HIPAA Security Incident Report

Attention: HIPAA Security Officer

Name : _____
Email/Phone: _____
Date: _____

Description of incident, including systems, applications and electronic protected health information affected.

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Your Signature: _____ **Date:** _____

Please return to:
Populus Group Welfare Benefits Plan
3001 West Big Beaver Road, Suite 400 Troy, Michigan 48084-3105
Attention: HIPAA Security Officer
HIPAAPrivacyOfficer@populusgroup.com