

DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI) REPORT FORM

HIPAA regulations identify certain types of disclosures for which <Insert PNO Name>, its subsidiaries and affiliates, and Direct Care Clinics (DCC) are not required to obtain an authorization or agreement from the member before releasing the member's PHI. While the Privacy Rule authorizes these disclosures, UPC and DCC must account for the release of information in the Accounting of Disclosures database.

In the event you release PHI as part of a reportable disclosure, please complete this form and email or fax it immediately to your local or departmental Privacy Official.

OPERATING UNIT INFORMATION				TODAY'S DATE:				
Name of person completing the form:								
First Name:		Last Name:			Phone:			
Address:				Email:				
Name of person who disclosed PHI:								
First Name:		Last Name:			Phone:			
Location:								
Location:								
MEMBER INFORMATION - Name of person whose PHI was disclosed								
First Name:		Middle Name:		Last Name:				
Member (Patient) SSN or Member ID (optional):				Subscriber SSN or Member ID (required):				
Birth Date (M/D/YYYY):		Gender: (select one)		Relationship to Subscriber:				
PERSON OR ORGANIZATION THAT RECEIVED PHI								
First Name:		Last Name:			Phone:			
Organization:								
Address:			City:		State:	Zip:		
DISCLOSURE INFORMATION								
Disclosure PHI type (Check all that apply):	<input type="checkbox"/>	Claims Data	<input type="checkbox"/>	Utilization Management Data	<input type="checkbox"/>	Enrollment / Eligibility Data	<input type="checkbox"/>	Entire Designated Record Set
Disclosure type (Check all that apply):								
<input type="checkbox"/>	Response to state regulatory agency inquiry / audit			<input type="checkbox"/>	Response to a subpoena			
<input type="checkbox"/>	Response to state regulatory agency complaint			<input type="checkbox"/>	Qualified research			
<input type="checkbox"/>	Response to federal regulatory agency inquiry / audit			<input type="checkbox"/>	Required by law			
<input type="checkbox"/>	Response to federal regulatory agency complaint			<input type="checkbox"/>	To avert a serious threat to health or safety			
<input type="checkbox"/>	Litigation support			<input type="checkbox"/>	Specialized government functions			
<input type="checkbox"/>	To facilitate detection, investigation and prevention of fraud and abuse			<input type="checkbox"/>	Unauthorized disclosure (REPORT THIS TO YOUR SUPERVISOR IMMEDIATELY and COMPLETE THE INFORMATION BELOW)			
<input type="checkbox"/>	Other (explain):							
Provide details of the disclosure. Include specifics of what PHI was disclosed and the circumstances of the disclosure.								
<p>NOTE: In your explanation please include the following:</p> <ul style="list-style-type: none"> ▪ Description of the unauthorized disclosure ▪ What caused the unauthorized disclosure/breach? 								
For Unauthorized Disclosures, fill in the following:								
Date the Breach Occurred (M/D/YYYY):				Name of Local Privacy Official and Phone Number :				
Date Reported to Supervisor (M/D/YYYY):				Date Reported to Local Privacy Official (M/D/YYYY):				
Date Reported to Corporate Compliance (M/D/YYYY):				Remediation Plan:				
If you have any questions, please contact your Local Privacy Official (LPO).								