Outline for County Agencies to complete prior to submitting the request to HHS.gov

Notice to the Secretary of HHS of Breach of Unsecured Protected Health Information

**Breach Affecting:**

- [ ] 500 or More Individuals
- [ ] Less Than 500 Individuals

**Report Type:**

- [ ] Initial Breach Report
- [ ] Addendum to Previous Report

Section 1 – Covered Entity

<table>
<thead>
<tr>
<th>Name Of Covered Entity:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Contact Name:</td>
</tr>
<tr>
<td>Contact Phone Number:</td>
</tr>
<tr>
<td>Contact E-Mail:</td>
</tr>
<tr>
<td>Type of Covered Entity:</td>
</tr>
<tr>
<td>[ ] Health Plan</td>
</tr>
<tr>
<td>[ ] Health Care Provider</td>
</tr>
<tr>
<td>[ ] Health Care Clearinghouse</td>
</tr>
</tbody>
</table>

Section 2 – Business Associate

<table>
<thead>
<tr>
<th>Name Of Business Associate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
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<tr>
<td>State:</td>
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<tr>
<td>Zip:</td>
</tr>
<tr>
<td>Business Associate contact Name:</td>
</tr>
<tr>
<td>Business Associate Contact Phone:</td>
</tr>
<tr>
<td>Business Associate Contact E-Mail:</td>
</tr>
</tbody>
</table>
**Section 3 – Breach**

<table>
<thead>
<tr>
<th>Date(s) of Breach:</th>
<th>Date(s) of Discovery:</th>
</tr>
</thead>
</table>

Approximate Number of individuals Affected by the Breach:

**Type of Breach:** Please select the type of breach. If the type breach is “other”, Please describe the type of breach in field below.

- Theft
- Loss
- Improper Disposal
- Unauthorized Access/Disclosure
- Hacking/IT incident
- Unknown

**Type of Breach (Other):**

**Location of Breached Information:** Please select the location of the information at the time of the breach. If breach type is “Other”, please describe the location of the information in more detail in the description section below.

- Laptop
- Desktop Computer
- Network Server
- E-mail
- Other Portable Electronic Devise
- Electronic Medical Record
- Paper
- Other

**Brief Description of the Breach:** Please select the type of protected health information involved in the breach. If selecting an “Other” category, please describe the information in the detail in the description section below.

- Demographic Information
- Financial Information
- Clinical Information
- Other

**Brief Description of the Breach:** Please include the location of the breach, a description of how the breach occurred, and any additional information regarding the type of breach, type of media, and type of protected health information involved in the breach.

**Type of Breach (Other):**

**Safeguard in Place Prior to Breach:** Please indicate what protective measures were in place prior to the breach.

- Firewalls
- Packet Filtering (router-based)
- Secure Browser Sessions
- Strong Authentication
- Encrypted Wireless
- Physical Security
- Logical Access Control
- Anti-Virus Software
- Intrusion Detection
- Biometrics
Section 4 – Notice of Breach and Action Taken

Date (s) Individual Notice Provided:

Was Substitute Notice Required?  ☐ Yes  ☐ No
Was Media Notice Required?  ☐ Yes  ☐ No

**Action Taken in Response to Breach:** Please select the actions taken to respond to the breach. If selecting the “Other” category, please describe the actions taken in the section below.

☐ Security and/or Privacy Safeguards
☐ Mitigation
☐ Sanctions
☐ Policies and Procedures
☐ Other

**Describe Other Action Taken:** Please describe in detail any actions taken following the breach in addition to those selected above. *This section can be cut and pasted to the on-line form.*

Section 5 – Attestation

Under the Freedom of Information Act (5 U.S.C. §552) and HHS regulations at 45 C.F.R. Part 5, OCR may be required to release information provided in your breach notification. For breaches affecting more than 500 individuals, some of the information provided on this form will be made publicly available by posting on the HHS web site pursuant to § 13402(e)(4) of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Pub. L. 111-5). Additionally, OCR will use this information, pursuant to § 13402(i) of the HITECH Act, to provide an annual report to Congress regarding the number and nature of breaches that are reported each year and the actions taken to respond to such breaches. OCR will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

I attest, to the best of my knowledge, that the above information is accurate.

Name:  
Date:  

*Your name will be an on-line signature. Please make sure to print the on-line form before you hit submit. If you forget to print the on-line form, you can use this form as your copy to file.*

01/10/2011 lb