



**INSTRUCTIONS:**

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

Email: [compliance.incident@chpw.org](mailto:compliance.incident@chpw.org)

Fax: (206) 521-8834

Mail: Compliance, Privacy and Security Officer  
Community Health Plan of Washington  
1111 Third Avenue, Suite 400  
Seattle, WA 98101

SECTION 1 - REPORT PREPARED BY			
Your Name:		Phone:	
Address :		Email:	
SECTION 2 - INCIDENT DETAILS			
Notification By: <input type="checkbox"/> Call from Member <input type="checkbox"/> Call from Provider/Vendor <input type="checkbox"/> Self-report <input type="checkbox"/> Other:			
Date of Report:		Type of Material:	
Incident Date:		(EOB, ID Card, Roster)	
Location:	<input type="checkbox"/> Paper/Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax	Number of Members Affected:	
	<input type="checkbox"/> Electronic Medical Record <input type="checkbox"/> Lost Computer/ PDA <input type="checkbox"/> Media (CD, thumb drive) <input type="checkbox"/> Other:		
AFFECTED MEMBER <i>(Send spreadsheet if more than 1)</i>		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 <i>(Describe what happened. Include details, names, and date to aid investigation)</i>			
SECTION 3 - CORRECTIVE ACTIONS <i>(Has anything been done to address the issue so far?)</i>			