

Notes only

Notice to the Secretary of HHS of Breach of Unsecured Protected Health Information

Breach Affecting

500 or More Individuals Less Than 500 Individuals

Report Type

Initial Breach Report Addendum to Previous Report

Section 1 - Covered Entity

Name of Covered Entity: Contact Name:

Address: Contact Phone Number:

City: Contact E-mail:

State: Zipcode: Type of Covered Entity:

Section 2 - Business Associate

Complete this section if breach occurred at or by a Business Associate

Name of Business Associate: Business Associate Contact Name:

Address: Business Associate Contact Phone Number:

City: Business Associate Contact E-mail:

State: Zipcode:

Section 3 - Breach

Date(s) of Breach: Date(s) of Discovery:

Approximate Number of Individuals Affected by the Breach:

Type of Breach: *Please select the type of breach. If type breach is "Other", please describe the type of breach in the field below.*

- Theft
- Loss
- Improper Disposal
- Unauthorized Access/Disclosure
- Hacking/IT Incident
- Unknown
- Other

Type of Breach (Other):

Location of Breached Information: *Please select the location of the information at the time of the breach. If breach type is "Other", please describe the location of the information in more detail in the Description section below.*

- Laptop
- Desktop Computer
- Network Server
- E-mail
- Other Portable Electronic Device
- Electronic Medical Record

Type of Protected Health Information:

Program name, Client name, Community where client lives

Information Involved in the Breach:

- Demographic Information
- Financial Information
- Clinical Information
- Other

Program name, Client name, Community where they live

Brief Description of the Breach:

Please include the location of the breach, a description of how the breach occurred, and any additional information regarding the type of breach, type of media, and type of protected health information involved in the breach.

Breach occurred when Mr. Corbett sent an unredacted email to Mr. Rick Bowen

then The Edgar County Watchdogs Sent a FOIA request to Mr. Bowen asking for all emails received from him from Mr. Corbett Mr. Corbett did not realize he had sent Mr. Bowen an unredacted copy of the report.

Safeguards in Place Prior to Breach:

Please indicate what protective measures were in place prior to the breach

- Firewalls
- Packet Filtering (router-based)
- Secure Browser Sessions
- Strong Authentication
- Encrypted Wireless
- Logical Access Control

- Staff education regarding redacting of information

Section 4 - Notice of Breach and Actions Taken

Date(s) Individual Notice Provided: MM/DD/YYYY (- MM/DD/YYYY)

7/18/13

Was Substitute Notice Required?

Yes No

Was Media Notice Required?

Yes No

Actions Taken in Response to Breach:

Please select the actions taken to respond to the breach. If selecting the "Other" category, please describe the actions taken in the section below.

- Security and/or Privacy Safeguards
- Mitigation
- Sanctions
- Policies and Procedures
- Other - reinforced training

Describe Other Actions Taken:

Please describe in detail any actions taken following the breach in addition to those selected above.

Sent letter to ECIRAA verifying where & how breach happened

Section 5 - Attestation

Under the Freedom of Information Act (5 U.S.C. §552) and HHS regulations at 45 C.F.R. Part 5, OCR may be required to release information provided in your breach notification. For breaches affecting more than 500 individuals, some of the information provided on this form will be made publicly available by posting on the HHS web site pursuant to § 13402(e)(4) of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Pub. L. 111-5). Additionally, OCR will use this information, pursuant to § 13402(i) of the HITECH Act, to provide an annual report to Congress regarding the number and nature of breaches that are reported each year and the actions taken to respond to such breaches. OCR will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

I attest, to the best of my knowledge, that the above information is accurate.

