Breach Notification Flow Chart for Agencies who are (HIPAA Covered Entity)

Has a breach of PHI occurred?

- YES
  - Was PHI secured and encrypted?
    - YES
      - Do not Notify
      - Document & Educate
    - NO

- NO

Exclusion from Breach:

1. **Acquisition**: was unintentional by person acting with authority, in good faith, and PHI not further disclosed.

2. **Disclosure**: was unintentional by one authorized person to another authorized person at the same covered entity and PHI not further used or disclosed.

3. Good faith belief the unauthorized person could not have reasonably been able to retain PHI.

Breach Compromised the security of privacy of the PHI such that it poses a significant risk of financial, reputation, or other harm to an individual?

- YES
  - Do not Notify
  - Document & Educate

- NO

Does the breach affect fewer than 500 individuals?

- YES
  - Notify individuals by first class mail within 60 days or by e-mail if agreed to. Notice, in addition to the letter, may also be provided by telephone.
  - Notify HHS on an annual basis, no later than 60 days after the end of the calendar year.
  - Notification for individuals whose contact information is out of date may be provided by alternative means. *(See Salt Lake Countywide Policy 1515)*

- NO

Does the breach affect 500 or more individuals?

- YES
  - Notify individuals by first class mail within 60 days or by e-mail if agreed to. Notice, in addition to the letter, may also be provided by telephone.
  - Notice to the media without unreasonable delay and within 60 days of discovery of the breach.
  - Notify to HHS within 60 days of the discovery of the breach. Should be given at same time individuals are notified.

- NO

Notification for individuals whose contact information is out of date may be provided by alternative means. *(See Salt Lake Countywide Policy 1515)*