

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: <i>Enter name of Business Associate</i>			
Contact Name: <i>Enter contact name</i>		Telephone: <i>Enter contact phone number</i>	
Title and Department: <i>Enter contact title and department</i>		Email: <i>Enter contact email</i>	
Privacy/Security Incident Details			
Incident Tracking #, if applicable: <i>Enter BA's incident tracking number, if any.</i>			
Date(s) Incident Occurred: <i>Enter date or dates on which the incident occurred.</i>			
Date Discovered: <i>Enter earliest date that any BA employee became aware of the incident.</i>			
Date Reported to BA Privacy/Security Contact: <i>Enter date BA's Privacy/Security Contact was notified of the incident.</i>			
Incident Description: <i>Describe the impermissible use, disclosure, access or acquisition of PHI. Be as specific as possible.</i>			
How was the incident discovered? <i>Describe how BA found out about the incident.</i>			
PHI/Data Disclosed: <i>List ALL PHI data elements that were disclosed.</i>			
Mode of Disclosure: <i>Choose an item. If other: Describe the mode of disclosure.</i>			
<i>Important Note – Please provide a copy of the document, letter, email, fax, file, etc. that was disclosed.</i>			
Affected Medica Member(s) (i.e. Medica members whose PHI was used or disclosed)			
Number of Affected Medica Members: <i>Enter number of Medica members whose PHI was used or disclosed.</i>			
Affected Member(s) Full Name	Medica Group #	Medica ID #	Date of Birth
<i>Enter First name, MI, Last name</i>	<i>Enter Group #</i>	<i>Enter Medica ID #</i>	<i>Enter Date of Birth</i>
<i>Enter First name, MI, Last name</i>	<i>Enter Group #</i>	<i>Enter Medica ID #</i>	<i>Enter Date of Birth</i>

Unintended Recipient Details (i.e. the person or entity to whom the PHI was disclosed inappropriately)	
Name of Unintended Recipient: <i>Enter name(s) of the individuals or entities to whom the disclosure was made.</i>	
Type of Unintended Recipient: <i>Describe type of unintended recipient(s) (e.g. another Medica member, non-member, health care provider, subcontractor of BA, another BA of Medica, etc.).</i>	
PHI Acquired or Viewed by Unintended Recipient: <i>Describe whether or not the unintended recipient actually acquired/received the PHI and, if so, did the recipient actually view/hear it?)</i>	
Actions Taken by Unintended Recipient: <i>Describe the actions taken, if any, by the unintended recipient with the PHI (e.g. reported the error to the BA, returned the misdirected document, permanently deleted the file, shredded the document, etc.).</i>	
Contact Name for Unintended Recipient: <i>Enter contact name</i>	Telephone: <i>Enter contact phone number</i>
Mailing Address: <i>Enter contact mailing address</i>	Email: <i>Enter contact email</i>
Investigation, Corrective Action, and Mitigation	
Root Cause: <i>Explain the reason the incident occurred.</i>	
Corrective Action(s): <i>Describe actions taken or that will be taken to correct the error for the affected Medica member (e.g. document resent to correct Medica member).</i>	
Action(s) to Prevent Reoccurrence: <i>Describe actions taken or that will be taken to prevent a similar incident in the future (e.g. system changes, process changes, additional quality assurance review, work aid revisions, coaching/training (provide date of coaching/training) etc.).</i>	
Mitigation: <i>Describe the extent to which the risk to the PHI has been mitigated.</i>	
Status of Investigation/Corrective Action/Mitigation: <i>Choose an item.</i>	
Miscellaneous	
Attachment Details, if applicable: <i>Describe attachments and their content.</i>	
Additional Details: <i>Insert any additional details about the incident or available contacts for Medica.</i>	