

[NAME OF PRACTICE]

LOG OF BREACHES OF UNSECURED PHI INVOLVING LESS THAN 500 INDIVIDUALS

Calendar Year 20_____

Date of Breach: _____

Date of Discovery of Breach: _____

Description of the Breach: _____

Number of Individuals Affected by Breach: _____

Type(s) of Unsecured PHI affected by Breach*: _____

Date of Notification to Individual: _____

Date of Notification to Media, if applicable: _____

Date of Notification to the Secretary: _____

Steps Recommended to Individuals to Protect Themselves from Potential Harm Resulting from the Breach: _____

Steps Taken to Investigate the Breach, to Mitigate Harm to Individuals, and to Protect Against any Further Breaches: _____

Other Comments: _____

* - List types of PHI such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved; do not list actual PHI that was breached.