

**FORWARD ALL COMPLETED REPORTS TO METHODIST CORPORATE COMPLAINEE DEPARTMENT (FAX: 901-516-0569)**  
**NOT A PART OF THE MEDICAL RECORD**  
**CONFIDENTIAL – PRIVILEGED REPORT PURSUANT TO STATE LAW**

Designation or comments indicated on this form or any attachments hereto are preliminary in nature and in no way imply admission of any fault, error, or liability.

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Date/Time of Occurrence:</b>  | <b>Practice/Company Name:</b>  | <b>Specific Dept/Location</b> (At time of occurrence): |  |  |
| <b>Violation of the <u>Confidentiality Agreement Regarding Access to Electronic Medical Records</u> should be addressed and reported on this form. Please forward this report immediately to the Corporate Compliance Department (Fax: 516-0569).</b>  |  |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;"><b><u>Passwords:</u></b></p> <p><input type="checkbox"/> Physician Office Staff sharing/posting password</p> <p><input type="checkbox"/> Using someone's login/password</p> <p><input type="checkbox"/> Falsifying identity or other possible malicious access attempt</p> <p><input type="checkbox"/> Sending unencrypted PHI outside of office/company</p> <p><input type="checkbox"/> Transporting unencrypted PHI outside of office/company</p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;"><b><u>Protected Health Information (PHI):</u></b></p> <p><input type="checkbox"/> Inappropriate viewing/access of PHI</p> <p><input type="checkbox"/> Inappropriate disclosure of PHI</p> <p><input type="checkbox"/> Suspected Identity Theft</p> <p><input type="checkbox"/> Theft or Loss of PHI (Medical Records, Patient Logs, etc.)</p> <p><input type="checkbox"/> A patient or family member requested to be contacted about a Privacy or Security incident.    MRN or FIN: _____</p> <p style="text-align: right;">Patient or Other Name: _____</p> <p style="text-align: right;">Contact Information: _____</p> <p style="text-align: right;">_____</p> </td> </tr> </table> |  |  | <p style="text-align: center;"><b><u>Passwords:</u></b></p> <p><input type="checkbox"/> Physician Office Staff sharing/posting password</p> <p><input type="checkbox"/> Using someone's login/password</p> <p><input type="checkbox"/> Falsifying identity or other possible malicious access attempt</p> <p><input type="checkbox"/> Sending unencrypted PHI outside of office/company</p> <p><input type="checkbox"/> Transporting unencrypted PHI outside of office/company</p> | <p style="text-align: center;"><b><u>Protected Health Information (PHI):</u></b></p> <p><input type="checkbox"/> Inappropriate viewing/access of PHI</p> <p><input type="checkbox"/> Inappropriate disclosure of PHI</p> <p><input type="checkbox"/> Suspected Identity Theft</p> <p><input type="checkbox"/> Theft or Loss of PHI (Medical Records, Patient Logs, etc.)</p> <p><input type="checkbox"/> A patient or family member requested to be contacted about a Privacy or Security incident.    MRN or FIN: _____</p> <p style="text-align: right;">Patient or Other Name: _____</p> <p style="text-align: right;">Contact Information: _____</p> <p style="text-align: right;">_____</p> |
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| <b><u>Brief Initial Statement of Incident:</u></b><br><div style="height: 40px; border: 1px solid black;"></div>   |  |  |  |  |
| <b><u>Report Completed By:</u></b><br><div style="height: 40px; border: 1px solid black;"></div>   |  |  |  |  |
| <b>Print Name:</b> _____ <b>Signature:</b> _____ <b>Date:</b> __/__/__   |  |  |  |  |
| <b><u>Methodist Use Only</u></b>   |  |  |  |  |
| <b><u>Methodist Leaders Statement of the Facts and Mitigation Actions: (attach additional sheet if necessary):</u></b><br><div style="height: 40px; border: 1px solid black;"></div>   |  |  |  |  |
| <b><u>Action Taken by Leader:</u></b><br><p> <input type="checkbox"/> User Education    <input type="checkbox"/> Methodist LeBonheur Policy Education    <input type="checkbox"/> HIPAA Security/Privacy Training    <input type="checkbox"/> Standards of Conduct Training </p> <p> <input type="checkbox"/> Verbal Warning    <input type="checkbox"/> Written Warning    <input type="checkbox"/> Final Written Warning    <input type="checkbox"/> Permanently Disable Access </p>   |  |  |  |  |
| <b><u>REQUIRED CORPORATE COMPLIANCE SIGNATURE:</u></b> Reviewed and mitigated by Methodist Corporate Compliance Director or other Sr. Leader.<br><b>Director/Senior Leader</b><br><b>Name:</b> _____ <b>Signature:</b> _____ <b>Date:</b> __/__/__   |  |  |  |  |

