



Form PF-8000
HIPAA INCIDENT REPORT FORM



INCIDENT DATE: REPORT DATE:

PATIENT NAME: PHYSICIAN NAME:

IF MULTIPLE PATIENTS, LIST ON SEPARATE PAPER AND ATTACH

STAFF NAME COMPLETING REPORT:

STAFF NAME(S) INVOLVED IN ERROR:

NATURE OF INCIDENT: [] Rx/SureScripts Error [] Lab/Diagnostic Report [] Medical Record

[] Correspondence [] Other, please explain any of these incidents in detail below.

Five horizontal lines for detailed incident description.

CONSEQUENCE OF THE ERROR: (i.e. patient received wrong Rx, wrong Lab Report, etc.)

Two horizontal lines for consequence of error.

CORRECTIVE ACTION PLAN: (Work with HIPAA Privacy Officer to develop plan to prevent recurrence)

Four horizontal lines for corrective action plan.

CORRECTIVE ACTION TIMEFRAME: [] Immediately [] One Week [] Two Weeks [] One Month

DATE FOR COMPLETION: DATE COMPLETED:

COPY THIS REPORT TO: PHYSICIAN, REGIONAL MANAGER, PRIVACY OFFICER/RISK MANAGER

Requirements for breach notification and sample letter to patient.

HIPAA guidelines: These individual notifications must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for the covered entity. Additionally, for substitute notice provided via web posting or major print or broadcast media, the notification must include a toll-free number for individuals to contact the covered entity to determine if their protected health information was involved in the breach.

On physician letterhead:

Date of the letter: _____

Re: Breach of protected health information

Dear Patient,

Description of the breach including date: _____

Information involved in the breach: _____

You should take steps to protect your identity from potential harm, such as notifying your health plan of the theft to prevent fraudulent use of your health benefits and for the personal identity information, enlisting the services of an identity protection service, like LifeLock or [IDENTITY GUARD](#).

You may contact the Privacy Officer for additional information or for answers to your questions about this event.

Linda Grow

Privacy Officer

562-299-5203 telephone

lgrow@argusmsso.com

5150 E. Pacific Coast Highway, Suite 500

Long Beach, CA 90804

We sincerely apologize for any inconvenience.

Sincerely,

Physician name here