

Potential Breach Analysis Evaluation

Use this checklist when a potential breach of Protected Health Information occurs to determine if the potential breach requires additional action. If the evaluation reaches a stop sign, no further action is required.

Date of Report of a Potential Breach: _____

Assessment of Potential Breach

Was the PHI involved in an encrypted electronic record?

*If the PHI was on paper or in electronic format and **not encrypted**, this answer will be "No."*

☐ **No**
(Continue)

☐ **Yes**


Do any of the following situations describe what occurred?

1. Did a workforce member accidentally acquire, access, or use PHI but not disclose anything further?
(Example: Did a workforce member accidentally look at the wrong record?)

☐ **No**

☐ **Yes**

2. Did a workforce member accidentally disclose PHI unnecessarily to another authorized person in the department who did not disclose the PHI?

☐ **No**

☐ **Yes**

3. Did a workforce member disclose PHI to an unauthorized person, but it is unlikely that the person to whom the disclosure was made would remember it?

☐ **No**

☐ **Yes**

4. Did a workforce member give a prescription to an unauthorized person?

☐ **No**

☐ **Yes**

5. Was the PHI stolen from the facility?

☐ **No**

☐ **Yes**

Risk Assessment

Probability that the individual's Protected Health Information could or will be lost or cause harm

**Low
Probability**

**High
Probability**

1. Did the PHI involve sensitive financial information such as a name, address, date of birth, and social security or credit card numbers?

☐ **No**

☐ **Yes**

2. Did the PHI contain medical information such as a sensitive diagnosis or prescription drug routinely prescribed to treat a sensitive medical condition (e.g., HIV/STD)?

☐ **No**

☐ **Yes**

3. Did an unauthorized person *physically* possess the PHI (e.g., take the PHI with him or her)?

☐ **No**

☐ **Yes**

4. Did the person who acquired or viewed the PHI or to whom the PHI was disclosed personally know the subject of the PHI?

☐ **No**

☐ **Yes**

a. Was the exposure just a glance of the PHI?

☐ **Yes**

☐ **No**

b. Did the PHI physically leave the facility?
(Patient went to their car and immediately returned)

☐ **Yes**

☐ **No**

c. Did the PHI physically leave the facility?
(Patient returned to their home and returned the next day or later)

☐ **Yes**

☐ **No**

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Probability that the individual's Protected Health Information could or will be lost or cause harm	Low Probability	High Probability
5. Does the person who acquired or viewed the PHI have an independent obligation to maintain the confidentiality of the PHI? (PHI was faxed to the wrong doctor or covered entity)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Was the information destroyed or returned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Did the person who acquired or viewed the PHI agree to keep the information confidential and not further disclose it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. In your professional opinion, do you believe this person to be truthful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Review of Risk Assessment:

Note: All Low or High Probability responses indicate a breach. Evaluate questions 1 through 7 to determine the overall Risk.

- Based on the response to the questions in this risk assessment, does the assessment reasonably conclude that there is a low probability that the PHI has been lost or will cause harm to the patient? If yes, then there is a low probability. **Check Stop, and the process is concluded.**
 - If questions 5 - 8 are Yes = Non-Reportable Breach
 - If questions 5 - 8 are No = Possible Reportable Breach
 - If a combination of Yes and No, call your Project Manager
- If a high probability exists, **follow directions in the green box and contact R.J. Hedges & Associates, Project Manager.**



Non-Reportable Breach

Possible Reportable Breach

- ☐ Contact your Project Manager
- ☐ Print and review the Breach Response Checklist and
- ☐ Print and review the Unsecured PHI Breach Reporting Checklist

Additional Explanation for Conclusion:

Based on the above good faith examination of the facts related to this incident, I reasonably believe there **IS** ☐: or **IS NOT** ☐ a low probability that Unsecured PHI has been compromised.

Joe Pharmacist
Privacy Officer

Date

NOTE: This document and support documentation must be retained for six (6) years.