

RECORD/DOCUMENT LOSS REPORT

Consumer Demographics

Name: _____

Address: _____

Residential Setting (At Home, CTH-I, etc.): _____

Telephone: _____

Medicaid Recipient: YES NO Minor: YES NO

Adjudicated Incompetent: YES NO N/A

Legal Guardian: _____

Address: _____

Telephone: _____

Relationship: _____

Report of Circumstances *Has DDSN Privacy Officer been notified?*****

Below, identify the document(s) that was lost. If you do not have enough room, please add another page. If an entire case record was lost, describe in detail the contents (do not itemize documents) of the record(s) that was lost and the circumstances during which it was lost. In the report, please address the following and any other information you feel to be important.

Date of record loss or an estimate if unknown: _____

Date the loss was discovered: _____

Name and position title of person responsible for the record at the time of loss:

Has the Board/Provider assigned responsibility for management and accounting of all service recipient records to a Board/Provider staff member? If so, who?

Were Board/Provider and DDSN policies being followed at the time of loss?

Is the consumer and/or legal guardian aware of the record loss? Yes No

What has been done to minimize the potential harm to the consumer as a result of the record loss? (HIPAA refers to this as mitigation.)

If records are believed stolen, has a report been made to the police? Yes No
Please include a copy of the police report with the Record Loss Report.

What could have been done to prevent the loss?

Will there be revisions to your Board/Provider policies as a result of the loss? Yes No
If so, what will they be?

Do you have suggestions for changes to DDSN policies regarding record maintenance and security? Yes No
If so, what are they?

Person Completing the Report: _____

Position Title: _____ Telephone #: _____

Signature: _____ Date: _____

REPORT OF CIRCUMSTANCES