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[ ]  NoNarrative Description of Breach:  *See page 2*  | Click here to enter a date. | [ ]  Security and/or Privacy Safeguards[ ]  Mitigation[ ]  Sanctions[ ]  Policies and proceduresDescribe in detail other actions taken in response to breach: *See page 2* |
|  |  |  |  |  |  |  |  | Was notification sent via certified mail?[ ]  YesTracking #     [ ]  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: