

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: _____, 20____

1. PERSON FILING THIS REPORT

Full Name: _____ Title: _____

Phone: (____) _____ - _____ E-Mail: _____

2. THE INCIDENT

Date of incident: _____, 20____ Time: ____:____ AM PM

Describe the device(s) affected: _____

Were the device(s) encrypted? Yes No

How was the incident detected? _____

Describe the incident (in full):

3. ATTACK VECTOR

Do you know how the attack was made? Yes No

If yes, describe: _____

4. 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



5. CONTAINMENT

Were any containment measures made? Yes No

If yes, describe: _____

6. IMPACTED SERVICES

Was anything permanently impacted by the incident? Yes No

If yes, describe: _____

7. OTHER

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

If yes, describe: _____

8. PERSON FILING REPORT

Signature: _____ Date: _____

Print Name: _____