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| HIPAA/DATA INCIDENT REPORT | | | | | | | | | | | | | | | | | | | | | | | | |
| Michigan Department of Health and Human Services | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s Date | | | | | Date of Incident | | | | | | | Time of Incident (if applicable) | | | | | | | Date Incident Discovered | | | | | |
|  | | | | |  | | | | | | |  | | | | | | |  | | | | | |
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| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Name | | | | | | | | | | | | MDHHS Division/Section | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Your Phone Number | | | | | | | | | | | | Your Email | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Your Location | | | | | | | | | | | | Your Supervisor | | | | | | | | | | | | |
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| **Incident Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Incident (if applicable) | | | | | | | | | | | | Incident Type | | | | | | | | | | | | |
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| If “Other” is chosen in “Incident Type,” explain below | | | | | | | | | | | | | | | | | | | | | | | | |
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| In what medium was the information disclosed? | | | | | | | | | | | |  | | | | | | | | | | | | |
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| If Other, explain below | | | | | | | | | | | | | | | | | | | | | | | | |
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| Police Report Number and Agency (if applicable) | | | | | | | | | | | |  | | | | | | | | | | | | |
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| Is your office a HIPAA-covered entity? | | | | | | | | | | | | Was the information encrypted and password protected? | | | | | | | | | | | | |
| Yes | | | | No | | | | | | Unknown | | Yes | No | | | | | | Unknown | | | | Other | |
| If Other, explain below | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Item/Equipment Involved | | | | | | | | | | | |  | | | | | | | | | | | | |
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| If Other, explain below | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe what happened | | | | | | | | | | | | | | | | | | | | | | | | |
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| Did a vendor or other entity outside of MDHHS disclose the information? | | | | | | | | | | | | If yes, is there any sort of agreement with the other entity? | | | | | | | | | | | | |
| Yes | | | | No | | | | | | Unknown | | Yes | No | | | | | | Unknown | | | | N/A | |
| The number of people whose information was disclosed | | | | | | | | | | | | How many people in total does your program serve? | | | | | | | | | | | | |
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| **Nature and Extent of Information Involved** | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial Information  (check all that apply) | | | | | | | | | | Health Information  (check all that apply) | | | | | | | Clinical Information  (check all that apply) | | | | | | | |
| Credit Cards | | | | | | | | | | STDs/STIs | | | | | | | Treatment Plan | | | | | | | |
| Social Security Numbers | | | | | | | | | | Mental Health Information | | | | | | | Diagnoses | | | | | | | |
| Account Numbers | | | | | | | | | | HIV/AIDS | | | | | | | Medication | | | | | | | |
| Describe: | | |  | | | |  | | | Substance Abuse | | | | | | | Medical History | | | | | | | |
| Other: | |  | | | | |  | | | Other: |  | | | |  | | Test Results | | | | | | | |
|  | | | | | | | | | |  | | | | | | | Other: | | | | |  | |  |
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| **What Identifiers are Involved (check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Names | | | | | | | | | Medicaid Recipient Numbers | | | | | | | Internet Protocol (IP) Address Number | | | | | | | | |
| Addresses | | | | | | | | | Health Plan Beneficiary Numbers | | | | | | | Finger or Voice Prints | | | | | | | | |
| Dates | | | | | | | | | Certificate/License Numbers | | | | | | | Any other Unique Number,  Characteristic, or Code that may  identify an individual | | | | | | | | |
| Describe: |  | | | | |  | | | Account Numbers | | | | | | |
| Telephone Numbers | | | | | | | | | Web Universal Resource Locator (URL)  Any Vehicle or Other Device  Serial Numbers | | | | | | | Other: | | | | |  | | |  |
| Fax Numbers | | | | | | | | |  | | | |  | | | | |
| Social Security Numbers | | | | | | | | |  | | | |  | | | |  |
| Email Addresses | | | | | | | | |  | | | | | | |  | | | | | | | | |
| Medical Record Numbers | | | | | | | | |  | |  | | |  | |  | | | | | | | | |
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| Has the information that was used or disclosed been reviewed by the Institutional Review Board (IRB)? | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | No | | | | | | | Unknown | | | | | | | N/A | | | | | |
| What security policies/procedures are involved? | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Were those policies/procedures followed? | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | | | | No | | | | | | | N/A | | | | | | | |
| Have you attempted to retrieve the information?  No  Yes – If Yes, explain. | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional comments | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | **Save document and email to:**  **MDHHSPrivacySecurity@michigan.gov** | | | | | | | | | |  |  | | | | | |