

**Bureau of TennCare**  
**Privacy and Public Records Office**  
**Worksheet for Reporting Disclosure, Loss or Potential Loss of**  
**Protected Health Information (PHI) and/or Personally Identifiable Information (PII)**

**1. Information about the individual making the report:**

Name					
Position					
State Agency/Company					
Phone Numbers					
Work		Cell		Home/Other	
Email Address					
Position Type <i>(select one)</i>					
	Management Official		Privacy & Compliance Officer		Non-Management

**2. Information about the data that was disclosed/lost/stolen:**

Describe what was disclosed, lost or stolen *(e.g., case file, TennCare or SSA data)*:

Which element(s) of PHI/PII did the data contain?

Name		Bank Account Information	
SSN		Medical/Health Information	
Date of Birth		Benefit Payment Information	
Place of Birth		Mother's Maiden Name	
Address			
Other <i>(describe)</i>			

Estimated volume of records involved	
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**3. How was the data physically stored, packaged and/or contained?**

*(check one and continue below):*

Paper		Electronic		Both	
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**If Electronic, what type of device?**

Laptop	Tablet	Backup Tape	Blackberry
Workstation	Server	CD/DVD	Blackberry Phone #
Hard Drive	Floppy Disk	USB Drive	
Other ( <i>describe</i> )			

**Additional questions, if electronic:**

	Yes	No	Not Sure
a. Was the device encrypted?			
b. Was the device password protected?			
c. If a laptop or tablet, was a VPN SmartCard lost?			
Employee's Name			
Employee's logon PIN			
Hardware Make/Model			
Hardware Serial #			

**If Paper:**

	Yes	No	Not Sure
a. Was the information in a locked briefcase?			
b. Was the information in a locked cabinet or drawer?			
c. Was the information in a locked vehicle trunk?			
d. Was the information redacted?			
e. Other ( <i>describe</i> )			

**4. Information about the individual in possession of the data at the time of the disclosure or loss (if same individual as in #1, please indicate "Same as in #1"):**

Name			
Position			
State Agency/Company			
Phone Numbers:			
Work	Cell	Home/Other	
Email Address			

*If person who was in possession of the data or assigned to the data is a contractor employee:*

Contractor			
State Agency Contract Identification Number ( <i>if known</i> )			

**5. Circumstances of the loss:**

a. When was it disclosed, lost or stolen?
b. Brief description of how the disclosure, loss or theft occurred:
c. When was it reported to any agency management officials, e.g., SSA, CMS, OCR?:

**6. Mitigation:**

a. What actions or efforts have been effectuated to mitigate the disclosure, loss or theft?

**7. Have any other agency or contractor components/individuals been contacted? If so, who?** (include Deputy Commissioner-level, Agency-level, Regional/Associate-level or Home office component names)

Name	Component	Phone Number

**8. What reports have been filed?** (include local police, law enforcement authorities, and agency or contractor reports)

Report Filed	Yes	No	Report Number
Local Police			
Other ( <i>describe</i> )			
Social Security Administration			
Centers for Medicare and Medicaid Services			
Office for Civil Rights			

9. You are not limited to the space on this form. Please attach additional pages if necessary.

10. Please return this completed form and any attachments via secure email, SFTP or fax to:

Bureau of TennCare Privacy Office

[Regina.nelson.tracy@tn.gov](mailto:Regina.nelson.tracy@tn.gov) or

[Angie.Williams@tn.gov](mailto:Angie.Williams@tn.gov)

(615) 507-6820 or

(615) 507-6855

Fax (615) 532-7322