

**UNAUTHORIZED DISCLOSURE OF
PROTECTED HEALTH INFORMATION INVESTIGATION REPORT**

REPORT TO BE COMPLETED IN ACCORDANCE WITH POLICY NO. _____. Attach any supporting documentation of the event.

Employee Name(s): _____ Prior Incidents Y ___ or N _____

If Yes PLEASE explain: _____

Date of Event: _____ Facility Name: _____

Facility ID #: _____ Territory # & Region Name: _____

Name/Title of HIM Director _____

Address _____

Describe the circumstances in which the unauthorized disclosure of protected health information event occurred (i.e. incorrect records were released):

Was the unauthorized disclosure intentional? Yes / No If yes, explain: _____

Date and time notice received, or had knowledge of the event: ____ / ____ / ____ _____ am/pm

Who informed you? _____

Name and title of Person(s) who might provide further information about the event: _____

Work Address and Phone: _____

How could this event have been avoided? _____

If incorrect records were disclosed, were they retrieved or destroyed? Explain _____

What corrective measures have been or will be taken?

Name of HR Representative _____ Date notified: _____

Verbal/Written Counseling? Yes/No _____ Date of Retraining: _____

Name/Title of Investigator: _____ Territory & Region: _____

Signature of Investigator _____ Today's Date: _____

Signature of Manager: _____ Date Signed: _____