

# Breach Event Report

If a breach event occurs:

1. Immediately notify a manager or supervisor
2. Manager & Staff to complete form

## WHO

Who was involved?

Names of clients whose information is at risk.

Who may have seen information they were not authorized to see?

## WHAT

What type of record or information was breached or potentially breached?

What happened?

Provide a timeline of the breach event.

## WHEN

Time and date of breach event.

## WHERE

What Health & Human Services Divisions were involved?

What Counties may be involved?

What was the process taking place at the time of the breach?

\*\*\*\*\*

## Possible Action to be taken by Manager or Supervisor

Activate Rapid Response Group

Notify Counties Involved

Contact Client

Additional steps needed to secure information and outcome

\*\*\*\*\*

## Additional Information

Person completing this form: \_\_\_\_\_ Date \_\_\_\_\_