Indian Health Service Confidentiality as It Applies to 42 Code of Federal Regulations (CFR) Part 2

Medical Emergency Reporting Form

Client Name and Chart Number:
Name of medical personnel to whom the disclosure was made:
Medical personnel's affiliation with any healthcare facility:
Name of the individual making the disclosure:
Date of the disclosure:
Time of the disclosure:
Nature of the emergency:
Signature of the individual making the disclosure:
Date of Signature: