

INFORMATION DISCLOSURE INCIDENT REPORT

INSTRUCTIONS

The Department of Social Services prohibits the unauthorized use or disclosure of protected health information (PHI). If you believe an unauthorized use or disclosure of PHI or a breach of unsecured PHI has occurred, complete this form and forward by fax or e-mail to your Divisional Privacy Officer and Local or Divisional Information Security Officer. For more information, refer to DSS Policy 5-103 (HIPAA Protected Health Information).

INCIDENT REPORTER INFORMATION

NAME (PRINTED)		SIGNATURE	DATE REPORT COMPLETED
POSITION		DIVISION/WORK ADDRESS	
TELEPHONE NUMBER	FAX NUMBER	SUPERVISOR	

INCIDENT INFORMATION

1. DOES INCIDENT INVOLVE INFORMATION MAINTAINED BY OR ON BEHALF OF DSS?
 Yes No Unknown
2. DOES INCIDENT INVOLVE INFORMATION IN AN ELECTRONIC FORMAT?
 Yes No Unknown
If no or unknown, complete this form and forward to the Divisional Privacy Officer.
If yes, complete this form and forward to the DSS Security Officer, Divisional Privacy Officer and report to the DSS Help Desk.
- 2a. **If yes**, was electronic information involved encrypted? Yes No Unknown
3. WAS THE INCIDENT THE RESULT OF AN ACTION BY A DSS EMPLOYEE, INTERN OR VOLUNTEER?
 Yes No Unknown **If yes**, identify the DSS employee, intern or volunteer:
4. IDENTIFY THE DSS DIVISION/OFFICE/UNIT INVOLVED AND PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBER FOR THE OFFICE MANAGER.
5. WAS THE INCIDENT CAUSED BY THE ACTION OF OR INVOLVEMENT OF ANOTHER ENTITY OR ITS EMPLOYEE(S)?
 Yes No Unknown
If yes, identify that entity, its involvement, employee(s), contact information (address and telephone number), and the relationship of the entity with DSS (e.g., Business Associate, contractor, or other):
6. DESCRIBE INCIDENT (WHAT HAPPENED) AND PLEASE INCLUDE THE NAMES AND MAILING ADDRESS OF THE AFFECTED INDIVIDUALS. ATTACH ADDITIONAL PAGES AS NEEDED.
7. ARE THERE 500 OR MORE INDIVIDUALS INVOLVED?
 Yes No Unknown
If known, attach a listing of names of individual(s) whose information is involved.
8. DATE(S) OF INCIDENT OR WHEN DISCOVERED

9. TYPE OF INFORMATION INVOLVED IN INCIDENT

- Yes No First name or first initial of individual
- Yes No Last name of individual
- Yes No Name of individual's relative(s)
- Yes No Name of individual's household member(s)
- Yes No Home street address
- Yes No Town/City
- Yes No State
- Yes No Zip code If yes, full zip code partial zip code
- Yes No Date of birth If yes, full date of birth year only other
- Yes No Telephone number(s)
- Yes No Email address
- Yes No Social security number
If yes, full SS# or partial SS# (If partial, which of the 9 digits _____)
- Yes No DCN
- Yes No Any other unique identifying number (insurance policy number, financial account number, credit card number, etc.)
If yes, what type of number? _____
If yes, was the password or security/access code associated with the number? Yes No
- Yes No Biometric identifiers (including voice/fingerprints)
- Yes No Full face photo and any comparable images
- Yes No Disability code
- Yes No Medical care, treatment or payment information

NOTE: If the incident involved the disclosure of a document, attach a copy or a template, if possible.

10. IS THE MAILING ADDRESS UNAVAILABLE FOR TEN OR MORE OF THE INDIVIDUALS INVOLVED?

- Yes No Unknown

11. WAS LAW ENFORCEMENT INFORMED OF THE SITUATION?

- Yes No Unknown

If yes, identify law enforcement agency and contact information:

If yes, did law enforcement request a delay of notification? Yes No Unknown

12. IS THE INFORMATION AT RISK OF IMMINENT MISUSE?

- Yes No Unknown

If yes, explain:

13. HAS CORRECTIVE ACTION BEEN TAKEN?

- Yes No Unknown

If yes, what action has been taken?