

**Florida Cancer Data System (FCDS)
Breach of Confidentiality by
Recipients of FCDS Data
Instructions and Report Form
November 2015**

PURPOSE

The document describes action(s) required of Recipients of FCDS data in the event confidential information it retains is accidentally, inadvertently or deliberately released or accessed. In addition, this policy describes measures of action(s) that will be implemented by the Florida Department of Health (DOH) in the event of a breach, suspected or actual, of confidential information by a Recipient of FCDS Data.

Report to the Florida Department of Health Management

As soon as possible after the confidential information and work area have been secured, but within one working day or less after the breach occurs, the Data Recipient will submit to the DOH Management a completed FCDS Breach of Confidential Information Report Form (Attachment 1). The report will include a description of the breach, when and where it occurred, pertinent events leading to the release of the confidential information, and the names of persons involved in the breach. The reporting Data Requestor will also document immediate actions taken after the breach to mitigate the effects and prevent additional loss of information.

IMMEDIATELY UPON COMPLETION OF THIS FORM CONTACT GARY LEVIN OR BRAD WOHLER AT 305-243-4600 FOR INSTRUCTIONS ON HOW TO SUBMIT THIS FORM TO FCDS. IT IS IMPORTANT THAT THIS FORM IS SIGNED AND DATED.

ATTACHMENT 1

TO BE COMPLETED BY THE RECIPIENT OF FCDS DATA

Breach of Confidentiality Report Form By Recipients of FCDS Data FLORIDA CANCER DATA SYSTEM

BREACH OF CONFIDENTIAL INFORMATION REPORT

Type of Breach: Unauthorized Release of Information Unauthorized Access to Information

Date and Time of Breach: Date: _____ Time: _____ (Approximate if Unknown)

Location Where the Breach Occurred: _____

Means of Unauthorized Access or Release: Electronic File Transfer/Network Laptop Computer Desktop Computer

E-Mail Fax Paper Phone Verbal/In Person Other

Attach Additional Sheets to This Report if Needed to Supplement Any of the Following Information

Person Submitting This Report	
Name:	Agency/Affiliation:
Address:	City/Zip:
Work Phone:	Home Phone:
Date Submitted:	Time Submitted:
Person Who Released the Unauthorized Information (If Applicable)	
Name:	Agency/Affiliation:
Address:	City/Zip:
Work Phone:	Home Phone:
Person Who Received or Accessed the Unauthorized Information:	
Name:	Agency/Affiliation:
Address:	City/Zip:
Work Phone:	Home Phone:

Describe Initial Steps Taken to Mitigate the Breach of Confidential Information:

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Signature of Person Submitting This Report:

Date:

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THIS PAGE TO BE COMPLETED BY THE DOH/FCDS SECURITY TEAM

Description and Sequence of Events, Findings and Recommendations:

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The DOH/FCDS Security Team has completed its investigation of the suspected breach of confidential information and submits the foregoing Description and Sequence of Events, Findings and Recommendations.

DOH/FCDS Security Team Member Signature:	Date:
Typed Name:	
DOH/FCDS Security Team Member Signature:	Date:
Typed Name:	
DOH/FCDS Security Team Member Signature:	Date:
Typed Name:	

DOH/FCDS Security Team Member Signature:	Date:
Typed Name:	
DOH/FCDS Security Team Member Signature:	Date:
Typed Name:	

THIS PAGE TO BE COMPLETED BY DOH/FCDS MANAGEMENT REPRESENTATIVE

- I have reviewed and concur with the Description and Sequence of Events, Findings and Recommendations of the FCDS Security Team.

- I have reviewed and concur with the Description and Sequence of Events, Findings and Recommendations of the DOH/FCDS Security Team with the following exceptions or additions:

DOH/FCDS Management Signature:	Date:
Typed Name:	

THIS PAGE TO BE COMPLETED BY DOH MANAGEMENT REPRESENTATIVE

- I have reviewed and concur with the Description and Sequence of Events, Findings and Recommendations of the DOH/FCDS Security Team.
- I have reviewed and concur with the Description and Sequence of Events, Findings and Recommendations of the DOH/FCDS Security Team with the following exceptions or additions:

DOH Management Signature:	Date:
Typed Name:	