



Reportable Event ID:

For VITL use only

REPORTABLE PRIVACY/SECURITY EVENT

PURPOSE:

This form is for organizations with an electronic connection to the Vermont Health Information Exchange (VHIE) to fill out and submit to VITL to report an incident that did or may have compromised patient privacy in the VHIE and/or the security of a system connected to the VHIE. See VITL’s policy on reportable events for a definition of a reportable event.

INSTRUCTIONS:

Complete sections 1 and 2. Sign and date below section 2. (VITL will complete section 3.)

SUBMIT COMPLETED AND SIGNED FORM TO:

Scan & email: security@vitl.net

FAX: (802) 223-4100 Attn: VITL Chief Security Officer

Postal service: VITL, 144 Main St., Suite 1, Montpelier VT 05602, Attn: VITL Chief Security Officer

SECTION 1 – ORGANIZATION

Name of organization: _____

Type of Organization: Independent practice Hospital-owned practice Hospital

If hospital-owned, hospital name: _____

Address: _____

Address: _____

City, State, ZIP: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____



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SECTION 2 – EVENT

Date of event: _____ Time of event: _____

Date of discovery: _____

Approximate number of patients affected: _____

Type of system involved:

[] Electronic medical record [] Paper [] Portable electronic device [] Email

[] Other: _____

Type of information involved:

[] Clinical [] Financial [] Demographic [] Other: _____

Brief description of the event:

SIGNATURE: _____ DATE: _____

PRINT NAME: _____



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SECTION 3 – OUTCOME – TO BE COMPLETED BY VITL

[] Breach: [] Improper disposal [] Unauthorized access [] Hacking [] Unknown [] Other

Describe other: _____

[] No breach

Recommended actions:

[] Notification of patients [] Notification of media

[] Revision of organization’s privacy/security procedures [] Staff education

[] Report to HHS within 60 days [] Report to HHS in annual notice

[] Sanction of involved staff [] Sanction of organization

Description of sanction: _____

Additional information: _____

Completed by (VITL staff): _____

SIGNATURE: _____ DATE: _____