

**DDS Information Security Incident Response Reporting Form**

DS5340 (Revised May 2020)

**Covered Entity:**

Name of Covered Entity: \_\_\_\_\_  
 Type of Covered Entity: \_\_\_\_\_

**Business Associate:** (Completion of this section is required if the breach occurred at or by a Business Associate)

Name of Business Associate: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

**Business Associate point of contact:**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Work phone (including area code): \_\_\_\_\_

**Number of individuals affected:** \_\_\_\_\_**Breach Dates:**       Unknown

Breach Start Date: \_\_\_\_\_  
 Breach End Date: \_\_\_\_\_

**Discovery Dates:**

Discovery Start Date: \_\_\_\_\_  
 Discovery End Date: \_\_\_\_\_

**Type of Breach:**

- Hacking/IT incident  
 Improper disposal  
 Loss  
 Theft  
 Unauthorized access/disclosure

**Location of Breach:**

- Desktop computer  
 Electronic medical record  
 Email  
 Laptop  
 Network server  
 Other portable electronic device  
 Paper/films  
 Other \_\_\_\_\_

**Type of personal information involved:**

- Personal Health Information (PHI)**  
 Clinical  
 Demographic  
 Financial  
 Other \_\_\_\_\_

**Demographic:**

- Name  
 Address/ZIP  
 Date of Birth  
 Driver License number  
 SSN  
 UCI / other unique identifier

**Clinical Diagnosis/Conditions:**

- Lab Results  
 Medications  
 Other Treatment Information

**Other identifiable information - Financial**

- Claims Information  
 Credit Card/Bank Acct #  
 Other Financial Information

**Brief description of the breach:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Safeguards in place prior to the incident:**

- None
- Privacy Rule Safeguards (training, policies and procedures, etc.)
- Breach: Security Rule Administrative Safeguards (risk analysis, risk monitor, etc.)
- Security Rule Physical Safeguards (access controls, workstation security, etc.)
- Security Rule Technical Safeguards (access controls, transmission security, etc.)

**Individual Notice Provided**

Individual notice provided start date: \_\_\_\_\_

Individual notice provided end date: \_\_\_\_\_

**Who Notified:**

Name of individual that provided notification of the breach: \_\_\_\_\_

Is there out of date contact information for 10 or more individuals affected, requiring substitute notice? \_\_\_\_\_ . If so, was substitute notice provided? \_\_\_\_\_

If the breach affected more than 500 individuals, was media notice provided? \_\_\_\_\_. If so, what date was the media notice provided?

If breach affected more than 500 individuals, was the California Attorney General's office notified? \_\_\_\_\_. If so, what date was notice provided? \_\_\_\_\_

If business associate is a healthcare provider licensed by CA Dept. of Public Health (CDPH), did it notify CDPH? \_\_\_\_\_. If so, what date was notice provided? \_\_\_\_\_

Was notice provided to OCR? \_\_\_\_\_. If so, what date was notice provided? \_\_\_\_\_

**Description of the Corrective actions:**

- Adopted encryption technologies
- Changed password/strengthened password requirements
- Created a new/updated Security Rule Risk Management Plan
- Implemented new technical safeguards
- Implemented periodic technical and nontechnical evaluations
- Improved physical security
- Performed a new/updated Security Rule Risk Analysis
- Provided business associate with additional training on HIPAA requirements
- Provided individuals with free credit monitoring
- Revised business associate contracts
- Revised policies and procedures
- Sanctioned workforce members involved (including termination)
- Took steps to mitigate harm
- Trained or retrained workforce members
- Other: \_\_\_\_\_

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**Signatures:**

Printed Name of Information Security Officer	Signature of Information Security Officer	(Date)
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Printed Name of Privacy Officer <i>(Required if privacy incident occurred whether or not notices were sent)</i>	Signature of Privacy Officer	(Date)
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Email this completed report to [ISO@dds.ca.gov](mailto:ISO@dds.ca.gov)

**Review Schedule and Revision History**

Date	Description of Change	Reviewer
05/26/2020 V2r0	Revised to align with the HHS/OCR Federal and State reporting structure. Changed the order and type of data collected to meet minimum Federal and State reporting requirements.	ISO