



If this is a request for a consultation please fill out Section I. If this is a report of an incident, please complete Sections I. and II. Email completed form and supporting documents to privacy@augusta.edu with "secure" in the subject line.

NAME
TITLE
DEPARTMENT

DATE OF REPORT TO PRIVACY OFFICE

SECTION I. INTAKE Check the appropriate box and provide information regarding the consultation. If the request is in regard to a business associate agreement/ analysis, please include a copy of the corresponding contract or service agreement.

- Incident Report
- Business Associate Agreement/Analysis
- HIPAA Authorization Assessment
- New Business Walk-through/Assessment
- Data Use Agreement Assessment
- Privacy Office Consultation

- Meeting Request
- Email Response
- Telephone Request
- Presentation-Training

Dates of Availability (at least 3)

1-
2-
3-

DESCRIPTION OF INCIDENT / CONSULTATION REQUEST Describe the consultation request or incident in detail. If you know what type of information was involved in an incident indicate by checking the appropriate boxes.

Demographic

- First Name or Initial
- Last Name
- Date of Birth
- Street Address/Zip Code
- Medical Record Number
- Phone
- Health Plan Number
- Email Address
- Social Security Number
- Driver License Number
- Date(s) of Service
- Other

Financial

- Credit Card Number
- Bank Account Number
- Claims Number
- Other

Clinical Information

- Psychotherapy Notes
- Medications
- Lab Results
- Location(s) of Service
- Other (Rx #)
- Diagnosis/Condition
- Mental Health Information
- Substance Abuse Info
- Other

Student Record

- Academic standing
- Progress in course
- Student Health Data
- Financial Aid
- Other

SECTION II. INCIDENT REPORT DETAILS Provide the date the incident was discovered and date the incident occurred

DATE INCIDENT DISCOVERED

DATE OF THE INCIDENT

INCIDENT DETAILS Indicate contact information for who reported incident, whose information was affected, recipient of information, who caused the incident and their supervisor.

<p>INDIVIDUAL REPORTING</p> <p>CONTACT INFORMATION Telephone Email</p>	<p><u>RELATIONSHIP TO AU/AU HEALTH</u></p> <p><input type="checkbox"/> Employee Supervisor <input type="checkbox"/> Patient MRN <input type="checkbox"/> Student <input type="checkbox"/> Business Associate <input type="checkbox"/> Other</p>
<p>INDIVIDUAL AFFECTED</p> <p>CONTACT INFORMATION Telephone Address</p>	<p><u>RELATIONSHIP TO AU/AU HEALTH</u></p> <p><input type="checkbox"/> Employee Supervisor <input type="checkbox"/> Patient MRN <input type="checkbox"/> Student <input type="checkbox"/> Business Associate <input type="checkbox"/> Other</p>
<p>RECIPIENT OF INFORMATION</p> <p>CONTACT INFORMATION Telephone Address</p>	<p><u>RELATIONSHIP TO AU/AU HEALTH</u></p> <p><input type="checkbox"/> Employee Supervisor <input type="checkbox"/> Patient MRN <input type="checkbox"/> Student <input type="checkbox"/> Business Associate <input type="checkbox"/> Other</p>
<p>PERSON RESPONSIBLE FOR INCIDENT</p> <p>CONTACT INFORMATION Telephone Email</p>	<p><u>RELATIONSHIP TO AU/AU HEALTH</u></p> <p><input type="checkbox"/> Employee Supervisor <input type="checkbox"/> Patient MRN <input type="checkbox"/> Student <input type="checkbox"/> Business Associate <input type="checkbox"/> Other</p>
<p>MITIGATION ATTEMPTS</p>	<p>DATE</p>
<p><input type="checkbox"/> Retrieved Paper Documents</p>	
<p><input type="checkbox"/> Disclosure Declaration Breach Mitigation Form</p>	
<p><input type="checkbox"/> Purge Requested</p>	
<p><input type="checkbox"/> Purge Confirmed by:</p>	
<p><input type="checkbox"/> Shredded/Destroyed</p>	
<p><input type="checkbox"/> Other</p>	
<p>ADDITIONAL INFORMATION/NOTES</p>	
<p></p>	