



## Agency for Health Care Administration Health and Dental Plan Privacy Incidents/Breaches Reporting Form

Instructions: Fill out form as completely as possible for initial report; submit any necessary addenda upon further investigation. Transmit via secure email to AHCA Contract Manager. Treat this form as **confidential**. Provide documents with additional information as needed.

Plan name:

Plan type:

Three character plan identifier:

Plan HIPAA compliance contact:

*Phone number:*

*extension:*

Email Address:

Is this the initial reporting of an incident or an addendum to previous report?

*Provide the assigned case or reference number:*

Incident/breach responsible party:

Actual occurrence date(s) of disclosure(s):

Date first known to plan (discovery date):

Date plan informed AHCA Contract Manager:

Information disclosed:

Number of members affected:

*or To be determined*

Format of information disclosed:



**Agency for Health Care Administration**  
**Health and Dental Plan Privacy Incidents/Breaches Reporting Form**

Incident type: \_\_\_\_\_

*If Other:*

Incident location:

*If Other:*

Is disclosure assessed as a breach by health plan?

If breach determined, were affected individual(s) notified?

*If Yes, date of individual(s) notification:*

*Method of notification:*

If breach determined, was HHS/OCR notified?

*If Yes, date of HHS/OCR notification:*

If more than 500 affected individuals, was the media notified?

*If Yes, date of media notification:*



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Description of incident/how incident occurred (if security incident, MUST include **TIME** of discovery):

If incident was caused by a ***plan employee***:

- Send a copy of any breach risk assessment completed per 45 CFR 164.402(2).
- If assessed as a breach, send a draft of individual notifications prior to mailing.
- If assessed as a breach, send copies of all notifications made.
- If assessed as a breach, answer the following questions.

Safeguards in place prior to breach occurrence:

Actions taken in response to breach:

*If Other:*