



Privacy/Security Incident Report

NOTE: This form will prepare you in responding to questions when reporting a privacy and/or information security incident. You may initiate the reporting of the incident via phone by contacting Health IT Help Desk ex 2980.

LCHS Policy: 01-04-18 Breach Analysis and Notification; 01-04-25 Information Security Incident Response

Today's Date:	Date of Incident:	Date of Incident Discovery:
Employee submitting this report:		Phone Number:
Name of person we should contact, if different:		Phone Number:
Employee involved with this potential incident:		Phone Number:
Physical address:		
Name of involved employee's supervisor:		Phone Number:
Total number of individuals who may have had their information compromised:		
Types of confidential information compromised:		

Incident details:

Please provide the following information. What happened, how it happened (i.e., theft, lost file, misdirected mail, etc.). Do not include names or individual identifying information such as a person's actual SSN, DOB, Case number, etc.).

What steps have you taken to limit the risk or resolve the situation?

Are there others we could contact regarding this incident?

Contact Name <i>(first name, last name)</i> :	Program Area / Title:	Contact Phone Number:	Office Location or Address:

Complete this section for misdirected documents. If this section is applicable, this information must be transmitted by secure email, or via phone directly with the Compliance/ Privacy Officer.

Date of misdirected document/email/fax:	Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	
Unintended recipient name/address/fax/email address <i>(as applicable)</i> :		
Was the recipient instructed to destroy or return the document? <input type="checkbox"/> Destroy <input type="checkbox"/> Return <input type="checkbox"/> No/unknown	Was the document sent on to the correct individual? <input type="checkbox"/> No/unknown <input type="checkbox"/> Yes, by employee <input type="checkbox"/> Yes, by individual	Were records corrected/updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Intended recipient name/address/fax/email address <i>(as applicable)</i> :		