Covered Entity:

Name of Covered Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Covered Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Associate: (Completion of this section is required if the breach occurred at or by a Business Associate)

Name of Business Associate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address: ­\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_

Business Associate point of contact:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone (including area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of individuals affected: \_\_\_\_\_\_\_\_

Breach Dates: 🞏 Unknown Discovery Dates:

Breach Start Date: \_\_\_\_\_\_\_\_\_\_\_\_ Discovery Start Date: \_\_\_\_\_\_\_\_\_\_\_

Breach End Date: \_\_\_\_\_\_\_\_\_\_\_\_ Discovery End Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Type of Breach:**  **Location of Breach**:

🞏 Hacking/IT incident 🞏 Desktop computer

🞏 Improper disposal 🞏 Electronic medical record

🞏 Loss 🞏 Email

🞏 Theft 🞏 Laptop

🞏 Unauthorized access/disclosure 🞏 Network server

 🞏 Other portable electronic device

 🞏 Paper/films

Type of personal information involved: 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 **Personal Health Information (PHI)**

🞏 Clinical

🞏 Demographic

🞏 Financial

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Demographic:**

 🞏 Name

**Clinical Diagnosis/Conditions:** 🞏 Address/ZIP

🞏 Lab Results 🞏 Date of Birth

🞏 Medications 🞏 Driver License number

🞏 Other Treatment Information 🞏 SSN

 🞏 UCI / other unique identifier

**Other identifiable information - Financial**

🞏 Claims Information

🞏 Credit Card/Bank Acct #

🞏 Other Financial Information

Brief description of the breach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safeguards in place prior to the incident**:

🞏 None

🞏 Privacy Rule Safeguards (training, policies and procedures, etc.)

🞏 Breach: Security Rule Administrative Safeguards (risk analysis, risk monitor, etc.)

🞏 Security Rule Physical Safeguards (access controls, workstation security, etc.)

🞏 Security Rule Technical Safeguards (access controls, transmission security, etc.)

**Individual Notice Provided**

Individual notice provided start date: \_\_\_\_\_\_\_\_\_\_\_\_

Individual notice provided end date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Who Notified:**

Name of individual that provided notification of the breach: \_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there out of date contact information for 10 or more individuals affected, requiring substitute notice? \_\_\_\_\_\_\_\_\_. If so, was substitute notice provided? \_\_\_\_\_\_\_\_\_\_

If the breach affected more than 500 individuals, was media notice provided? \_\_\_\_\_\_\_\_\_. If so, what date was the media notice provided?

If breach affected more than 500 individuals, was the California Attorney General’s office notified? \_\_\_\_\_\_\_\_\_. If so, what date was notice provided? \_\_\_\_\_\_\_\_\_\_

If business associate is a healthcare provider licensed by CA Dept. of Public Health (CDPH), did it notify CDPH? \_\_\_\_\_\_\_\_\_\_. If so, what date was notice provided? \_\_\_\_\_\_\_\_\_\_

Was notice provided to OCR? \_\_\_\_\_\_\_\_\_\_. If so, what date was notice provided? \_\_\_\_\_\_\_\_\_\_

**Description of the Corrective actions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Adopted encryption technologies

🞏 Changed password/strengthened password requirements

🞏 Created a new/updated Security Rule Risk Management Plan

🞏 Implemented new technical safeguards

🞏 Implemented periodic technical and nontechnical evaluations

🞏 Improved physical security

🞏 Performed a new/updated Security Rule Risk Analysis

🞏 Provided business associate with additional training on HIPAA requirements

🞏 Provided individuals with free credit monitoring

🞏 Revised business associate contracts

🞏 Revised policies and procedures

🞏 Sanctioned workforce members involved (including termination)

🞏 Took steps to mitigate harm

🞏 Trained or retrained workforce members

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures:

|  |  |  |
| --- | --- | --- |
| Printed Name of Information Security Officer | Signature of InformationSecurity Officer | (Date) |
|  |  |  |
|  |  |  |
|  |  |  |
| Printed Name of Privacy Officer | Signature of Privacy Officer | (Date) |
| *(Required if privacy incident occurred whether or not notices were sent)* |

*Email this completed report to* *ISO@dds.ca.gov*

**Review Schedule and Revision History**

|  |  |  |
| --- | --- | --- |
| **Date**  | **Description of Change**  | **Reviewer** |
| 05/26/2020V2r0 | Revised to align with the HHS/OCR Federal and State reporting structure. Changed the order and type of data collected to meet minimum Federal and State reporting requirements. | ISO |