

Patient Name \_\_\_\_\_

HC Number: \_\_\_\_\_

<b>Time, place, date of disclosure (may be in person or by phone):</b>	
<b>Names and relationships of all attendees:</b>	
<b>Facts presented including summary of discrepancy (bullet points):</b>	
<b>Management, offers of assistance, referrals to other services or other planned follow-up:</b>	
<b>Questions asked by attendees:</b>	
<b>Other notes:</b>	

Signature of Disclosure Lead: \_\_\_\_\_

Date: \_\_\_\_\_