

CONFIDENTIAL REPORT OF CONCERN
WESTSIDE ORTHOPAEDICS
4005 WESTMARK DR. STE. 200
DUBUQUE, IOWA 52002

The purpose of this form is to report the facts pertaining to any known or suspected violation of the standards or the laws and regulations governing Westside Orthopaedics. Although we ask you to provide your name, it is not necessary for you to do so if you wish to make an anonymous report. An anonymous report can be made by completing this form and either mailing it to the Privacy Officer at the organization's address, by depositing it in the suggestion box or by placing it in a sealed envelope and putting it in the Privacy Officer's mail box or in basket.

If you do not want to give your name, you may call the Privacy Officer within one week of submitting this report to inquire about the outcome of the investigation. If you do not call, the Privacy officer will not be able to report back the outcome of the investigation arising out of your report.

Please include all the factual details of the suspected violation, however big or small, to ensure that the Privacy Officer has all of the information necessary to conduct a thorough investigation. Please attach additional pages as needed. The information that you provide should include names, dates, times, places, and a detailed description of the incident that led you to believe that a violation of Westside's privacy standards occurred. Please include a copy or a description of any documents that support your concerns.

Reference Number:

Date of this report:

Name of person making this report (optional)

Description of the violation(s)

Detailed description of the incident(s) resulting in the violation (include names, dates, times, and places):

Name(s) of person(s) involved in the incident and an explanation of their role:

Names(s) of other person(s) having knowledge of the incident:

Department where the incident occurred:

Date(s) of the incident:

Explanation of how you became aware of the suspected violation:

Please attach or describe any documents that support your concern (include a description of the documents, the identity of the persons who wrote the documents, the dates of the documents, and the location of the documents).

hipaa/privacy/forms/report of concern