

Northwest Radiologists, Inc.

PROTECTED HEALTH INFORMATION INCIDENT REPORT

PERSON WITH COMPLAINT

Date of Report:

Date of Occurrence:

Person Reporting:

Name of Patient:

Home Address:

Do you feel the problem involves:

Telephone #:

Accidental disclosure
Deliberate disclosure
Other security incident

When did you first become concerned with this issue?

Have you discussed this problem with anyone? Yes No Who? When?

Please state the problem in your own words, giving as much specific information as possible (use back of sheet if you need more space)

If reported by an employee:

Have you approached your supervisor or manager regarding the issue?

If the answer is YES, please describe the response you received:

If the answer is NO, please state why you were unable to bring this issue to your supervisor/manager:

Signature:

Date:

PERSON TAKING REPORT

Name of person taking report:

Position/Title:

Date:

Have you personally interviewed the complainant?

Action taken & Date:

Additional Comments:

Follow-up Information & Date: