

Record of Disclosure of PHI

NOTE: The following information should be entered by the person who inadvertently disclosed, or if unknown, the person who discovered the disclosure. This record should be should be provided to the Privacy Officer.

Mail to: HR.Incident.Notification.HIPAA@pima.gov

Department _____ Date(s) of disclosure: _____

Name of person who disclosed PHI: _____

Person(s) or entity whose information was disclosed:

Name: _____

EIN: _____ Birthdate: _____

Address: _____

Telephone Number: _____

Person(s) or entity who received the information:

Name: _____

Address: _____

Telephone Number: _____ Manner of Disclosure: Fax email mail verbal

The following information was disclosed (include detail): _____

Print Name and Title

Telephone Number Date