

Agency Logo



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

Name Of Covered Entity:			
Address:	City:	State:	Zip:
Contact Name:			
Contact Phone Number:		Contact E-Mail:	
Type of Covered Entity: <input type="radio"/> Health Plan <input type="radio"/> Health Care Provider <input type="radio"/> Health Care Clearinghouse			

Section 2 – Business Associate

Name Of Business Associate:			
Address:	City:	State:	Zip:
Business Associate contact Name:			
Business Associate Contact Phone:		Business Associate Contact E-Mail:	

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.