

HEALTHCARE ASSOCIATES IN MEDICINE, PC
HIPAA Incident / Resolution

Incident Report by: _____ Incident Documented by: _____ Date of Incident: _____

List All Affected Patients: _____ (attach list if necessary)

Description of the Incident:

Investigated by: _____

Investigation and Findings:

Corrective Action Recommendations:

Measures Taken to Prevent Recurrence:

Date Patients Notified: _____ Method of Notification: _____

COMPLIANCE/ PRIVACY OFFICER Signature

DATE

HUMAN RESOURCE SIGNATURE

DATE