

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

Name of Individual Reporting Incident: _____

Work Phone: _____ Ext: _____ Fax: _____

E-mail: _____

Department/Division/Agency/Office: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

SECTION II – INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Description of Incident: *(Include the names of those involved and address if known. If the identity of those involved is not known, provide a description, and include any distinguishing characteristics.)*

Signature / Title: _____ Date: _____

(Individual reporting the incident)

Return completed forms to:

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