

**Oklahoma State University  
Center for Health Sciences  
Confidential Report of Concern**

The purpose of this form is to report the facts pertaining to any known or suspected violation of the covered entity'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 Privacy Officer at the organization's address or in person at either of the locations listed at the bottom of this page

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.

If you wish to identify yourself in this report, the covered entity will make every effort to keep your identity confidential, unless you give the covered entity 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 the covered entity's privacy standards occurred. Please include a copy or a description of any documents that support your concerns.

**You may contact a Privacy Officer at the following locations/phone numbers:**

OSU-CHS Privacy Officer  
717 South Houston, Suite 506  
Tulsa, Ok 74127  
918-586-4545  
Chs.privacy@okstate.edu

**Oklahoma State University Center for Health Sciences  
Confidential Report of Concern**

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:  
\_\_\_\_\_  
\_\_\_\_\_

Name(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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only – Do Not Write Below This Line**

Date Received: \_\_\_\_\_ Reference Number: \_\_\_\_\_