



## CONFIDENTIAL REPORT OF PRIVACY CONCERN

The purpose of this form is to report the facts pertaining to any known or suspected violation of Clark County's privacy standards or the laws and regulations governing the organization. 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 UMC / Clark County Privacy Officer, 1800 W. Charleston Blvd., Las Vegas, Nevada 89102 or by placing it in an interoffice envelope addressed to the Privacy Officer.

If you wish to identify yourself in this report, Clark County will make every effort to keep your identity confidential, unless you give us permission to reveal it. Only the Privacy Officer, and others designated by the Privacy Officer, will have access to your report. No disciplinary action or retaliation will be taken against you for making a good faith report of a compliance violation.

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 Clark County's privacy standards occurred. Please include a copy or a description of any documents that support your concerns.

Date of this report: \_\_\_\_\_

Name of person making this report: \_\_\_\_\_  
(optional)

Address of person making this report: \_\_\_\_\_  
(optional)

Telephone Number of person making this report: \_\_\_\_\_  
(optional)

Description of the violation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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

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

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Department where the incident occurred: \_\_\_\_\_

Date(s) and Time(s) of the incident: \_\_\_\_\_

Explanation of how you became aware of the suspected violation:

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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).

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For County use only:

Reference No.: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_



## CONFIDENTIAL REPORT OF PRIVACY CONCERN

*Instructions for completing this form:*

*This form may be used by any member of the Clark County workforce, patients and visitors.*

*To file a report of privacy concern, follow the instructions on the form and provide as much information as is known.*

*All reports of concern are to be forwarded to the UMC / Clark County Privacy Officer for review and investigation.*