

Privacy & Security Incident Report Form for Medica Business Associates

Business Associates (BAs) are required to report all security incidents and all impermissible uses or disclosures of protected health information (PHI) to Medica within 5 business days of discovery. This includes both breach and non-breach uses and disclosures.

Please complete this form for all suspected or confirmed privacy or security incidents. Please report the incident even if you are unable to provide all of the requested information so that Medica can begin its investigation. Additional details can be forwarded to Medica as they become available.

Send completed forms via secure email to Medica at: Privacy@medica.com

Reporting BA and Contact Information				
Business Associate (BA) Name:				
Contact Name:		Telephone:		
Title and Department:		Email:	Email:	
Privacy/Security Incident Details				
Incident Tracking #, if applicable:				
Date(s) Incident Occurred:				
Date Discovered:				
Date Reported to BA Privacy/Security Contact:				
Incident Description:				
How was the incident discovered?				
PHI/Data Disclosed:				
Mode of Disclosure: If other:				
<u>Important Note</u> – Please provide a copy of the document, letter, email, fax, file, etc. that was disclosed.				
Affected Medica Member(s) (i.e. Medica members whose PHI was used or disclosed)				
Number of Affected Medica Members:				
Affected Member(s) Full Name	Medica Group #	Medica ID #	Date of Birth	

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Unintended Recipient Details (i.e. the person or entity to whom the PHI was disclosed inappropriately)				
Name of Unintended Recipient:				
Type of Unintended Recipient:				
PHI Acquired or Viewed by Unintended Recipient:				
Actions Taken by Unintended Recipient:				
Contact Name for Unintended Recipient:	Telephone:			
Mailing Address:	Email:			
Investigation, Corrective Action, and Mitigation				
Root Cause:				
Corrective Action(s):				
Action(s) to Prevent Reoccurrence:				
Mitigation:				
Status of Investigation/Corrective Action/Mitigation:				
Miscellaneous				
Attachment Details, if applicable:				
Additional Details:				

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