



Community Health Plan of Washington Privacy/Security Incident Report

Use this form to report to Community Health Plan of Washington (CHPW) a potential privacy or security incident and provide as much detail as possible. If protected health information (PHI) was sent to the incorrect recipient, ask for assurance that the PHI was not kept or used. Send your completed form to one of the following:

- Email at: compliance.incident@chpw.org.
- Fax at: (206) 521-8834
- Mail to:
Community Health Plan of Washington
Attn: VP, Compliance Officer
1111 3rd Ave, Ste. 400
Seattle, WA 98101

1. Person Completing the Report

Name: _____ Phone: _____

Business Name (if applicable): _____

Email: _____

Address: _____

2. Incident Details

Notification by: Member Call Provider Call Self-Report

Other: _____

Date of Report: _____ Date of Incident: _____

Number of Members Affected: _____

Type of Material (EOB, ID Card, Roster, etc.): _____



Location: Paper/Mail Email Fax
 Electronic Medical Record Lost Computer/PDA
 Media (CD, USB flash drive, etc.) Other: _____

3. Affected Member Details

Member Name: _____ **Member ID:** _____
ProviderOne Number: _____
Member Date of Birth: _____ **Member Line of Business:** _____
Member Phone: _____ **Member Email:** _____
Member Address: _____

4. PHI Received By/Disclosed To

Name of Individual or Organization: _____
Member ID or Provider NPI/TIN: _____
Phone: _____ **Email:** _____
Intended Fax Number: _____ **Actual Fax Number:** _____
Address: _____

5. Description of Incident (describe what happened. Include details, names, and dates)

6. Corrective Actions (has anything been done to address the issue so far?)
