Agency Logo

SALT LAKE COUNTY

Breach Notification Log

Incident #	Date of Discovery	Date of Breach	Location	Brief Description of Breach	PHI Breached (Type #)	Number Patients Involved	Notification Date			Action Taken Resolution Steps
							Patient	*Media*	*HHS*	

Type #	*PHI Description*	*Type #*	*PHI Description*	*Type #*	*PHI Description*
1	Name	6	Cell Phone Number	11	All of the above
2	Home Address	7	Personal E-mail Address	12	Other
3	Social Security Number	8	Financial Information		
4	Date of Birth	9	Medical Information		
5	Home Phone Number	10	Health Plan Information		

Final 01/05/11 lb