Privacy/Security Incident Report

San Bernardino COUNTY Human Services

SECTION 1

Incident Date:	Incident Time:	Incident Location:	Date of Discovery of Incident:

Name and Address of Owner/Guardian of the Non-Public Personally Identifiable Information (PII) (if available):	Case Number(s) (if applicable):

Nature of Incident: ☐ Actual ☐ Suspected ☐ Potential
Describe Incident, including the probable cause (was there any risk/evidence of malicious intent/use/disclosure) :

List the HS program(s) involved and provide a brief explanation of how the breach was discovered.

Expected Impact, Harm or Negative Outcome:	Number of Cases Compromised:

Personally Identifiable Information (PII) Involved:

☐ Electronic Records
☐ Paper Records
☐ Other

Describe the Personally Identifiable Information (PII) data elements that were involved (Check all that apply):

☐ Name   ☐ Social Security Number   ☐ Address
☐ Client Index Number (CIN) ☐ County Case Number   ☐ Credit Card Number
☐ Financial Information   ☐ Other Information (Please describe):

Who was notified of this Incident? **Name:**   **Title:**

Immediate Corrective Mitigating Actions/Interventions (if any):

Employee(s) Involved in Incident (Attach additional sheets, if needed):

Name:	Title/Position:	Phone/E-mail:

How is this person involved?

Referrals (Indicate date referred):
☐ Human Resources _____   ☐ Program Integrity Division (Welfare Fraud) _____   ☐ Other (Cite Agency) _____

Report Completed By (Print Full Name):	Phone Number:
Title/Department:	E-mail:
Signature:	Date:

SECTION 2   DHCS Tracking Number:

A. INCIDENT DETAILS

Investigation Status (and Next Step):
☐ Incident Only ☐ Breach ☐ Still Under Investigation ☐ Unfounded – No Incident/Breach

Status of Corrective Action Plan: ☐ Completed ☐ In Progress – Devising Plan ☐ Implementing

B. CORRECTIVE ACTION PLAN (Include all steps to prevent reoccurrence, e.g., refresher training and/or policy updates)

1.	Date:
2.	Date:
3.	Date:

C. ADDITIONAL FACT FINDING INFORMATION (if any):