

Figure 1

Department of Health and Human Services Breach Reporting Portal

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Breach Submission Date: From: To:

Type of Breach:

<input type="checkbox"/> Hacking/IT Incident	<input type="checkbox"/> Improper Disposal	<input type="checkbox"/> Loss
<input type="checkbox"/> Theft	<input type="checkbox"/> Unauthorized Access/Disclosure	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other		

Location of Breach:

<input type="checkbox"/> Desktop Computer	<input type="checkbox"/> Electronic Medical Record	<input type="checkbox"/> Email
<input type="checkbox"/> Laptop	<input type="checkbox"/> Network Server	<input type="checkbox"/> Other Portable Electronic Device
<input type="checkbox"/> Paper/Films	<input type="checkbox"/> Other	

Type of Covered Entity:

State:

Business Associate Present?:

Description Search:

CE / BA Name Search:
