**Georgia Department of Human Services**

**DATA BREACH INCIDENT REPORTING FORM**

Reference 45 CFR § 164.530 (j)

DHS HIPAA Policies and Procedures Section 2.2

OGC Policy and Procedures Data Breach Response Policy

To: DHS Privacy Officer

Harold.Johnson@dhs.ga.gov

From:

|  |  |
| --- | --- |
| Date of discovery |  |
| Actual occurrence date, if known: |  |
| Description of the violation. Attach additional  Sheets if necessary |  |
| Description of the type of information was disclosed? (e.g., Social Security Number, (SSN), date of birth, address, medical information, etc) |  |
| Was this violation intentional or  inadvertent? |  |
| Violator’s name, if known: |  |
| Violator’s title, if known: |  |
| Number of previous similar  Violations within this work unit: |  |
| Number of previous similar  Violations for this violator: |  |
| Describe all actions taken to mitigate  Any potentially harmful effects of the  Violation. Attach additional sheets if  Necessary. |  |
| Describe all actions taken to reduce  The possibility of recurrence of this  violation within this work unit.  Attach additional sheets if necessary. |  |