



INSTRUCTIONS:

1. Complete this form **with as much detail as possible**. Be sure to collect names, dates, anything relevant to aid the investigation.
2. If reported by phone, be sure to gather **the caller's contact information** before ending the call.
3. If PHI has been sent to the wrong recipient, ask for assurance that the PHI will not be kept or used and:
 - a. If PHI was received by mail, send the recipient a self-addressed stamped envelope and ask that the materials be returned to CHPW, c/o the Compliance department. Record in Section 3.
 - b. If received by email, ask that PHI be deleted and irretrievably destroyed. Request email confirmation from recipient that such action has been taken. Record in Section 3 and submit the confirmation with the *Privacy/Security Incident Report*.
4. **Complete Sections 1 - 3.** Email the report to compliance.incident@chpw.org.

| SECTION 1 - REPORT PREPARED BY | | | |
|--|--|--|--|
| Your Name: | | Phone: | |
| Address : | | Email: | |
| SECTION 2 - INCIDENT DETAILS | | | |
| Notification By: <input type="checkbox"/> Call from Member <input type="checkbox"/> Call from Provider/Vendor <input type="checkbox"/> Self-report <input type="checkbox"/> Other: | | | |
| Date of Report: | | Type of Material: (ie EOB, ID Card, Roster) | |
| Incident Date: | | | |
| Location: | <input type="checkbox"/> Paper/Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Electronic Medical Record <input type="checkbox"/> Lost Computer/ PDA <input type="checkbox"/> Media (ie CD, thumb drive) <input type="checkbox"/> Other: | Number of Members Affected: | |
| | | | |
| AFFECTED MEMBER <i>(Send spreadsheet if more than 1.)</i> | | PHI RECEIVED BY/ DISCLOSED TO | |
| Member Name: | | Name of Individual: | |
| Member ID: | | Name of Business or Provider (if applicable): | |
| Member DOB: | | Member ID or Provider NPI/TIN (if applicable): | |
| Member LOB: | | Email Address: | |
| Member Complete Address: | | Complete Address: | |
| Member Phone: | | Phone: | |
| Intended Fax No: | | Actual Fax No: | |
| DESCRIPTION OF INCIDENT <i>(Please describe what happened. Include details, names and date to aid investigation.)</i> | | | |
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| SECTION 3 - CORRECTIVE ACTIONS <i>(Has anything been done to address the issue so far?)</i> | | | |
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