CITY OF STOCKTON

Health Insurance Portability and Accountability Act (HIPAA)

INCIDENT REPORT/RISK ASSESSMENT

Incident Number: _____

HIPAA INCIDENT REPORT	
Facts Needed	**Information**
Date of Report	
Time of Report	
Name of Person Making the Incident Report (First and Last name)	
Title/Position	
Phone numbers (work, cell)	
Work e-mail address	
Location of Incident (*these reasons mirror the HHS website*)	❑ Laptop ❑ Desktop Computer ❑ Network Server ❑ E-mail ❑ Other Portable Electronic Device ❑ Electronic Medical Record ❑ Paper ❑ Other: _____
Date of Incident	
Time of Incident	
Date of Discovery of the Incident	
Describe the nature of the incident that may have compromised PHI (e.g. Type of protected health information, location of breach, how the breach occurred, amount of health information, circumstances, people involved, etc.)	
Classify the Type of Incident (*these reasons mirror the HHS website*)	❑ Theft ❑ Loss ❑ Improper Disposal ❑ Unauthorized Access ❑ Hacking/IT Incident ❑ Other: _____ ❑ Unknown

HIPAA INCIDENT REPORT	
Facts Needed	**Information**
Type of PHI involved in the breach? (*these reasons mirror the HHS website*)	❑ Demographic Information ❑ Financial Information ❑ Clinical Information ❑ Other: _____
Was PHI compromised in the incident?	
Was PHI actually acquired or viewed by someone not permitted to have access to PHI?	
Who owned the PHI that may have been compromised?	
Who may have impermissibly RELEASED the PHI?	
Who impermissibly USED the PHI?	
Address the Extent of the PHI Involved: • How many individuals were impacted by the incident that may have compromised PHI? • What types of identifiers were involved (SSN, name, birthdate, etc.)	
What has been in place, prior to this incident, to prevent such an incident from happening?	
Have adequate steps been taken to contain the risk and keep it from happening again (mitigate the risk)?	
Does this incident involve a Business Associate of the Plan and/or an agent or subcontractor of the BA? (*If so, indicate name of BA, address, contact person at BA along with contact's phone number and e-mail address*)	

HIPAA INCIDENT REPORT	
Facts Needed	**Information**
Name, phone and e-mail of other people aware of the Incident (*list all that apply*)	
Was the PHI returned prior to being accessed for improper purposes?	
Does the incident appear to be able to fit one of the permissible EXCEPTIONS to having to call the incident a breach? Best to consult with legal counsel here.	
Safeguards (protective measures) in Place PRIOR TO the Incident	❑ Firewalls ❑ Packet Filtering (router-based) ❑ Secure Browser Sessions ❑ Strong Authentication ❑ Encrypted Wireless ❑ Physical Security ❑ Logical Access Control ❑ Anti-virus Software ❑ Intrusion Detection ❑ Biometrics ❑ Encryption ❑ Other: _____
Does the Plan HIPAA Policy and Procedure manual or Plan forms need to be updated as a result of this incident?	
Actions Taken in Response to Breach: What other steps has the Plan taken to respond to the incident such as noted to the right?	❑ Security and/or Privacy Safeguards ❑ Mitigation ❑ Sanctions ❑ Policies and Procedures ❑ Revised Business Associate contracts ❑ Other: _____
If PHI was breached, are there steps that affected individuals can/should take to prevent further harm?	

HIPAA INCIDENT REPORT	
Facts Needed	**Information**
Do staff need additional training as a result of this incident?	
Need for employee sanctions?	
Name of Privacy Officer	
Date Privacy Officer became aware of the incident	
Incident is considered to be a Breach in accordance with breach notification regulations?	*Circle One:* **No** **Yes** *(if yes continue to complete rest of form)*
Date and Name of Legal Counsel consulted	
Who drafted the Notice that will be sent to affected individuals?	
Date Individual Notice(s) mailed/provided	
Was a Substitute Notice required?	❑ No ❑ Yes
Was a Media Notice required?	❑ No ❑ Yes
Date breach log completed if less than 500 individuals affected	
Date HHS website breach reporting form completed online, if 500 + individuals affected	
Date media contacted if 500+ individuals affected?	
Date of group health plan or IT department staff training or retraining related to this breach. List who taught the training and attach attendance list of who attended the training.	