

# RECORD/DOCUMENT LOSS REPORT

## Consumer Demographics

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

Address: \_\_\_\_\_

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

Telephone (include area code): \_\_\_\_\_

Medicaid Recipient:  YES  NO                      Minor:  YES  NO

Adjudicated Incompetent:  YES  NO  N/A

Legal Guardian: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Telephone (include area code): \_\_\_\_\_

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?

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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.)

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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?

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

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

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Person Completing the Report: \_\_\_\_\_

Position Title: \_\_\_\_\_ Telephone (include area code): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REPORT OF CIRCUMSTANCES**