



Health and Human Services Agency

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Questionnaire and Confidentiality Statement

Shasta County Health and Human Services Agency takes our responsibility to protect our patients' and clients' privacy very seriously. We are currently researching a disclosure of protected health information (PHI) or Personally Identifiable Information (PII) 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 have erroneously received PHI/PII. Please circle the appropriate statement:

1. I have read the PHI and/or PII.

-OR-

I have not read the PHI and/or PII.

2. I have copied the PHI and/or PII.

-OR-

I have not copied the PHI and/or PII.

3. I have shared, disclosed, and/or forwarded the PHI and/or PII to:

-OR-

I have not shared, disclosed, and/or forwarded the PHI and/or PII to anyone.

4. I have used the PHI and/or PII as follows:.

-OR-

I have not used the PHI and/or PII in any way.

5. I returned the PHI and/or PII to:

-OR-

I deleted or destroyed all of the PHI and/or PII by:

-OR-

I have not returned or destroyed all the PHI and/or PII.

-AND-

I have taken the following actions with the PHI and/or PII:

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

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

8. Other comments, notes, or pertinent information:

I hereby affirm that the answers I have given to the questions above are correct to the extent of my knowledge at this time. I hereby agree to not further use or disclose PHI or PII that has been erroneously received.

Print name:

Date:

Signature:

Organization:

Address:

Phone number: