

Privacy Incident Report

Name: _____ Date _____
Optional

Home address: _____
Optional

Home telephone: _____
Optional

Clinic location where the incident occurred: _____

Internal:

Position: _____ Supervisor: _____

1. Description of possible violation

2. When did this occur?

3. Person(s) involved:

4. How did you come to learn of the incident described above?

5. Would you be willing to discuss the above allegations with a member of the compliance committee, management or our attorney for the Practice?

6. Have you discussed the above allegations with anyone else? If so, who?

7. Are you aware of any other individuals who may be able to provide further information regarding the above allegations?

Note: We will take every measure to ensure the confidentiality of the above information. However, there may be unforeseen circumstances where disclosure of this information may become necessary.

Signature _____ Date _____
Optional

Please submit to:

Medical Associates of Northwest Arkansas (MANA)
Privacy Officer: Paula Maxwell, Chief Operating Officer
3383 N. MANA Court, Suite 201
Fayetteville, AR, 72703
Phone: (479) 571-6780
Fax: (479) 443-4871
Email: privacyofficer@mana.md