

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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Report #:</i>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which policy or requirement?		
DATA INVOLVED		
Number of Individuals' Data Involved: (If number of individuals is an estimate, check here <input type="checkbox"/>) 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:	Type of Data Involved: <i>Check all that apply.</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> First Name or Initial</div> <div style="width: 50%;"><input type="checkbox"/> Last Name</div> <div style="width: 50%;"><input type="checkbox"/> CIN or Medi-Cal #</div> <div style="width: 50%;"><input type="checkbox"/> SSN</div> <div style="width: 50%;"><input type="checkbox"/> Address/Zip Code</div> <div style="width: 50%;"><input type="checkbox"/> Phone/Fax</div> <div style="width: 50%;"><input type="checkbox"/> Case number</div> <div style="width: 50%;"><input type="checkbox"/> Driver's License</div> <div style="width: 50%;"><input type="checkbox"/> DOB</div> <div style="width: 50%;"><input type="checkbox"/> Other Dates tied to Case</div> <div style="width: 50%;"><input type="checkbox"/> Membership #</div> <div style="width: 50%;"><input type="checkbox"/> Any other number</div> <div style="width: 50%;"><input type="checkbox"/> User Name/Email Address & Password</div> <div style="width: 50%;"><input type="checkbox"/> Health Plan Name (including Medi-Cal)</div> <div style="width: 50%;"><input type="checkbox"/> Credit Card/Bank Acct#</div> <div style="width: 50%;"><input type="checkbox"/> Diagnosis</div> <div style="width: 50%;"><input type="checkbox"/> Drug/Alcohol Tx Info</div> <div style="width: 50%;"><input type="checkbox"/> HIV/AIDS Info</div> <div style="width: 50%;"><input type="checkbox"/> Mental Health Info</div> <div style="width: 50%;"><input type="checkbox"/> Lab Results</div> <div style="width: 50%;"><input type="checkbox"/> Health or medical information</div> <div style="width: 50%;"><input type="checkbox"/> Psychotherapy Notes</div> <div style="width: 50%;"><input type="checkbox"/> Other Case Info (including benefits status)</div> <div style="width: 50%;"><input type="checkbox"/> Appointment Info</div> <div style="width: 50%;"><input type="checkbox"/> EBT Number</div> <div style="width: 50%;"><input type="checkbox"/> Other; explain:</div> </div>	
Type/s of Media Involved: <i>Check all that apply:</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Paper</div> <div style="width: 33%;"><input type="checkbox"/> Email</div> <div style="width: 33%;"><input type="checkbox"/> Flash Drive</div> <div style="width: 33%;"><input type="checkbox"/> Smart Phone</div> <div style="width: 33%;"><input type="checkbox"/> Cell Phone (not a Smart Phone)</div> <div style="width: 33%;"><input type="checkbox"/> Desktop</div> <div style="width: 33%;"><input type="checkbox"/> Laptop</div> <div style="width: 33%;"><input type="checkbox"/> Tablet <i>If County device, Asset #:</i></div> <div style="width: 33%;"><input type="checkbox"/> Computer System; system name:</div> <div style="width: 33%;"><input type="checkbox"/> Other media; explain:</div> </div>		
Types of Electronic Files Involved: <i>Check all that apply</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> MS Word file</div> <div style="width: 33%;"><input type="checkbox"/> MS Excel or CSV File</div> <div style="width: 33%;"><input type="checkbox"/> Adobe (.PDF)</div> <div style="width: 33%;"><input type="checkbox"/> Computer System (such as Anasazi or CalWIN) Print Outs or Screen Shots; Name of System:</div> <div style="width: 33%;"><input type="checkbox"/> Other; explain:</div> </div>		
MITIGATIONS		
Describe Data Security (such as locks, encryption):		
Encryption: Was data encrypted per NIST standards? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes Explain how, when, and who now has data:		
<input type="checkbox"/> 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?: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
SIGNATURE		
Signature Of Staff Completing Form:		Date:
Name of Staff Completing Report (Staff completing form cannot be involved in incident):	Title:	Phone #: