



## HIPAA & 42 CFR Part 2 INCIDENT REPORTING FORM

Today's Date:

Date of Disclosure:

Name of staff completing form:

Name of staff who disclosed info:

*(If different than who is completing form)*

First and Last Name of individual (s) with information that was compromised:

Individual's Juniper ID# or DOB:

Brief description of circumstance, including how the incident was discovered:

Information disclosed *(such as, diagnosis, medication, appointment time, DOB, SSN, etc.):*

Follow up steps taken to resolve or mitigate disclosure *(such as, if email/fax sent to wrong recipient, were they contacted with a request to delete/destroy email/fax?):*

**Please email this completed form to Traci Dawson ([dawsont@co.yamhill.or.us](mailto:dawsont@co.yamhill.or.us)) and cc immediate supervisor (if form not completed by supervisor)**