Date Forms sent to Provider:       Date Initial Breach Report Received from Provider:       Date Initial Breach Report Forwarded:       Date Final Report Forwarded:

| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date/Time of Breach** | **Date/Time of Discovery** | **Provider Information** | **# of Clients**  **Affected** | **Type of Breach** | **Location of PHI**  **(Protected Health Information )** | **PHI and Data Compromised** | **Description of Breach** | **Breach Notification Sent to Client(s)** | **Mitigation Actions in Response to Breach** |
| Click here to enter a date. | Click here to enter a date. | DCYF Contract Number(s):    Agency:    Address:  City  State  Zip  Contact:  Phone:  E-mail: |  | Theft  Loss  Improper Disposal  Unauthorized access or disclosure  Hacking/IT incident  Unknown  Other: | Laptop  Desktop  Network server  E-mail  Electronic Medical Record  USB Drive/External HDD  Paper (redacted copy or clean copy)  DVD/CD  Smart Phone or Tablet  Other:  **Safeguards prior to breach:**  Firewalls  Packet filtering (router based)  Secure browsing sessions  Strong Authentication  Encrypted  Physical security  Logical access control  Anti-virus software  Intrusion Detection  Biometrics | **Demographic**  Name  SSN  Address/Zip  Driver’s license  Date of Birth  Other identifier  **Financial**  Credit card/Bank Acct #  Claims information  Other Financial Information  **Clinical information**  Diagnosis/ Conditions  Lab Results  Medications  Other Treatment Information  **Other:** | Location of breach:  Office  Home  Auto  Other    Media Involvement  Yes  No  Narrative Description of Breach:  *See page 2* | Click here to enter a date. | Security and/or Privacy Safeguards  Mitigation  Sanctions  Policies and procedures  Describe in detail other actions taken in response to breach:  *See page 2* |
|  |  |  |  |  |  |  |  | Was notification sent via certified mail?  Yes  Tracking #    No |  |

**Narrative description of how the breach occurred and what information was lost.**

**What actions have been taken as a result of this breach, and to prevent future incidents?**

* Police report obtained on date      , and forwarded to DCYF Privacy Office and the DCYF IT Security Mailbox. (      Police Dept , case #      ) Please attach if available
* Provider reviewed information about agency policy and procedures related to the security and confidentiality of documents on      .
* Other:

Preparer’s signature:

Date: