Mandated Report & Duty-to-Protect Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

Mandated reporting and duty-to-protect documentation is the chart record made when the law overrides confidentiality: suspected child or elder abuse, or a serious threat to an identifiable person. State law compels the disclosure and its deadlines; this note is the proof the duty was met.

1 – Trigger and context what was disclosed or observed
Do: the source's words, the date and time, and who said or saw it; attribute every fact.
Pitfall: conclusions ("abuse occurred") where observations belong; findings are the agency's job.

2 – Basis for the duty the statutory standard
Do: name the standard (reasonable suspicion; serious threat, identifiable victim) and connect the facts to it.
Pitfall: playing investigator; interview-style questioning delays the call and contaminates the case.

3 – Consultation evidence of judgment
Do: supervisor, hotline staff, carrier, or attorney: name, time, and what was advised.
Pitfall: "consulted supervisor" with no name, time, or substance carries no weight later.

4 – Action taken the operational core
Do: agency, clock time, method, intake worker and ID, the reference number, the written follow-up and its deadline.
Pitfall: no reference number recorded; the chart then cannot prove the call ever happened.

5 – Client notification and response a decision either way
Do: whether the client was told, before or after, the reasoning, and the response.
Pitfall: silence; a chart that skips the notification decision reads as concealment in any later dispute.

6 – Safety and follow-up the duty stays open
Do: safety steps for the person at risk, dated next contacts, and the ongoing-duty acknowledgment.
Pitfall: treating the phone call as the finish line; new information restarts the duty.

7 – When you do not report the decision most second-guessed
Do: the facts weighed, the standard applied, the consult, and the monitoring plan.
Pitfall: an empty chart; an undocumented no is indistinguishable from a miss.

Before you sign

- [ ] Every event carries a clock time, not just a date
- [ ] Agency, worker ID, and reference number recorded
- [ ] Observations attributed; conclusions left to the agency
- [ ] Notification decision and rationale visible
- [ ] Written follow-up filed inside its deadline
- [ ] Ongoing duty acknowledged, next contact dated

Drafting with AI

Capture the timeline as bullets: what was disclosed, the standard met, who you consulted, the call time, worker, reference number, who was told.

"Draft a mandated report note from these bullets and flag any element I have not given you: …"

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

300–700 words	15–30 min by hand	Same day as the report	Boards · agencies · courts
typical length	clinical team estimate	when it's written	who reads it

Mandated Report & Duty-to-Protect Note Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Documents the chart side of a protective disclosure. The call or form filed with the agency is theirs; this record is yours. Deadlines and duties are state-specific: know your statute.

Client (initials): Date & time of note: Setting:

Duty type: ☐ Child abuse or neglect ☐ Elder / dependent adult ☐ Threat to identifiable person ☐ Evaluated, no report made

Trigger and context

What was disclosed or observed, when, by whom, in the source's words

Basis for the duty

The standard (reasonable suspicion / serious threat, identifiable victim) and the facts that meet it

Consultation

Who, when, substance of advice

Action taken

Agency / recipient: Date, time & method:

Intake worker / ID: Reference #:

Written follow-up form & deadline:

Protective action: what was communicated, to whom, when (victim / law enforcement per your statute)

Client notification and response

☐ Informed before ☐ Informed after ☐ Not informed · clinical rationale and response below

Safety and follow-up

Safety steps, plan changes, dated next contact, ongoing-duty acknowledgment

If no report was made

Threshold analysis, consultation, monitoring plan

Clinician signature / credentials: Date signed: