IOWA HHS

HHS Incident Report

HHS Information Security and Privacy Office (ISPO)

All security and privacy incidents, including lost or stolen equipment, must be reported to a supervisor immediately. The supervisor must document the incident on this form and submit it to your appointed **HHS liaison***.

Current Date	Date and Time (if known) the Incident Occurred: Date Time	
Date the Incident was Discovered	Type of Lost or Stolen Equipment	
HHS Division/Bureau (CSRU, ACFS, MHDS, IME, etc.)	HHS Contractor	HHS Contract Manager

Incident Reporter

Name	Title
Work Telephone	Mobile Telephone
Email	
Work Address	

State or Contract Staff Involved in the Incident (Attach additional pages if more than one.)

Name	Title
Work Telephone	Email
Work Address	
Was the supervisor of the staff involved notified? ☐ Yes ☐ No	
Was law enforcement notified? ☐ Yes ☐ No	

Type of Incident (Check the box of all that apply.)

☐ Virus/malicious code ☐ Unauthorized software ☐ Denial of service attack

☐ Unauthorized access ☐ Unauthorized physical access ☐ User account compromised

☐ Unauthorized disclosure ☐ Lost or stolen equipment ☐ Other:

Type of Data Involved (Check the box of all that apply.)

☐ Federal Tax Information (FTI) ☐ Social Security Administration (SSA)

☐ Protected Health Information (PHI) ☐ Personally Identifiable Information (PII)

If PHI, are any affected individuals dually eligible for Medicaid and Medicare?

☐ Yes ☐ No

Specify specific dually eligible individuals in "Description of the Incident" section below.

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Type of Computer or Media Affected (Check the box of all that apply.)

☐ Desktop computer ☐ Laptop/tablet ☐ Server

☐ Paper document ☐ Portable media (flashdrive, DVD, etc.) ☐ Mobile phone

☐ Electronic data

Was the data encrypted? ☐ Yes ☐ No

Other information available:

Description of the Incident

Description of How the Incident Was Discovered

Risk Mitigation

Please confirm any of the following attestations you received from the unauthorized recipient.

1. Originals were destroyed, returned or deleted. ☐
2. No copies were made. ☐
3. Information was not further disseminated. ☐

If you left any of the three checkboxes above blank, explain what happened.

Incident Assessment

Was this incident a threat to a critical agency/facility service? ☐ Yes ☐ No

Was this incident a threat to a client's confidentiality? ☐ Yes ☐ No

How many individuals are impacted?

Are any of these impacted individuals minors? ☐ Yes ☐ No

If the number of individuals impacted is over 500, does the incident impact more than 500 individuals who live in the same state? ☐ Yes ☐ No

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Data Elements Involved in the Incident (Check the box of all that apply.)

1. **Iowa Code § 217.30 and 42 CFR §431.305**
   - ☐ Names and addresses of individuals receiving services or assistance from the Department or Medicaid Managed Care, and the types of services or amounts of assistance provided
   - ☐ Information concerning the social or economic conditions or circumstances of particular individuals who are now receiving or have received services or assistance from the Department or Medicaid Managed Care
   - ☐ Evaluations of personal information about a particular individual
   - ☐ Medical or psychiatric data, including diagnosis and past history of disease or disability, concerning a particular individual
   - ☐ Social security number of a particular individual
   - ☐ Medical services provided regarding a particular individual
   - ☐ Details of the types of services or amounts of assistance provided to a particular individual
   - ☐ Information received for verifying income eligibility and amount of medical assistance payments regarding a particular individual
2. **Iowa Code Chapters 228, 229**
   - ☐ Information concerning an individual's mental health
3. **Iowa Code § 141A.9**
   - ☐ Information regarding diagnosis or treatment of HIV or AIDS
4. **42 CFR pt. 2 and Iowa Code § 125.37**
   - ☐ Information regarding treatment of substance abuse
5. **Iowa Code Chapter 715C**

   First name or first initial and last name, in combination with any one or more of the following:
   - ☐ Driver's license number or other unique identification number created or collected by a government body
   - ☐ Unique biometric data such as a fingerprint, retina, iris image or other unique physical representation of biometric data
   - ☐ Social security number
   - ☐ Unique electronic identifier or routing code, financial account, credit card or debit card number in combination with a required security code, access code or password that would permit access to an individual's financial account
6. **Unique Identification Number Issued or Created that Indicates Health Care Coverage is or was Previously Provided**
   - ☐ Issued or created by government agency (also see Iowa Code Chapter 715C)
   - ☐ Issued or created by a business associate of HHS
7. **HIPAA Regulations**
   - ☐ Information that was created or received by HHS or a business associate that is covered by HIPAA regulations that relates to care provided, physical or mental status, or eligibility for a health care program of an identifiable individual or with which you reasonably believe could be used to identify the individual
8. **Miscellaneous**
   - ☐ Child abuse information, assessment or reports

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Actions Taken to Date
What actions have been taken to mitigate any damage to the impacted individual or to protect against further breaches?

The assigned **HHS liaison*** must immediately email this form to ISPO at: DHS, Incidents.

For further information on incident response, see the current version of the following documents located on the DHS ISPO SharePoint site at the following link: DHS Security Policies

- Incident Response Policy
- Incident Response Procedures
- Incident Response Team Activation Plan

For ISPO Use Only:	
Date Incident Report Received at ISPO:	The following documents are saved in the ISPO Incidents share as appropriate: ☐ Incident Report ☐ Risk Analysis ☐ Document/Information Involved ☐ Breach Notification Letter ☐ Other:
ISPO Spreadsheet Incident Number:	
Date Incident Report Submitted to HHS/OCR: ☐ NA	
Date ISPO Closed Incident Report:	

* HHS employee that serves as the liaison between a business associate, contractor or a HHS division/bureau and the ISPO.

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