

Questionnaire and Confidentiality Agreement

(Electronic 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 a few quick questions.

Date: _____ File #: _____

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

1. I have read the PHI

-OR-

I have not read the PHI.

2. I have copied the PHI

-OR-

I have not copied the PHI.

3. I have shared, disclosed or forwarded the PHI to the following persons: _____

-OR-

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

4. I used the PHI as follows: _____

-OR-

I have not used the PHI in any way.

5. I returned the CD, DVD, hard drive, flash drive, tape, or other electronic media to a representative of _____ Hospital.

-OR-

I deleted all of the PHI by: _____

 Other. Please describe: _____

(over)

6. Describe your back-up system (for example, cloud, tape, virtual, near-line, disk, etc.): _____

7. The method I used to delete the PHI from my back-up was: _____

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.