**HIPAA INCIDENT REPORT FORM**

This report includes important details about an event that resulted in a breach of computer systems involving a malicious 3rd party. The information used in this report shall be used solely for recording purposes and to mitigate further attacks.

Date of Report: [DATE]

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| 1. **PERSON FILING THIS REPORT**
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Full Name: [NAME] Title: [TITLE]

Phone: [PHONE NUMBER] E-Mail: [E-MAIL ADDRESS]

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| 1. **THE INCIDENT**
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Date of incident: [DATE] Time: [TIME] [ ]  AM [ ]  PM

Describe the device(s) affected: [DESCRIBE]

Were the device(s) encrypted? [ ]  Yes [ ]  No

How was the incident detected? [DESCRIBE]

Describe the incident (in full): [DESCRIBE]

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| 1. **ATTACK VECTOR**
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Do you know how the attack was made? [ ]  Yes [ ]  No

If yes, describe: [DESCRIBE]

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| 1. **PERSONAL HEALTH INFORMATION (PHI)**
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Do you know the identities of the Patients’ data that was involved? [ ]  Yes [ ]  No

If yes, how many records? [#]

Have the patients been contacted? [ ]  Yes [ ]  No

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| 1. **CONTAINMENT**
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Were any containment measures made? [ ]  Yes [ ]  No

If yes, describe: [DESCRIBE]

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| 1. **IMPACTED SERVICES**
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Was anything permanently impacted by the incident? [ ]  Yes [ ]  No

If yes, describe: [DESCRIBE]

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| 1. **OTHER**
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Is there any other information you would like to include? [ ]  Yes [ ]  No

If yes, describe: [DESCRIBE]

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| 1. **PERSON FILING REPORT**
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Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_