

***Exhibit 12.1.1-1 – County Privacy Incident Report Form***

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# Privacy Incident Report

STAFF INVOLVED (IF APPLICABLE)		
Contractor Name: Name of COR: _____ COR Phone Number: _____		
Name/s of Staff Involved in Incident:	Date of Staff/s Last Privacy Training:	
Job Title/s and Primary Job Duties of Staff Involved:		
INCIDENT DETAILS		
Describe Incident (include location of incident, how it occurred, type of media, and details regarding type of Protected Information involved):  		
<b>DO NOT INCLUDE ANY PROTECTED INFORMATION ON THIS REPORT</b>		
Date Incident Occurred: _____	Was Police Report Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Report #:</i> _____	
If report is being made more than 1 day after the incident, explain delay:		
Was staff in violation of any County Contract requirement and/or Contractor Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which policy or requirement?		
DATA INVOLVED		
<b>Number of Individuals' Data Involved:</b> (If number of individuals is an estimate, check here <input type="checkbox"/> ) <b>Provide a breakdown of the individuals whose data was involved.</b> Specify # individuals on public benefits (ie Medi-Cal), what type of public benefits, and whether a minor or adult, if known:	<b>Type of Data Involved: Check all that apply.</b> <input type="checkbox"/> First Name or Initial <input type="checkbox"/> Last Name <input type="checkbox"/> CIN or Medi-Cal # <input type="checkbox"/> SSN <input type="checkbox"/> Address/Zip Code <input type="checkbox"/> Phone/Fax <input type="checkbox"/> Case number <input type="checkbox"/> Driver's License <input type="checkbox"/> DOB <input type="checkbox"/> Other Dates tied to Case <input type="checkbox"/> Membership # <input type="checkbox"/> Any other number <input type="checkbox"/> User Name/Email Address & Password <input type="checkbox"/> Health Plan Name (including Medi-Cal) <input type="checkbox"/> Credit Card/Bank Acct# <input type="checkbox"/> Diagnosis <input type="checkbox"/> Drug/Alcohol Tx Info <input type="checkbox"/> HIV/AIDS Info <input type="checkbox"/> Mental Health Info <input type="checkbox"/> Lab Results <input type="checkbox"/> Health or medical information <input type="checkbox"/> Psychotherapy Notes <input type="checkbox"/> Other Case Info (including benefits status) <input type="checkbox"/> Appointment Info <input type="checkbox"/> EBT Number <input type="checkbox"/> Other; explain:	
<b>Type/s of Media Involved: Check all that apply:</b> <input type="checkbox"/> Paper <input type="checkbox"/> Email <input type="checkbox"/> Flash Drive <input type="checkbox"/> Smart Phone <input type="checkbox"/> Cell Phone (not a Smart Phone) <input type="checkbox"/> Desktop <input type="checkbox"/> Laptop <input type="checkbox"/> Tablet <i>If County device, Asset #:</i> <input type="checkbox"/> Computer System; system name: <input type="checkbox"/> Other media; explain:	<b>Types of Electronic Files Involved: Check all that apply</b> <input type="checkbox"/> MS Word file <input type="checkbox"/> MS Excel or CSV File <input type="checkbox"/> Adobe (.PDF) <input type="checkbox"/> Computer System (such as Anasazi or CalWIN) Print Outs or Screen Shots; Name of System: <input type="checkbox"/> Other; explain:	
MITIGATIONS		
Describe Data Security (such as locks, encryption):		
Encryption: Was data encrypted per NIST standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If incident involves laptop, tablet, or phone: Was it wiped after discovery? Date wiped:		
If device was not wiped, explain why:		
Was data eventually recovered? <input type="checkbox"/> Yes Explain how, when, and who now has data:  <input type="checkbox"/> No Explain why not recovered and attempts to retrieve:		
If incident involves email, date confirmation received that email was permanently deleted by recipients:		
Describe Corrective Action Plan and completion date (or estimated date):		
Do you have reason to believe data was viewed by an unauthorized person?: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
SIGNATURE		
Signature Of Staff Completing Form:		Date:
Name of Staff Completing Report (Staff completing form cannot be involved in incident):	Title:	Phone #: