



CONFIDENTIAL

Incident Reporting Form

Please submit this form with all pertinent documentation to Regulatory Affairs and Compliance (RAC) at RAC_Reporting@partnershiphp.org. To file an anonymous report, call the Hotline at (800) 601-2146.

Submitted by: _____ Today's Date: _____

Department: _____ Contact Number: _____

Referral Type

___ Compliance ___ HIPAA ___ Suspected Fraud, Waste or Abuse

Details of Incident(s)

Date of Incident: _____ Date of Initial Discovery/Awareness: _____

Involved parties: ___ PHC Dept ___ Pharmacy ___ Provider's Office ___ Member ___ Non-Member

List all parties involved (and contact information, if available):

Summary of incident (who, what, when, and where; also include the type of PHI, if known):

If applicable, please answer the following questions:

What documents did the person(s) receive in error? _____

How did the person(s) receive the information containing PHI: ___ Paper data ___ Verbal ___ Electronic

Note: If the document was received by another member or non-member, please let the caller know RAC will send a prepaid envelope to have all documents returned. If the document was received by another provider, please ask for their contact information (telephone and fax numbers or email address) so RAC can send them an Attestation Letter for either Destruction or Return of documents and Non-Disclosure.

Member Information

Member Name: _____ Product Line: _____

Member CIN: _____ Phone Number _____

Date of Birth: _____ Address _____

Documentation (please attach all supporting documentation; i.e. NOA, RA, or claims form)

Claims data Medical records Grievance UM report Audit Other

Other Relevant Information (please attach)

Are there any prior suspected compliance, HIPAA or fraud, waste or abuse by this member, provider or pharmacy other than what you have reported? No Yes - If yes, please attach previous information