University Specialty Clinics® HIPAA PRIVACY / SECURITY AND RED FLAGS INCIDENT REPORT

INSTRUCTIONS:

University Specialty Clinics® workforce members and business associates, or other entities, shall report suspected HIPAA Privacy/Security or Red Flags incidents by completing Sections I and II of this form.

NOTE: This is an administrative report. DO NOT include this report in any patient health records.

SECTION I – GENERAL INFORMATION	1

Name of Individual Reporting Incident	:		
Work Phone:	Ext:	Fax:	
E-mail:			
Department/Division/Agency/Office: _			
Street Address:			
City:	State:	Postal Code:	
SECTION II – INCIDENT INFORM	IATION		
Date of Incident:	Time of Incident:		
Location of Incident:			
involved is not known, provide a descri	риоп, ана тение аг	iy aisinigaisining characteristics.)	
Signature / Title:(Individual rer	porting the incident)	Date:	
(marviduai rej	orting the incident)		

Return completed forms to:

Privacy/Red Flag incidents: fax 803.545.5221 Security incidents: fax 803.545.6900