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**HIPAA SECURITY: SECURITY INCIDENTS**

**AD.HS65**

**POLICY:**

Lifesong Hospice and Palliative Care has a clearly defined process for reporting, responding to and documenting known or suspected security incidents.

**PROCEDURE:**

1. All hospice co-workers and volunteers are required to report suspected or actual security incidents to the Security Officer or designee as soon as practicable.
2. Upon receipt of a verbal or written report of a security incident, the Security Officer or designee conducts an immediate investigation.
3. An appropriate response to the security incident is determined by the Security Officer and designated co-workers based upon the nature and severity of the security incident. Responses may include, but not be limited to:
  - a. The application of sanctions against co-workers,
  - b. Initiation of security reminders and additional training, or
  - c. An evaluation of the adequacy of existing security measures.
4. Any harm that is a result of the security incident is mitigated to the extent practicable.
5. Documentation related to all security incidents is reviewed on a regular basis and during the periodic security evaluations conducted by Lifesong Hospice and Palliative Care to determine and ensure the adequacy of security measures and compliance with the HIPAA Security regulations.
6. Documentation related to security incidents and their outcomes is retained for six (6) years from the date of occurrence of the incident.
7. When the security incident involves an actual or potential breach of protected health information, the policy and procedure for breach notification requirements is followed in addition to these procedures.

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