



Privacy and Security Incident Reporting Form

Reporting Party: _____ Date: _____

Description of Privacy Incident:		
Clinic/Program Involved:		
<input type="checkbox"/> DBH: Program		
<input type="checkbox"/> Contractor Agency		
Date Discovered: _____	# of Clients Affected: _____	
Date Occurred: _____	# of Minors: _____	
Date Reported: _____	[DBH Only] Client ID#: _____	
Was Mental Health PHI Involved?	<input type="checkbox"/> Yes (WIC 5328/HIPAA regs applicable)	<input type="checkbox"/> No
Was SUD PHI Involved?	<input type="checkbox"/> Yes (42 CFR Part 2 regs applicable)	<input type="checkbox"/> No
Was the PHI or PII in question acquired or used in the administration of the Medi-Cal program?	<input type="checkbox"/> Yes (Medi-Cal Data Privacy and Security Agreement with DBH/DHCS Applies)	
<input type="checkbox"/> No		
Responsible Party who caused incident (Name, title, email address, and telephone number and job duties):		
Which of the 18 HIPAA identifiers of PHI were potentially compromised (select all that apply):		
<input type="checkbox"/> Client Name	<input type="checkbox"/> Social Security Numbers	<input type="checkbox"/> Device attributes or serial numbers
<input type="checkbox"/> Street address, city, county, or zip code	<input type="checkbox"/> Medical record numbers (Avatar/Simon, etc...)	<input type="checkbox"/> Digital identifiers, such as website URLs
<input type="checkbox"/> Dates (DOB, admission or discharge, DOD, age)	<input type="checkbox"/> Health insurance beneficiary numbers	<input type="checkbox"/> IP Addresses
<input type="checkbox"/> Telephone numbers	<input type="checkbox"/> Account Numbers	<input type="checkbox"/> Biometric elements, including finger, retinal, and voiceprints
<input type="checkbox"/> Fax Numbers	<input type="checkbox"/> Certificate/License Numbers	<input type="checkbox"/> Full face photographic images
<input type="checkbox"/> Email Addresses	<input type="checkbox"/> Vehicle Identifiers	<input type="checkbox"/> Other identifying numbers or codes



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Mitigation Efforts	Information is: <input type="checkbox"/> Electronic <input type="checkbox"/> Hard Copy <input type="checkbox"/> Verbal
	<input type="checkbox"/> Written attestation was secured
	<input type="checkbox"/> PHI was secured, recovered, deleted from both email inbox and deleted items folder (if ePHI).
	Were any other agencies notified?
	Was a police report filed (include #)?
	←Enter on the left: What mitigating efforts were taken thus far? Describe what action was taken to ensure the incident was immediately addressed and further threats of PHI/PII exposure was mitigated.
	For additional reporting and privacy incident guidance, see the Privacy and Security Reporting Policy .
Administrative & Personnel Information	Party that caused the incident direct supervisor's name and title:
	Supervisor notified on(MM/DD/20XX): Has this party been involved in a potential privacy incident before? (Is this incident their second, third, fourth, etc.?) If yes, was it for the same type of incident (if known)?
	Date of the party that caused the incident's last HIPAA annual training(MM/DD/20XX):
Send all PHI in this form, copies of emails, forms, etc. that were compromised <u>encrypted</u>	
SUBMIT THIS FORM TO: DBH-PrivacyIncidents@dbh.sbcounty.gov	