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) 652-7006
- Mail to:
  Community Health Plan of Washington
  Attn: Compliance Department
  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

CHPW_CM_586_10_2020_External_Privacy_Security_Incident_Report   HCA Approval: 2020-533
H5826_CP_070_2020_Privacy_Security_Incident_Report_C
CS_CP_067_2022_Privacy_Security_Inc_Report_C

☐ 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)

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

_____

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