

**PURDUE UNIVERSITY
RECORD OF INADVERTENT DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

The following information should be entered by the person who inadvertently disclosed, or if unknown, the person who discovered the inadvertent disclosure. Both pages should be provided to the HIPAA liaison after completion.

Dept. _____ Date(s) of inadvertent disclosure: _____

Person(s) or entity whose information was disclosed:

Name: _____

ID # or Birth Date (if needed for filing): _____

Address (if known): _____

Phone (if known): _____

Person(s) or entity who received the information:

Name: _____

Address (if known): _____

Phone # (if known): _____

The following information was disclosed (include detail): _____

(This page to be included in the medical record, if covered component is a covered healthcare provider, or should be maintained by the HIPAA liaison in a file of inadvertent disclosures)

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THIS PAGE FOR INTERNAL USE ONLY (Not to be filed with patient medical record)

The following information should be entered by the person who inadvertently disclosed, or if unknown, the person who discovered the inadvertent disclosure.

Dept. _____ Date(s) of inadvertent disclosure: _____

Person(s) or entity whose information was disclosed:

Name: _____

ID # or Birth Date (if needed for filing): _____

Person who inadvertently disclosed protected health information:

Name: _____ Title: _____

Phone: _____

How was the information inadvertently disclosed? _____

After the disclosure was discovered, was the information retrieved or destroyed?

Name of person filling out this form: _____

Signature of person
filling out this form: _____

Date: _____

Phone: _____

The following should be entered by HIPAA Liaison:

How did HIPAA Liaison follow up to prevent this incident from recurring?:

Signature of area HIPAA Liaison: _____ Date: _____

HIPAA Liaison: after investigation, send form copy to Director, HIPAA Privacy Compliance, PUSH, Room B54
Providers: file page 1 in medical record, page 2 in inadvertent disclosure file. **Non-providers:** file complete form in inadvertent disclosure file.