

McLAREN HEALTH CARE

NOTIFICATION OF SECURITY INCIDENT AND/OR
BREACH OF UNSECURED PROTECTION HEALTH INFORMATION

Directions: Complete this form electronically and email it to Privacy@mclaren.org within ten (10) business days of discovering a breach of unsecured PHI or security incident.

| Business Associate HIPAA Privacy/Security Contact: | |
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| Name: | |
| Title: | |
| Address: | |
| Email Address: | |
| Phone Number: | |
| Website/Other: | |

| BREACH INFORMATION | |
|---|--|
| Total Number of Individuals Affected by the Breach: | |
| Date of Breach: | |
| Date of Discovery: | |
| Date of Breach Notification to HHS: | |
| Date of Breach Notification to Individuals: | |

| SECURITY INCIDENT REPORT (NO BREACH) | |
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| Date of Security Incident: | |
| Date of Discovery: | |
| Type of Data: | |

| Describe the investigation of the breach or security incident: |
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| Describe the risk assessment process and outcome of the risk assessment related to the breach or security incident: |
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| Describe the individual(s) who committed the breach or security incident (i.e. employee, independent contractor, subcontractor, or unknown): |
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**NOTIFICATION OF SECURITY INCIDENT AND/OR
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The sections below should be completed for a breach of unsecured protected health information.

Identify each individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed during such Breach, and a description of the types of Unsecured PHI that were involved in the Breach (such as full name, Social Security number, date of birth, home address, account number, or disability code, diagnosis, or other types of information breached. If more space is needed, add more rows to the table below.

| Individual (Last, First MI) | DOB (00/00/0000) | Medical Record # | Describe Type(s) of Information Breached |
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Describe how the unsecured PHI was breached:

Describe the recipient(s) of the unsecured PHI (i.e. another employee, a third-party that is considered a covered entity under HIPAA, a third-party who is not a covered entity, unknown, etc.):

Describe the steps the affected individuals should take to protect themselves from potential harm resulting from the breach:

Describe what is being done to mitigate losses to the individual, and to protect against any further breach (i.e. corrective action to prevent future occurrences):