

University Specialty Clinics®  
**HIPAA PRIVACY / SECURITY AND RED FLAGS INCIDENT REPORT**

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**INSTRUCTIONS:**

University Specialty Clinics® workforce members shall report suspected HIPAA Privacy/Security or Red Flags incidents by completing Sections I and II of this form.

**NOTE:** This is an administrative report. DO NOT include this report in any patient health records.

**SECTION I – GENERAL INFORMATION**

Name of Individual Reporting Incident: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**SECTION II – INCIDENT INFORMATION**

Date/Time of Incident: \_\_\_\_\_ Date/Time of Incident Discovery: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of Incident: *Include **type of incident** (theft, loss, improper disposal, unauthorized access, hacking/I.T. incident, or other), **location of PHI at time of incident** (laptop, desktop, network server, e-mail, other portable electronic device, or paper), and **type of PHI involved** (demographic, financial, or clinical).*

Signature / Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Individual reporting the incident)

**Return completed forms to:**

**Privacy/Red Flag incidents: fax 803.255.3439 Security incidents: fax 803.545.6900**