



INSTRUCTIONS:

- 1. Enter all details about the incident using as much detail as possible.
2. If PHI has been sent to the wrong recipient, ask for assurance that the PHI will not be kept or used.
3. Send your report to the Compliance Officer by one of the following methods:

Email: compliance.incident@chpw.org
Fax: (206) 521-8834
Mail: Compliance Officer
Community Health Plan of Washington
720 Olive Way, Ste. 300
Seattle, WA 98101

SECTION 1 - REPORT PREPARED BY
Your Name: Phone:
Address : Email:
SECTION 2 - INCIDENT DETAILS
Notification By: Call from Member Call from Provider/Vendor Self-report Other:
Date of Report: Type of Material:
Incident Date: (ie EOB, ID Card, Roster)
Location: Paper/Mail Email Fax
Electronic Medical Record
Lost Computer/ PDA
Media (ie CD, thumb drive)
Other:
Number of Members Affected:
AFFECTED MEMBER (Send spreadsheet if more than 1.) PHI RECEIVED BY/ DISCLOSED TO
Member Name: Name of Individual:
Member ID: Name of Business or Provider (if applicable):
Member DOB: Member ID or Provider NPI/TIN (if applicable):
Member LOB: Email Address:
Member Complete Address: Complete Address:
Member Phone: Phone:
Intended Fax No: Actual Fax No:
DESCRIPTION OF INCIDENT (Please describe what happened. Include details, names and date to aid investigation.)
SECTION 3 - CORRECTIVE ACTIONS (Has anything been done to address the issue so far?)