



## HIPAA – Privacy or Security Incident Reporting Form

**DIRECTIONS:** This form is used in conjunction with CFOP 60-17 Chapter 7. Complete this form immediately when an unauthorized disclosure of client protected health information occurs. This is applicable to verbal, paper based, computer or electronic data. Send this report **immediately** to the DCF Office of Civil Rights, at 1317 Winewood Blvd, Building 1 Room 110, Tallahassee, FL 32399-7000 or fax to (850) 921-8470

<b>1. PERSON REPORTING INCIDENT</b>  Name _____ Position _____  Phone _____ Location _____	<b>2. DATE AND LOCATION OF INCIDENT</b>  Date of Incident _____ Date Discovered _____ Today's Date _____ Time Discovered _____ Location _____
<b>3. DETAILS OF EVENT</b>  <b>a. Format Of Information Involved</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Paper <input type="checkbox"/> Computer/electronic	
<b>b. Names Of Clients Affected</b> 1. _____      2. _____ (attach additional sheets if necessary)      3. _____      4. _____	
<b>Type Of Client Information Involved</b> (what was disclosed – select all that apply):  <input type="checkbox"/> Demographic Information (name, address, etc.) <input type="checkbox"/> Financial Information (billing information, SS#, etc.)  <input type="checkbox"/> Clinical Information (Diagnosis, medical psychological, psychiatric evaluations, medications, lab results, etc.) <input type="checkbox"/> Other (any other information not contained in other categories) If <b>Other</b> please describe: _____	
<b>c. Nature/Description of Incident</b> (Select all that apply. If selecting "other", describe in detail)	
<input type="checkbox"/> Inappropriate verbal disclosure  <input type="checkbox"/> Theft of computer, laptop, cell phone, flash drive, external hard drive, CD, or other electronic device  <input type="checkbox"/> Employee or vendor removed client PHI from the worksite without permission.	<input type="checkbox"/> Unauthorized computer access (use of another's password, hacking, IT incident) <input type="checkbox"/> Loss of computer, laptop, cell phone, flash drive, external hard drive, CD, or other electronic device <input type="checkbox"/> Inadvertent inclusion of PHI with other client information.
<input type="checkbox"/> Fax, mail or e-mail with resident information sent to the wrong person/location. <input type="checkbox"/> Client information found in inappropriate place – public area, trash, etc.  <input type="checkbox"/> Other – describe in detail _____	
For Privacy/Security Officer Use ONLY: Incident Log # _____ Reviewed by: _____ Date: _____	