

Risk of Compromise Assessment [HIPAA reporting only]

Case # _____

The following scenarios are EXCEPTIONS to the federal Definition of “breach” and do not need to be assessed or reported:

- (1) unintentional access or use by workforce member without further distribution;
- (2) mistaken / accidental disclosure between similarly situated individuals that routinely handle PHI;
- (3) disclosure where the unauthorized person “could not reasonably retain the information”

Assessment: (Answer each question though explaining to “Aunt Matilda”)

- * **Was the nature and extent of the PHI** limited in some way - partly deidentified, not contain the patient’s diagnosis or other sensitive info? No ___ [Report] : Yes ___ [describe]

_____ ; then

- * **Was PHI actually viewed or acquired?** No ___ Yes / not sure ___ [describe in either case]

_____ ; then

- * **Was the unauthorized person** who used / received the PHI another workforce member / CE / BA? No ___ [Report] Yes ___ [describe]:

_____ ; then

- * **Was the PHI returned? reliably destroyed?** No ___ [Report] Yes ___ [describe]

- * **Any other relevant information:**

Based on the above, the breach is _____ is not _____ [check one] assessed as presenting a low probability that the PHI has been compromised.

Completed by: _____ Date: _____