



PRIVACY INCIDENT NOTIFICATION REPORT

UNM HSC Privacy Office

Please provide details on this form describing the Protected Health Information (PHI) or confidential information potentially breached. Return this form via email, fax, or hardcopy to the Privacy Office.

Contact Information for Person Reporting the Breach

Please enter your name, contact information, department, facility, and supervisor.

Name: _____ Title: _____ Date: __/__/____

Phone: (____) ____-____ Ext: _____ Email: _____

Department: _____

Facility: _____

Supervisor's Name: _____ Title: _____

Incident Dates

List the date of discovery (awareness by any employee) and when the breach occurred. (to the best of your knowledge)

Date Breach Discovered: __/__/____

Date(s)/Time Period When the Breach Occurred: _____

Type of Incident

Select ALL POSSIBLE breach types that apply. For example, you may mark a laptop as lost and stolen.

- Stolen
- Improper Disposal
- Unauthorized Access
- Lost
- Hacking/IT Incident
- Misdirected PHI
- Unknown
- Other: _____

Number of Individuals Affected

Estimate the number of individuals whose PHI or confidential information was breached.

- Unknown
- Only one
- Less than 10
- Between 10 and 499
- 500 or more. If 500 or more, the number affected _____



Describe Incident

Describe how and where the loss, theft, or inappropriate disclosure of Protected Health Information (PHI) or confidential information occurred. Describe how you discovered the incident and the format of the PHI (e.g. email, fax, etc.). Include the sequence of events (including dates and times) leading up to the incident. Include all contributing factors (such as a computer virus, lost/stolen password, hacker or unauthorized access, mailing or addressing malfunction). **Please include all persons associated with the incident.**

Involved/Associated Persons

List all persons involved in, or associated with, the incident. These are other people involved - **NOT** the individuals' whose identifiable information may have been compromised. If you need to list more than five persons, please attach a separate document.

Name	Title	Phone Number	Email Address
_____	_____	(____) ____-____ Ext. ____	_____
_____	_____	(____) ____-____ Ext. ____	_____
_____	_____	(____) ____-____ Ext. ____	_____
_____	_____	(____) ____-____ Ext. ____	_____
_____	_____	(____) ____-____ Ext. ____	_____



Description of Incident

Select **ALL POSSIBLE** types of personal and health information disclosed, lost, or compromised.

Personal Information	Health Information
<input type="checkbox"/> Name	<input type="checkbox"/> Basic Information (age, sex, etc.)
<input type="checkbox"/> Address	<input type="checkbox"/> Disease or Medical Condition
<input type="checkbox"/> Phone Number	<input type="checkbox"/> Medications
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Treatments or Procedures
<input type="checkbox"/> Medical Record Number	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Allergies
<input type="checkbox"/> Driver's License or Identification Card #	<input type="checkbox"/> Information about Children
<input type="checkbox"/> Financial Information (credit card, bank account number, etc.)	<input type="checkbox"/> Test Results
<input type="checkbox"/> Health Insurance Information (carrier name, card number, etc.)	<input type="checkbox"/> Hereditary Information
<input type="checkbox"/> Correspondence	<input type="checkbox"/> Other: _____

Recovery and Mitigation

Describe any efforts made to recover the information and/or mitigate the incident so far. Please include names and dates.

Incident Reports – If reported to another department, indicate below.

Department	Date	Department	Date	Department	Date
<input type="checkbox"/> HSC IT	__/__/__	<input type="checkbox"/> HSC Compliance	__/__/__	<input type="checkbox"/> UNM PD	__/__/__
<input type="checkbox"/> UNMH-IT	__/__/__	<input type="checkbox"/> Risk Management	__/__/__	<input type="checkbox"/> Other	__/__/__



Reported Contact Information If reported to another dept., enter the contact information of the person(s).

Table with 4 columns: Name, Title, Phone Number, Email Address. Three rows for data entry.

Individuals with Incident Information

List ALL AND ONLY the individuals whose identifiable information may have been compromised. To include more than four individuals, attach a separate document.

Affected Individuals section containing four individual information forms (Individual #1 to #4) with fields for Name, Address, MRN, Date of Birth, and Zip Code.