



Oklahoma State University

Title: Notification to Individuals General Rule	Policy #: BRE-02.00
Category: HIPAA Compliance	Authority: 45 CFR HIPAA SECTION: §164.404(a)
Standard: Notification in the case of Breach of unsecured protected health information	Responsibility: Health Care Components
Effective Date: 3/26/2013	Page 1 of 2
Approved By: OSU Legal Counsel	Revised: 6/1/2013

PURPOSE:

To identify the proper steps OSU will take if/when a breach of unsecured patient data occurs.

POLICY:

1. OSU shall, following the discovery of a breach of unsecured protected health information, notify each individual whose unsecured protected health information has been, or is reasonably believed by OSU to have been, accessed, used, or disclosed as a result of such breach. *§164.404(a)(1)*
2. Breaches treated as discovered. For purposes of the first paragraph of this policy and for policies BRE-03.00 (Standard of Notification to the Media) and BRE-04.00 (Standard of Notification to the Secretary), a breach shall be treated as discovered by OSU as the first day on which such breach is known to OSU, or, by exercising reasonable diligence would have been known to OSU. OSU shall have deemed knowledge of a breach if such a breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is a workforce member or agent of OSU (determined in accordance with the federal common law of agency). *§164.404(a)(2)*
3. Any state agency, board, commission or other unit or subdivision of state government that owns or licenses computerized data that includes personal information shall disclose any breach of the security of the system following discovery or notification of the breach in the security of the data to any resident of Oklahoma whose unencrypted personal information was, or is reasonably believed to have been, acquired by an unauthorized person. The disclosure shall be made in the most expedient time possible and without unreasonable delay, consistent with the legitimate needs of law enforcement, and may be delayed by law enforcement, or any measures necessary to determine the scope of the breach and restore the reasonable integrity of the data system. *OS 74-3113.1(A)*
4. Any state agency, board, commission or other unit or subdivision of state government that maintains computerized data that includes personal information that the state agency, board, commission or other unit or subdivision of state government does not own shall notify the owner or licensee of the information of any breach of the security of the data immediately following discovery, if the personal information was, or is reasonably believed to have been, acquired by an unauthorized person. *OS 74-3113.1(B)*

PROCEDURE:



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1. All known or suspected breaches of unsecured PHI are to be reported without delay to the HIPAA Compliance Office. A report may also be made to the Office for Civil Rights.
2. All reports may be made in any or all of the following forms:
 - a. In person
 - b. Via email
 - c. Via phone
 - d. [Via Ethics Point](#) (OSU's third party online Ethics/Compliance reporting tool)
3. All reports will be received and acted on in a confidential as possible manner.
4. The investigation of any such breach by the HIPAA Compliance Office, or his/her designee will begin as soon as possible upon the initial report thereof.

REFERENCE:

[45 CFR §164.404](#)

[OS §74-3113.1 Disclosure of Breach of Security of Computerized Personal Information](#)

[BRE-00.00 Applicability](#)

[BRE-01.00 Definitions](#)

[BRE-02.01 Timeliness of Notification to Individuals](#)