**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** |

Full Name: [NAME] Title: [TITLE]

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

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| 1. **THE INCIDENT** |

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** |

Do you know how the attack was made?  Yes  No

If yes, describe: [DESCRIBE]

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| 1. **PERSONAL HEALTH INFORMATION (PHI)** |

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** |

Were any containment measures made?  Yes  No

If yes, describe: [DESCRIBE]

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| 1. **IMPACTED SERVICES** |

Was anything permanently impacted by the incident?  Yes  No

If yes, describe: [DESCRIBE]

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| 1. **OTHER** |

Is there any other information you would like to include?  Yes  No

If yes, describe: [DESCRIBE]

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| 1. **PERSON FILING REPORT** |

Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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