

HIPAA Breach Notification Form

Tracking Number: _____
To be filled in by Compliance Personnel

INSTRUCTIONS:

Use this form to report any inadvertent release or breach of Protected Health Information (PHI). A breach is defined as an 'Impermissible use or disclosure of PHI, unless it can be demonstrated that there is low probability that PHI has been compromised based upon a four-part risk assessment.'

The most common types of releases of PHI are:

- ❖ **PrimaryHealth employees faxes or sends member PHI to any healthcare provider in error. If this is the case, complete sections 1, 3 and 5.**
- ❖ **PrimaryHealth employee receives or sends member PHI via unsecure email. If this is the case, complete sections 2, 3 and 5.**
- ❖ **PrimaryHealth employee faxes or sends member PHI to an entity or individual not in the healthcare business (i.e. Nike, Dominos Pizza, Joe Smith, etc). If this is the case, complete sections 1, 3 and 5 AND immediately notify PrimaryHealth's Compliance Officer and your manager.**
- ❖ **Lost or stolen paper documents, laptops or other media which contain PHI. Complete section 4 AND immediately notify PrimaryHealth's Compliance Officer and your manager.**

If non-member PHI is received at PrimaryHealth, **Do Not Complete This Form.** Follow these steps: 1) notify the provider that the information sent was not related to a PrimaryHealth member; and 2) If the information was sent via email, delete the email and any attachments from the computer system. If the information was received in a hard copy (paper) format, place it in a shredder bin for secure disposal.

Complete the form by marking or checking all that apply. Once the form is completed, email the form to complianceofficer@primaryhealthfamily.com.

Name of person who reported the incident: _____ Date: _____

Name of person completing the form:

Same as who reported the incident Other (specify): _____

Phone Number/Extension for person reporting the issue: _____

Department: Quality Improvement/Member Services Claims



1. Complete when member PHI is sent to a healthcare entity or non-healthcare entity.

Date PHI sent from PrimaryHealth: _____

Method PHI sent from PrimaryHealth: Electronic Fax Paper Fax Secure Email Other

Who received the PHI sent in error (company or provider name, address, telephone number):

2. Complete when member PHI is received or sent via unsecure email

Date of receipt of unsecure email or date unsecure email sent outside of PrimaryHealth: _____

Name of individual and company name that sent PHI unsecure: _____

Who received the PHI sent via unsecure email: _____

3. Compromised PHI Details

Names(s) of person(s) whose PHI was compromised: _____

Member ID#(s) of the person(s) whose PHI was compromised: _____

Additional Details: _____

Type of PHI Released – Check all that apply

- | | | |
|-----------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Member Name | <input type="checkbox"/> Member DMAP/Medicare ID# | <input type="checkbox"/> Patient Account # |
| <input type="checkbox"/> Member Address | <input type="checkbox"/> Member Social Security # (SSN) | <input type="checkbox"/> License Plate # |
| <input type="checkbox"/> Member Phone # | <input type="checkbox"/> Medical Record and/or Number | <input type="checkbox"/> Driver's License # |
| <input type="checkbox"/> Birth Date | <input type="checkbox"/> Member's Diagnosis | <input type="checkbox"/> Credit Card Information |
| <input type="checkbox"/> Fax Number | <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> Vehicle Identifiers |
| <input type="checkbox"/> Member Email Address | <input type="checkbox"/> Prescription Information | (including license plate numbers) |

4. Breach of PHI

Provide a description of how the breach occurred: _____

Location of the breach: _____

Type of media lost or stolen: _____

Type of PHI involved in the breach: _____

5. Action Taken

Have you notified the person who sent the PHI? Yes No

If yes, how was the person who sent the PHI notified?

Phone Email Other (describe) _____



Disposition of PHI:

- PHI sent in error by PrimaryHealth personnel. Requested provider/company to destroy all copies of PrimaryHealth member PHI.
- PHI received and used. Notified sender and advised to send future PHI to PrimaryHealth using "Secure" email.
- Other (describe) _____

Either print the completed form and deliver to the Compliance Dept. or save the completed form and send it via secure email to complianceofficer@primaryhealthfamily.com.

For Audit and Compliance Use:

What quantity of PHI was breached? 1-10 11-499 500+

Risk Assessment for determination of whether the incident qualifies as a 'Breach of PHI'

1. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification. L M H
2. The unauthorized person who used the protected health information or to whom the disclosure was made. L M H
3. Whether the protected health information was actually acquired or viewed. L M H
4. The extent to which the risk to the protected health information has been mitigated. L M H

Unless there is a low probability that any PHI has been compromised based on risk assessment, breach notification is required. Is notification required: No Yes

Additional comments:

Report completed by: _____ Date: _____

