

5502.1

REPORT OF HIPAA VIOLATION FORM

The following form is to be used to document a report of an alleged HIPAA violation (a "Violation") of the policies and procedures of Community Health Group and Community Health Group Partnership Plan (collectively, "CHG") or applicable privacy laws by members of CHG's Workforce.

1. Name, job title and phone number of individual reporting the Violation:

2. Name of Workforce Member alleged to have committed a Violation:

3. Insert statements made by the individual reporting the Violation as to what happened and why such individual thinks the Workforce Member committed a Violation:

4. Describe the health information involved in the Violation:

5. Provide any other relevant details of the issue; attach any relevant documents:

6. Insert the dates the Violation(s) occurred or were discovered:

7. Provide names of any other Workforce Members believed to be involved:

Signature: _____

Name: _____

Date: _____