

HIPAA FORM PF-9000

PRIVACY COMPLAINT INTAKE FORM

Date of the Complaint:

Information on the person filing the complaint:

Name

Address

City, State, Zip Code

Date of the Incident Time of the incident

Location of the Incident

Persons Involved

Nature of the Breach

Harm to the patient

Statement by
Person Making
the Complaint

Statement by
Any Witnesses

Person(s) Notified

LEVEL OF OFFENCE:

- _____ Level 1 – A single designated person can resolve the issue in a short amount of time.
- _____ Level 2 – The incident requires the attention of other staff.
- _____ Level 3 – This is a serious security incident requiring an organized response team.

Identified
Privacy/Security
Deficiency

Determination
as to how the
incident could
have been
prevented

Determination
as to the
appropriate
corrective
action

Reviewed by

Date

Signature Field

[] This incident has been resolved according to practice policies and procedures.