



# HIPAA Breach Form

**Step 1:** Notify **Kim Hamm, Compliance Officer**, and **Michelle Pinter, Privacy Officer**, of the possibility of a breach immediately upon discovery.

Kim Hamm, phone: (810) 423-1826, kim.hamm@mclaren.org

Michelle Pinter, phone: (810) 342-1513, michelle.pinter@mclaren.org

**Step 2:** Complete the following information on this PDF form and e-mail to **Michelle Pinter, Privacy Officer**, **michelle.pinter@mclaren.org**.

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**Date of Breach:**

**Date of Discovery of Breach:**

**Name of Patient(s) Involved:**

**Method of Disclosure** (e.g. internal, verbal, view-only, paper, fax, electronic, etc.)

**Describe who received the information, and the content that was received** (attach a copy of the information to the e-mail, if available)

**Provide the circumstances of the release** (e.g. unintentional, intentional, theft, loss, etc.)

**Explain what happened to the information after the initial disclosure** (e.g. viewed-only, information returned completely, information destroyed, unable to retrieve, unsure, re-disclosed, etc.)

**For electronic breaches, provide information regarding whether the device was encrypted, password protected, no controls, etc.**

**Describe action(s) taken to reconcile the breach** (i.e. corrective action for staff involved/ all staff, re-education of staff involved, change in office processes, etc.)

***PI Department Use Only***

**Risk Score** \_\_\_\_\_

**Breach Notice to Patient**                      **Yes**                      **No**

**OCR Notice**                                      **Yes**                      **No**

**ComplyTrack Entered Date** \_\_\_\_\_