EVMS
MEDICAL GROUP

Breach Submission Form

Department:

Dates of Breach(s):

Date(s) of Discovery:

Date(s) Individual Notice Provided:

Approximate Number of Individuals Affected by the Breach:

Type of Breach (ex: theft, loss, unauthorized access/disclosure)

PHI Involved: (ex: Demographics, Financial, Clinical- list all that apply)

Brief Description of the Breach:

Safeguards in Place Prior to Breach:

Actions Taken in Response to Breach:

Submitted By: