Yale University

HIPAA PRIVACY

Confirmation of Return or Destruction of Health Information Received in Error

Yale regrets that it mistakenly provided you with the health information of another person. We would be grateful if you could please complete and return this form.

Yale mistakenly gave me the health information of _____
name, if known.

I have:

_____returned the information to Yale; or

_____destroyed the information by shredding it or otherwise making it unreadable.

I did not read the information, once I discovered that it was not mine.

I did not keep, use, share or copy any of the information.

_____ _____
Signature Date

_____
Print Name

Please return this form to Yale HIPAA Privacy Office by any of the methods below:

Mail: PO Box 208255, New Haven, CT. 06520-8255
Email: hipaa@yale.edu
Fax: 203-432-4033

If you have any questions, please contact us at 203-432-5919 or hipaa@yale.edu.