

HIPAA/Confidentiality Incident Reporting Form

Please email this incident form and if available, a copy of the document that was involved in the incident to Heather Hedrick, Program Operations Coordinator/Privacy Officer within one business day of discovery of incident.

Date of report:

Staff completing report:

Type of violation:

- Written disclosure of information
- Verbal disclosure of information
- Electronic disclosure of information
- Security breach including failure to secure PHI or lost PHI
- Improper destruction of PHI
- Other: (Please list)

Type of communication: Mail Fax Email Phone Other:

Date of incident:

Date incident was discovered:

Department:

Staff member who discovered the incident or who the incident was reported to:

Staff member responsible for PHI being disclosed in error:

Consumer's name whose PHI was involved in incident:

What PHI information was included (please check all that apply):

- Name Address Phone Number Social Security Number Age Date of Birth
- Identifying Case Number (PIMS #, Guiding Care #, Etc.) Financial Information Medical Information
- Mental Health Records Medicare Number Medicaid Number Date of Death Picture/Photos
- Program That Individual Is Enrolled In Other:

If applicable- Name of individual(s)/company that received PHI in error:

Document That Was Sent in Error, If Applicable:

- Letter to Individual
- Care Plan
- Service Plan
- Fiscal Financial Statement
- Letter/Form to Provider
- Medical Documents
- Other:

Describe incident:

Follow up completed by staff after incident was reported (please check all that apply):

- Received Document Back Via Email/Fax
- Received Document Back in Person
- Shredded Document
- Verified That Receiving Party Shredded the Document
- Other:

Action taken by supervisor prior to reporting to Privacy Officer: