

**CLARK COUNTY  
HIPAA INCIDENT REPORT**

**INCIDENT IDENTIFIER INFORMATION**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Phone/contact information:** \_\_\_\_\_

**INCIDENT SUMMARY**

**Date/Time Detected:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Technology/Source:** \_\_\_\_\_

**Name(s) of people involved and contact information:** \_\_\_\_\_

\_\_\_\_\_

**Description of incident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of PHI/record(s) involved:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHI/record(s) retrieved (circle one):**      Y      N      unknown

**Subject(s) of PHI/record(s) contacted:**      Y      N      if yes, how/when: \_\_\_\_\_

**Containment measures:** \_\_\_\_\_

\_\_\_\_\_

**Mitigation measures:** \_\_\_\_\_

\_\_\_\_\_

**Corrective measures:** \_\_\_\_\_

\_\_\_\_\_

**Please return completed form to the applicable department head or County Attorney.**