

# Appendix A

## **Required reading and training as determined by Cayuga County Chief Information Officer;**

Cayuga County Policies, to maintain authorized access to county systems.

Annual Secure the Human training modules as assigned, to maintain authorized access to county systems.

Any required reading and training required by New York State to maintain authorized access their systems.

Any required reading and training required by the US Government to maintain authorized access their systems.

## **Breach Reporting;**

### **Cayuga County Compliance Hotline: 315-253-8015**

Immediately after discovery (and in no case later than end of business day) report any possible breach of Cayuga County client information to the Compliance Officer by phone and leave a voicemail message if the Compliance Officer is unavailable to take your call. The Compliance officer will check voicemail daily for breach reports.

### **Secretary of Health and Human Services (HHS):**

Breach Notification on – line form submission and associated reporting instructions:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html>

HHS Office of Civil Rights contact information;

Toll Free: 1-800-368-1019, TDD: 1-800-537-7697 or send an email to [OCRPrivacy@hhs.gov](mailto:OCRPrivacy@hhs.gov).

### **NY State:**

Up to date NYS Information Security Breach and Notification Act Reporting Form and associated reporting instructions:

<https://www.its.ny.gov/eiso/breach-notification>

New York State Office of Information Technology Services  
Enterprise Information Security Office  
Security Breach Notification  
1220 Washington Avenue  
State Office Campus  
Building 7A, 4th Floor  
Albany, NY 12242  
518-322-4976

New York State Attorney General's Office  
Consumer Frauds & Protection Bureau  
Security Breach Notification  
120 Broadway - 3rd Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email:breach.security@ag.ny.gov

New York State Department of State, Division of Consumer Protection  
Attention: Director of the Division of Consumer Protection  
Security Breach Notification

99 Washington Avenue, Suite 650  
Albany, NY 12231  
Fax: 518-473-9055  
Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

DHSES Cyber Incident Response Team (CIRT)  
Call the DHSES Cyber Incident Response Team at 1(844) OCT-CIRT or 1 (844) 628-2478  
Staffed 24x7 by the New York State Intelligence Center, this call will initiate coordination of New York State support.

New York State Board of Elections Secure Elections Center (SEC)  
Call the Secure Elections Center at 1 (833) CYBERNY or 1 (833) 292-3769.  
Email: [CyberNY@elections.ny.gov](mailto:CyberNY@elections.ny.gov).

# Cayuga County Breach Incident Notification Form

In addition to the form breaches **MUST** be reported to the County Compliance Officer

## Reporting Person

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

## Risk Assessment

|                       |  |   |   |                                   |                                    |
|-----------------------|--|---|---|-----------------------------------|------------------------------------|
| Was Incident:         | <input type="checkbox"/> Suspected             | <input type="checkbox"/> Actual/Known                   |   |                                   |                                    |
| Type of Information:  | <input type="checkbox"/> Personal/Private (PI) | <input type="checkbox"/> Personal/Private Including PHI |   |                                   |                                    |
| Safeguard Violated:   | <input type="checkbox"/> Physical              | <input type="checkbox"/> Technical                      | <input type="checkbox"/> Administrative |                                   |                                    |
| For of Information:   | <input type="checkbox"/> Hard Copy/Paper       | <input type="checkbox"/> Electronic/Computerized        | <input type="checkbox"/> Verbal         | <input type="checkbox"/> Secured  | <input type="checkbox"/> Unsecured |
| What Happened to PHI: | <input type="checkbox"/> Taken/Theft           | <input type="checkbox"/> Lost                           | <input type="checkbox"/> Transferred    | <input type="checkbox"/> Accessed | <input type="checkbox"/> Disclosed |
|                       | <input type="checkbox"/> Hacking/IT Incident   | <input type="checkbox"/> Other: _____                   |   |                                   |                                    |

## PHI Risk Factors

Was PI/PHI actually acquired or viewed:  Yes  No (if no - did opportunity exist  Yes  No)  N/A

Nature and Extent of PHI Involved: (Include Types of Identifiers and likelihood of Re-identifiers) \_\_\_\_\_

What are the risks to the patient(s): (e.g. High, moderate or slight risk of identity theft, embarrassment, stigma) \_\_\_\_\_

Unauthorized Person(s) who used the PHI or to whom the disclosure was made: (Include name/title, relationship/relevance to the breach) \_\_\_\_\_

Start Date/Time of Incident: \_\_\_\_\_ End Date/Time of Incident: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Person(s) who cause incident: \_\_\_\_\_ Department of Incident: \_\_\_\_\_

Description of Incident (Attach additional pages if need): \_\_\_\_\_

Location/Workstation(s) Involved: \_\_\_\_\_

List of applications or systems Involved: \_\_\_\_\_

Evidence of breach: \_\_\_\_\_

Was information encrypted:  Yes  No

Was Password/Key acquired:  Yes  No

### Affected Consumer(s)

Consumer Name(s) \_\_\_\_\_

(Attach list on separate page if necessary)

Estimated

|   |  |
|---|--|
| Approximate Number of Affected Individuals: |  |
| Total Number of Affected NYS Residents:     |  |
| Total Number of Cayuga Residents:           |  |

Steps taken to inform Consumers: \_\_\_\_\_

### Post Breach

What security measures were in place when incident occurred: (Training, Locks, user authentication, encryption)

Detailed description of all actions taken after discovery: (Attach additional pages as needed) \_\_\_\_\_

Steps taken to mitigate risk to PHI: \_\_\_\_\_

Have sanctions been applied:  Yes  No

Was the County Administrator notified:  Yes  No

Has the incident been reported to the 3 NYS Agencies:  Yes  No Report Date: \_\_\_\_\_

Has NYS Consumer Reporting been notified: (only for 5000+ affected consumers)  Yes  No

What has been steps have been taken to prevent similar future incidents: \_\_\_\_\_

\_\_\_\_\_

### HIPAA Coverage

Is Department or BA covered:  Yes  No

CE Type:  Provider  Plan  Clearinghouse

BA Type:  County Department of external CE  County Department of Internal CE  External BA of County Dept.

If external BA. Contact Name: \_\_\_\_\_ BA Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Signatures

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Print Department Head Name: \_\_\_\_\_

County Compliance Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Print County Compliance Officer: \_\_\_\_\_