **Favorites** for ease of access for future documentation needs.



**STEP 2:** Document **Date/Time** 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.

**STEP 6:** Click the **green checkmark** to save the documentation. ✓

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

**Mandatory and Allowable Disclosures**

Date/Time Report Made: [dropdown] [dropdown]  
Notified By: [text field]  
Agency Notified:  CDC  DHHS  
 Correctional facility  FDA  
 Relief Agency  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)  Newborn: prenatal drug exposure  
 Animal bite  Poison Control  
 Birth Defects  Previous DHHS  
 Lead Poisoning  Suspected Pesticide Poisoning  
 Newborn: eye inflammation  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  Other (specify in Other Reason box)  
 Threat to public  
 Protective Services (President & Others)  
 Victim of a crime

**Other Reason**  
[text field]

**PHI Disclosed**  
 Date of Service  Medications  
 Demographics  Procedure  
 Diagnosis, Condition, Problems  Other  
 Lab results

**Other PHI Disclosed**  
[text field]