



PRIVACY-SECURITY INCIDENT REPORT

SECTION I – GENERAL INFORMATION

| | |
|---|---------------|
| Name of Staff Member Reporting Incident | |
| Telephone Number | Email Address |
| Division/Office/Facility | |
| Unit/Section | |
| Supervisor | |

SECTION II – PRIVACY INCIDENT INFORMATION

| | | |
|--|------------------|----------------------|
| Date of Incident | Time of Incident | Location of Incident |
| Description of Incident (Include the names of those involved in the privacy incident.) | | |
| Incident also reported to | | |
| Signature/Title: _____ (Staff member reporting privacy incident) | | Date: _____ |
| Supervisor Comments | | |
| Signature/Title: _____ (Supervisor of staff member reporting privacy incident) | | Date: _____ |

Routing Information:

Agency Staff → Staff Supervisor → Agency Privacy Official/Designee → DHHS Privacy Officer

SECTION III - INCIDENT DISPOSITION

Tracking Information

| | |
|--|-----------------------|
| Clinic Name _____ | Incident Number _____ |
| Tracking Number from Privacy Complaint Form, if applicable _____ | |

Privacy Incident Classification

| | |
|--|--|
| Unauthorized Access (Paper) | Unauthorized Access (Electronic) |
| Unauthorized Disclosure Outside Entity | Inappropriate Use Within Entity |
| Unauthorized Use or Disclosure by Business Associate | Improper Communications (Mail, E-mail, Fax, Phone) |
| Improper Denial/Fulfillment of Client Rights | Improper Oral Communications |
| Improper Disposal | Improper Password Management |
| Other (Specify) _____ | |

Severity of Privacy Incident (check one)

Severe (Press may be involved. Affects patients, clients and/or public, business associate(s). **Must be immediately routed to UCCS Privacy Officer for resolution.**)

Moderate (Press involvement unlikely. Affects UCCS, and/or business associate(s). Forward to UCCS Privacy Officer for disposition if privacy incident cannot be resolved within the agency.)

Low (No affect outside of Entity. Forward to UCCS Privacy Officer for tracking. Entity able to resolve internally.)

Privacy Incident Analysis (Investigation notes, including potential harm to client and potential risk to Entity/others.)

Four factors must be considered, at minimum:

1. The nature and extent of the PHI involved -- Was sensitive data, such as Social Security numbers and detailed clinical information, involved in an incident?
2. The unauthorized person who used the PHI or to whom the disclosure was made -- If the disclosures were to another HIPAA-regulated entity or to a federal agency, for example, this may result in a "lower probability that the [PHI] has been compromised since the recipient of the information is obligated to protect the privacy and security of the information in a similar manner as the disclosing entity."
3. Whether the PHI actually was acquired or viewed -- This would typically involve a forensic analysis or investigation that could determine whether PHI contained on a lost or stolen laptop or other portable electronic device actually was viewed or accessed.
4. The extent to which the risk to the PHI has been mitigated -- This might involve reaching out to an unauthorized recipient of the PHI to obtain "satisfactory assurances" that any PHI sent to a recipient was not further used or disclosed but instead destroyed.

Incident Analysis...

Action To Be Taken (All Incident Reports must be forwarded to UCCS Privacy Officer for review)

To be resolved by UCCS Privacy Officer

Additional staff training needed (Specify)

Policies or Procedures to be reviewed/updated (Specify)

Employee Sanctions (Specify)

Notify Patient(s), OCR, FTC, or Media (Specify)

Record disclosure in accounting of disclosures log.

Other (Specify)

Signature/Title: _____ **Date:** _____

(Privacy Officer/Designee)

SECTION IV – UCCS PRIVACY OFFICER REVIEW

Privacy Incident Analysis (Enter notes related to investigation or review.)

Empty space for Privacy Incident Analysis notes.

Action(s) to Be Taken

Incident determination is accurate and resolution complete – Report filed

Additional action(s) needed (Specify)

UCCS Policies and/or Procedures to be reviewed/updated (Specify)

New UCCS Policy needed (Specify)

Other (Specify)

Report Forwarded To

Office of Legal Counsel

UCCS Management (Specify) _____

Other Personnel (Specify) _____

Other (Specify) _____

Signature/Title: _____ **Date:** _____

(UCCS Privacy Officer)

