

**[Name of Practice]**

**HIPAA INCIDENT LOG**

**Calendar Year 20\_\_\_\_\_**

**Date of Incident:** \_\_\_\_\_

**Date of Discovery of Incident:** \_\_\_\_\_

**Description of the Incident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of Individuals Affected by Incident:** \_\_\_\_\_

**Type(s) of PHI affected by Incident\*:** \_\_\_\_\_

\_\_\_\_\_

**Steps Taken to Investigate the Incident, to Mitigate Harm to Individuals, and to Protect Against any Similar Occurrences:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Workforce Member(s) Who Caused the Incident:** \_\_\_\_\_

\_\_\_\_\_

**Disciplinary Measures:** \_\_\_\_\_

**Date Submitted to Counsel for Review:** \_\_\_\_\_

**Determination of a Reportable Breach:** \_\_\_\_\_

**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 accessed, used or disclosed.