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

\ \	O 500 or More Individuals Less Than 500 Individuals Report Type Initial Breach Report O Addendum to		Report Type	
O 500 or More Individuals			t O Addendum to Previous Report	
ection 1 - Cove	red Entity			
me of Covered Entity:	Ford- Irquis Public He	Contact Name:	JULIE CLASK	
dress:	114 North Third St.	Contact Phone Number: XXX-XXX-XXXX	815-383-60336	
		Contact E-mail:	Wark & Fibhdius	
:y:	(1) tseka	Type of Covered Entity:	Health Plan	
ate:	Zipcode: (00970			
ection 2 - Busir	ness Associate th occurred at or by a Business Associa	ate		
me of siness Associate:		Business Associate Contact Name:		
ldress:		Business Associate Contact		
		Phone Number: XXX-XXX-XXXX		
		Business Associate Contact E-mail:		
ty:				
ate:	Zipcode:			
ection 3 - Brea	ch			
ate(s) of Breach: M/DD/YYYY (- MM/DD/YYYY)	7/12/13-	Date(s) of Discovery: MM/DD/YYYY (- MM/DD/YY	m [7/13/13	
pproximate Number of adividuals Affected by se Breach:				
dividuals Affected by e Breach:	☐ Theft	Type of Breach (Other	r):	
dividuals Affected by the Breach: ype of Breach: ease select the type of the each. If type breach is	☐ Theft ☐ Loss ☐ Improper Disposal	Type of Breach (Other	r):	
dividuals Affected by the Breach: ype of Breach: ease select the type of	Loss Improper Disposal Unauthorized Access/Disclosure	Type of Breach (Other	r):	
ype of Breach: ease select the type of each. If type breach is other", please describe the pe of breach in the field	Loss Jmproper Disposal	Type of Breach (Other	r):	
ype of Breach: ease select the type of each. If type breach is other", please describe the pe of breach in the field	Loss Improper Disposal Unauthorized Access/Disclosure Hacking/IT Incident	Type of Breach (Other	r):	
ype of Breach: ease select the type of each. If type breach is other", please describe the pe of breach in the field elow.	Loss Improper Disposal Unauthorized Access/Disclosure Hacking/IT Incident Unknown Other	Type of Breach (Other	r):	
ype of Breach: ype of Breach: ease select the type of reach. If type breach is other, please describe the pe of breach in the field elow. ocation of Breached information: lease select the location of the information at the time of	Loss Improper Disposal Unauthorized Access/Disclosure Hacking/IT Incident Unknown Other Laptop Desktop Computer Network Server	Type of Breach (Other	r):	
ype of Breach: ype of Breach: ease select the type of each. If type breach is other, please describe the pe of breach in the field elow. occation of Breached information: lease select the location of	Loss Improper Disposal Unauthorized Access/Disclosure Hacking/IT Incident Unknown Other Laptop Desktop Computer	Type of Breach (Other	r):	

Information Involved in the Breach:

Demographic Information Financial Information Clinical Information

Prosionname, Client name, Community Where they True

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

Breach occurred when mr. Curbett sent an Uncedacted email to Mr. Rick Bowen

The Edgar County Watchdags Bucon
7 Sent a FOIH request to inc. Bucon asking for all emails received from him from mr. Carbott Sent Mr. Bowen an un reducted copy of the report

Firewalls Packet Filtering (router-based) Stara education regarding Secure Browser Sessions Strong Authentication reclacting of information **Encrypted Wireless** Logical Access Control

Section 4 - Notice of Breach and Actions Taken

Date(s) Ind	ividual	Notice	Provided:
MM/DD/YYYY (- MM/DI	D/YYYY)	

7/18/1

Was Substitute Notice Required?

O Yes O No

Was Media Notice Required?

O Yes O 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 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 ECIPAA breach happened how

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: MM/DD/YYYY Typing your name represents your signature

Skip Navigation

U.S. Department of Health & Human Services



Improving the health, safety, and well-being of America

Search • OCR All HHS

HHS Home HHS News About HHS

Font Size - + Print Download Reader

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

Breach Affecting

500 or More Individuals

Report Type

Initial Breach Report

Addendum to Previous Report

Section 1 - Covered Entity

Julie Clark, Compliance Officer Name of Covered Contact Name: Ford-Iroquois Public Health Departs Entity: Contact Phone 815-383-6236 Number: 114 North Third Street XXX-XXX-XXXX Address: jclark@fiphd.org Contact E-mail: Line 2 Type of Covered Health Plan Watseka City: Entity: Zipcode: 60970 IL State:

Section 2 - Business Associate Complete this section if breach occurred at or by a Business Associate

Name of Business Associate:		Business Associate Contact John Doe
	John Doe	Name:
		Business Associate Contact
Address:	Line 1	Phone Number: XXX-XXX-XXXX XXX-XXXX
		Business Associate Contact example@example.com
	Line 2	E-mail:
City:	City	

Zipcode: XXXXX State: AL

Section 3 - Breach

Date(s) of Breach: MM/DD/YYYY 07/12/2013 MM/DD/YYYY) Approximate Number of

11

Affected by the Breach:

Individuals

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

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 Other Portable Electronic Device Other

(Other):

Type of Breach

Date(s) of

Discovery:

MM/DD/YYYY)

(-

MM/DD/YYYY 07/12/2013

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

Mr. Doug Corbett, Public Health Administrator, sent a group email out to the Board of Health and also included Mr. Rick Bowen, Ford County Board Chairman in the group. The

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

Safeguards in

Place

Firewalls

Prior to Breach: Please indicate what protective measures were in Encrypted Wireless

place prior to the

Packet Filtering (router-based) Secure Browser Sessions Strong Authentication

Physical Security

breach

Section 4 - Notice of Breach and Actions Taken

Date(s) Individual Notice Provided: MM/DD/YYYY (- MM/DD/YYYY) Was Substitute Notice Required? Was Media Notice Required?

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.

Describe Other Actions Taken:

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

to those

07/18/2013

Yes No

Yes No

Security and/or Privacy Safeguards Mitigation

Sanctions

Policies and Procedures

Other

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

ortice to the Secretary of HHS of Breach of Unsecured Protected Health...

MM/DD/YYYY

Submit

HHS Home | Questions? | Contacting HHS | Accessibility | Privacy Policy | FOIA | Disclaimers | Inspector General | No FEAR Act | Viewers & Players
The White House | USA.gov | HHS Archive | Pandemic Flu

U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201