Name:

Julie Clark
Typing your name represents your signature

Date:

MM/DD/YYYY

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Notice to the Secretary of HHS of Breach of Unsecured Protected Health Information

Breach Affecting

500 or More Individuals Less Than 500 Individuals

Report Type

Initial Breach Report Addendum to Previous Report

Section 1 - Covered Entity

Name of Covered Entity:	<input type="text" value="Ford-Iroquois Public Health Depart"/>	Contact Name:	<input type="text" value="Julie Clark, Compliance Officer"/>
Address:	<input type="text" value="114 North Third Street"/>	Contact Phone Number:	<input type="text" value="815-383-6236"/>
	<input type="text" value="Line 2"/>	Contact E-mail:	<input type="text" value="jclark@fiphd.org"/>
City:	<input type="text" value="Watseka"/>	Type of Covered Entity:	<input type="text" value="Health Plan"/>
State:	<input type="text" value="IL"/>	Zipcode:	<input type="text" value="60970"/>

Section 2 - Business Associate

Complete this section if breach occurred at or by a Business Associate

Name of Business Associate:	<input type="text" value="John Doe"/>	Business Associate Contact Name:	<input type="text" value="John Doe"/>
Address:	<input type="text" value="Line 1"/>	Business Associate Contact Phone Number:	<input type="text" value="XXX-XXX-XXXX"/>
	<input type="text" value="Line 2"/>	Business Associate Contact E-mail:	<input type="text" value="example@example.com"/>
City:	<input type="text" value="City"/>		

State: Zipcode:

Section 3 - Breach

Date(s) of Breach: 07/12/2013
(-)

Date(s) of Discovery: 07/12/2013
(-)

Approximate Number of Individuals Affected by the Breach:

Type of Breach: Please select the type of breach. If type breach is "Other", please describe the type of breach in the field below.

- Theft
- Loss
- Improper Disposal
- Unauthorized Access/Disclosure
- Hacking/IT Incident
- Unknown
- Other

Type of Breach (Other):

Location of Breached Information: Please select the location of the information at the time of the breach. If breach type is "Other", please describe the location of the information in more detail in the Description section below.

- Laptop
- Desktop Computer
- Network Server
- E-mail
- Other Portable Electronic Device
- Other

Type of Protected Health Information Involved in the Breach:

- Demographic Information
- Financial Information
- Clinical Information
- Other

Demographic information

- Name
- SSN
- Address/ZIP
- Drivers License
- Date of Birth
- Other Identifier

Brief Description of the Breach: Please include the location of the breach, a description of how the breach occurred, and

any additional information regarding the type of breach, type of media, and type of protected health information involved in the breach.

Safeguards in Place

Prior to Breach: Please indicate what protective measures were in place prior to the breach

- Firewalls
- Packet Filtering (router-based)
- Secure Browser Sessions
- Strong Authentication
- Encrypted Wireless
- Physical Security

Section 4 - Notice of Breach and Actions Taken

Date(s) Individual Notice Provided: MM/DD/YYYY (- MM/DD/YYYY)

07/18/2013

Was Substitute Notice Required?

Yes No

Was Media Notice Required?

Yes No

Actions Taken in Response to Breach:

Please select the actions taken to respond to the breach. If selecting the "Other" category, please describe the actions taken in the section below.

- Security and/or Privacy Safeguards
- Mitigation
- Sanctions
- Policies and Procedures
- Other

Describe Other Actions Taken:

Please describe in detail any actions taken following the breach in addition to those selected above.

Mr. Corbett was retrained on the need to redact client information from reports prior to sending them out. A letter was sent to the East Central

Section 5 - Attestation

Under the Freedom of Information Act (5 U.S.C. §552) and HHS regulations at 45 C.F.R. Part 5, OCR may be required to release information provided in your breach notification. For breaches affecting more than 500 individuals, some of the information provided on this form will be made publicly available by posting on the HHS web site pursuant to § 13402(e)(4) of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Pub. L. 111-5). Additionally, OCR will use this information, pursuant to § 13402(i) of the HITECH Act, to provide an annual report to Congress regarding the number and nature of breaches that are reported each year and the actions taken to respond to such breaches. OCR will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

I attest, to the best of my knowledge, that the above information is accurate.

Name: Julie Clark

Date: 08/02/2013

Typing your name represents your signature

MM/DD/YYYY

Submit

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