Exhibit 12.1.1-1 – County Privacy Incident Report Form

Privacy Incident Report

STAFF INVOLVED (IF APPLICABLE)
Contractor Name: **Name of COR:**   **COR Phone Number:**
Name/s of Staff Involved in Incident:	**Date of Staff/s Last Privacy Training:**
Job Title/s and Primary Job Duties of Staff Involved:

INCIDENT DETAILS
Describe Incident (include location of incident, how it occurred, type of media, and details regarding type of Protected Information involved):   **DO NOT INCLUDE ANY PROTECTED INFORMATION ON THIS REPORT**
Date Incident Occurred: **Was Police Report Filed?** ☐ Yes   ☐ No   *If yes*, Report #:
If report is being made more than 1 day after the incident, explain delay:
Was staff in violation of any County Contract requirement and/or Contractor Policy? ☐ Yes ☐ No   **If yes, which policy or requirement?**

DATA INVOLVED	
Number of Individuals' Data Involved: (If number of individuals is an estimate, check here ☐)	**Type of Data Involved:** *Check all that apply.* ☐ First Name or Initial ☐ Last Name ☐ CIN or Medi-Cal # ☐ SSN
Provide a breakdown of the individuals whose data was involved. Specify # individuals on public benefits (ie Medi-Cal), what type of public benefits, and whether a minor or adult, if known:	☐ Address/Zip Code ☐ Phone/Fax ☐ Case number ☐ Driver's License ☐ DOB ☐ Other Dates tied to Case ☐ Membership # ☐ Any other number ☐ User Name/Email Address & Password ☐ Health Plan Name (including Medi-Cal)
Type/s of Media Involved: *Check all that apply:* ☐ Paper ☐ Email ☐ Flash Drive ☐ Smart Phone ☐ Cell Phone (not a Smart Phone) ☐ Desktop ☐ Laptop ☐ Tablet *If County device, Asset #:* ☐ Computer System; system name: ☐ Other media; explain:	☐ Credit Card/Bank Acct# ☐ Diagnosis ☐ Drug/Alcohol Tx Info ☐ HIV/AIDS Info ☐ Mental Health Info ☐ Lab Results ☐ Health or medical information ☐ Psychotherapy Notes ☐ Other Case Info (including benefits status)
Types of Electronic Files Involved: *Check all that apply* ☐ MS Word file ☐ MS Excel or CSV File ☐ Adobe (.PDF) ☐ Computer System (such as Anasazi or CalWIN) Print Outs or Screen Shots; Name of System: ☐ Other; explain:	☐ Appointment Info ☐ EBT Number ☐ Other; explain:

MITIGATIONS
Describe Data Security (such as locks, encryption):
Encryption: Was data encrypted per NIST standards? ☐ Yes   ☐ No
If incident involves laptop, tablet, or phone: Was it wiped after discovery? Date wiped: **If device was not wiped, explain why:**
Was data eventually recovered?   ☐ Yes   Explain how, when, and who now has data: ☐ No   Explain why not recovered and attempts to retrieve:
If incident involves email, date confirmation received that email was permanently deleted by recipients:
Describe Corrective Action Plan and completion date (or estimated date):
Do you have reason to believe data was viewed by an unauthorized person?: ☐ Yes   ☐ No   **Explain:**

SIGNATURE		
Signature Of Staff Completing Form:		**Date:**
Name of Staff Completing Report (Staff completing form cannot be involved in incident):	**Title:**	**Phone #:**