



CLEAR

Privacy and Security Incident Reporting Form

Reporting Party: _____

Date: _____

Detailed Description of Privacy Incident:

Clinic/Program Involved:

- ☐ DBH: Program
☐ Contractor Agency

Date Discovered: _____	# of Members Affected: _____
Date Occurred: _____	# of Minors: _____
Date Reported: _____	[DBH Only] Member ID#: _____
myAvatar [Misfiling Only] Correct Member ID # _____	Incorrect Member ID# _____
myAvatar [Misfiling Only] Correct Member ID # _____	Incorrect Member ID# _____
Was Mental Health PHI Involved? ☐ Yes (WIC 5328/HIPAA regs applicable) ☐ No	
Was SUD PHI Involved? ☐ Yes (42 CFR Part 2 regs applicable) ☐ No	

Note: Protection under 42 CFR Part 2 applies only when a member's SUD PHI originates from federally assisted Part 2 program. If it does not, the information is not protected under Part 2.

Was the PHI or PII in question acquired or used in the administration of the **Medi-Cal** program? ☐ Yes (Medi-Cal Data Privacy and Security Agreement with DBH/DHCS Applies) ☐ No

Responsible Party who caused incident (Name, title, email address, telephone number and job duties):

Which of the **18 HIPAA identifiers** of PHI were potentially compromised (select all that apply):

- | | | |
|---|---|---|
| ☐ Member Name or Initials | ☐ Social Security Numbers | ☐ Device attributes or serial numbers |
| ☐ Street address, city, county, and/or zip code | ☐ Medical record numbers (myAvatar/ Simon, etc.) | ☐ Digital identifiers, such as website URLs |
| ☐ DOB ☐ Date of Admission | ☐ Health insurance beneficiary numbers | ☐ Biometric elements, including finger, retinal, and voiceprints |
| ☐ DOD ☐ Date of Discharge | ☐ Account Numbers | ☐ IP Addresses |
| ☐ Other Date(s) : _____ | ☐ Certificate/License Numbers | ☐ Full face photographic images |
| ☐ Telephone numbers | ☐ Vehicle Identifiers | ☐ Other identifying information, numbers or codes |
| ☐ Fax Numbers | ☐ Diagnosis/ Condition | |
| ☐ Email Addresses or User Names | | |
| ☐ Lab Results | | |

