



HIPAA Incident and Concern Form

The HIPAA Privacy and Security Rules (45 CFR 164.308(6)(i), 45 CFR 164.308(6)(ii), 45 CFR 164.530(d)(1) and 45 CFR 164.530(d)(2)) state a process to receive and document complaints regarding protected health information (PHI) and to identify and respond to concerns regarding suspected or known security incidents must exist and be implemented.

A **concern** is defined as a situation where more research or information is needed to determine if PHI is at risk. An example could include clarification of a HIPAA policy or procedure.

An **incident** is defined as a situation where HIPAA security and privacy policies or procedures have not been adhered to causing PHI to be at risk. Examples could include seeing an unauthorized, unescorted person in a secured area, someone sharing user names and passwords, or sending PHI unencrypted in an e-mail or placing PHI on an unencrypted portable device.

If you have a concern or believe you have witnessed an incident regarding protected health information, complete the form below and return by fax to (518) 257-4653 or mail to:

eMedNY ATTN: HIPAA System Analyst Lead, PO Box 4619, Rensselaer, NY 12144.

Name:

Contact Phone Number:

E-Mail address:

eMedNY Dept. , State Agency and Department or Provider Office Name:

Incident or Concern Date:

Location Where the Incident or Concern Occurred:

Who Was/Is Involved in the Incident or Concern:

Brief Description of the Incident or Concern: