

# Patient Information Disclosed In Error?

Report a Privacy Incident or Breach:

<https://usf.complianceprohealth.com/report/privacy>

CompliancePro  
HEALTH

USFHealth

## New Privacy Incident

FIRST: Please contact Jonathan Steffer, of USF Clinical Affairs, at 813-974-6738 or you may send an email request to [steffer@usf.edu](mailto:steffer@usf.edu) to have a courier dispatched to pick up and return the disclosed document(s) to USF Health.  
SECOND: Please complete the form below to report this privacy incident. If you have any questions, do not hesitate to contact the Privacy & Healthcare Civil Rights Compliance Department at (813) 974-2222 or via email at [Privacy@usf.edu](mailto:Privacy@usf.edu).  
THANK YOU for reporting this incident. If we have any questions regarding your submission, we will reach out to you.

### Basic Information

Privacy & Healthcare Civil Rights Compliance will assign label	Date We Learned of Mistake * 02/13/2023 12:00 AM	Date Mistake Occurred 02/13/2023 12:00 AM to
	Physical Location / Clinical Department * USF Test	

### Patient

Name * Jane Patient	Phone * 813-974-2222	Address 1234 Any Street
MRN * 77777	DOB * 01/01/1960	City * Any Town
	State * FL	Zip * 33333
		<a href="#">Remove Patient</a>
		<a href="#">Add Another Patient</a>

### Detailed Information

Specific PHI Compromised * After Visit Summary- name, address, DOB, MRN, list of meds, diagnosis, previous medical complaints, insurance information	PHI Disclosed To * John Incorrect Patient, Jr.	
Tell us how this mistake occurred. Attach a copy of document released. * I did not request the patient's name prior to handing the AVS to the patient.	If appropriate, attach a screen shot, photo, report, or other document to further describe this incident. Attachment Choose File No file chosen	
Was a courier contacted to pick up PHI? Yes No	Was the original document returned to USF Health? Yes	If original was not returned, indicate whether it was shredded or destroyed? x Patient returned
Please explain what happened to the PHI?		

### Please Identify Yourself

Name * Honest Employee	Phone * 813-821-0000	Title / Dept Clinic Employee
Email * hemployee@usftgp.org		

Submit Privacy Incident

IF YOU HAVE QUESTIONS ABOUT PROTECTING PATIENT PRIVACY, CONTACT  
PRIVACY & HEALTHCARE CIVIL RIGHTS COMPLIANCE

(813) 974-2222 | [PRIVACY@USF.EDU](mailto:PRIVACY@USF.EDU) | [PRIVACY@USFTGP.ORG](mailto:PRIVACY@USFTGP.ORG)

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