**Date Sent to Compliance\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Entity:**

[ ]  HARBORVIEW MEDICAL CENTER [ ]  HALL HEALTH [ ]  NWH [ ]  OTHER:

[ ]  UNIVERSITY OF WA MEDICAL CENTER [ ]  NEIGHBORHOOD CLINICS [ ]  VMC \_\_\_\_\_\_\_\_\_\_\_\_

**Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Person Reporting Disclosure**:

**Date of Disclosure (may be DOS):** \_\_\_\_\_\_\_\_\_\_\_ **Date of Discovery (date returned):** \_\_\_\_\_\_\_\_\_

**What Happened? Brief description:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Record Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Document Type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Listen to dictation and write exactly what was dictated: Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **or [ ]  No address dictated**

**If provider moved, did patient follow provider? [ ]  Yes [ ]  No [ ]  N/A**

**Was the information:**

[ ]  **Returned Unopened**

**[ ]  Returned Opened**

**[ ]  Deleted**

**[ ]  Destroyed**

**Location:**

**[ ]  Email**

**[ ]  Misdirected Mail**

**[ ]  Paper (other)**

**[ ]  Computer**

**[ ]  Portable device**

**[ ]  Improper Disposal**

**[ ]  Unauthorized Access**

**[ ]  Loss**

**Who Transcribed Document:**

* **UWMC/HMC/UWNC/HH Transcriptionist**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **TSI/Precyse Transcriptionist**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Other (anyone else modifying document)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTION TAKEN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Mail completed form and a copy of all document(s) disclosed to*** ***comply@uw.edu*** ***or to the Privacy Program at Box 359210***