



**Cottage Hospital  
HIPAA Incident Report Form**

To report a HIPAA concern or to register a complaint about the way Cottage Hospital has Handled your protected health information (PHI), Complete the following form and deliver it to Cottage Hospital’s Privacy Officer at:

Cottage Hospital  
90 Swiftwater Road  
Woodsville N.H. 03785

Email: [HIPAA@Cottagehospital.org](mailto:HIPAA@Cottagehospital.org)

\_\_\_\_\_  
Patient/Representative Name

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

A. What is your concern about the way that Cottage Hospital has handled your health information?

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

B. When did this happen?

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

C. Who was involved?

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

D. What were the results of the event?

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