

Pima County HIPAA/Confidentiality Incident Report Form

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

Covered Entity

Name of Covered Entity:

CE Phone Number:

Address:

Type of Covered Entity:

Business Associate

Complete this section if incident occurred at or by a Business Associate

Name of Business Associate:

BA Contact:

Address:

BA Phone Number:

Incident

Incident Dates:

Discovery Dates:

Incident Affecting:

Please select the type of incident

- Theft Other Hacking/IT Incident
- Loss Unknown Unauthorized Access/Disclosure
- Improper Disposal

Please select the location of the information at the time of the incident.

Location:

Please select the type of PHI involved in the incident.

PHI:

Contact Information for followup

Name:

Title:

Telephone:

Date Reported:

Signature:

NOTE: Please understand that filing an incident report is not conclusive that a breach of your privacy rights has occurred. Your complaint will be considered by Pima County and you will be notified of the outcome.