Breach Notification and Reporting

In 2013 Health and Human Service (HHS) changed the requirement for Breach Notification and Reporting.

**Old:**
Federal law and regulations require breach notification and reporting when a patient’s health information is accessed, used or disclosed in a way that violates the Privacy Rule of HIPAA and poses a significant risk of reputational, financial, or other harm to the individual.

**New:**
Breach Notification and Reporting: The unauthorized acquisition, access, use, or disclosure of individually identifiable Personal Information or Protected Health Information that compromises the security or privacy of such information.

- When breach notification is required the individual whose information was breached must be notified and the incident must be reported to the Secretary of Health and Human Services
- State of TN reporting may be required when there is a security breach of unencrypted computerized data containing Personal Information. (e.g. as SSN).
- The Breach Notification policy defines the procedures to be followed upon discovery of known or suspected incidents involving unauthorized acquisition, access, use or disclosure of PHI or computerized Personal Information so that appropriate notification requirements are satisfied.

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**Breach Notification Analysis by Quarter**

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<tr>
<th>Breach Analysis</th>
<th>Risk Assessment Completed</th>
<th>Breach Reporting</th>
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<tbody>
<tr>
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<td>1st Qtr 14</td>
<td>4th Qtr 13</td>
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<td>1st Qtr 14</td>
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<td>17*</td>
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<tr>
<td>2nd Qtr 13</td>
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<td>5</td>
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*In the 1st Quarter of 2014 HHS was notified of 20 incidents that required Breach Notification affecting 72 patients

*In the 1st Quarter of 2013 HHS was notified of 4 incidents that required Breach Notification to 4 patients.

**IM 10-30.02:** Breach Notification: Unauthorized Access, Use or Disclosure of Individually Identifiable Patient or Other Personal Information

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