

QUESTIONNAIRE AND CONFIDENTIALITY AGREEMENT *(Paper or Verbal PHI)*

_____ Hospital takes our responsibility to protect our patients' privacy very seriously. We are currently researching a disclosure of protected health information (PHI) that may potentially be considered a privacy breach. We greatly appreciate your help in answering three quick questions.

Date: _____ File #: _____

It is our understanding that you may have erroneously received some PHI. Please check the appropriate boxes:

1. I have shared or disclosed the PHI to the following persons: _____

-OR-

I have not shared or disclosed the PHI to anyone (either in writing or verbally).

2. I used the PHI as follows: _____

-OR-

I have not used the PHI in any way.

3. If paper PHI was involved, please check the appropriate box:

I returned all of the PHI to a representative of _____ Hospital.

-OR-

I destroyed or disposed of all of the PHI by:

- Shredding it myself
- Putting it in a locked bin to be shredded later
- Putting it in an unlocked bin to be shredded later
- Putting it in a locked bin to be recycled
- Putting it in an unlocked bin to be recycled
- Putting it in the "regular" trash
- Other. Please describe: _____

-OR-

I am keeping all or some of the PHI, or a copy of the PHI.

(over)

I hereby affirm that the answers I have given to the questions above are correct. I also agree not to further use or disclose any PHI that I may have erroneously received.

Print name: _____ Date: _____

Signature: _____ Company: _____

Address: _____

Phone number: _____

NOTE: The hospital must carefully review the answers provided by the unauthorized person on the questionnaire. If the unauthorized person has used or disclosed the PHI, put it in an unsecured location, etc., then additional follow-up by the hospital should be undertaken.