**AS—06 Security Incident Procedures**

***Purpose***

To ensure that security incidents involving ePHI are appropriately reported, managed and mitigated.

**Guidance**

Covered Entities must implement policies and procedures to prevent, detect, contain and correct security violations.

**Incident Policy and Procedures**

Implementation: Develop policies and procedures to address security incidents. 164.308(a)(6)(i)

**Response and Reporting**

Implementation: Identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incidents that are known to the covered entity; and document security incidents and their outcomes. 164.308(a)(6)(ii)

* Suspected or known security incidents involving ePHI must be reported to the university HIPAA Information Security Officer. (Note: Privacy incidents involving ePHI must be reported to the campus HIPAA Privacy Officer.)
* Each HIPAA entity must have procedures and training in place to ensure that suspected or known security incidents involving ePHI are reported and documented appropriately.
* UofL’s PII Security Breach Procedures can be found at <http://louisville.edu/security/incident-reporting-and-response>. Per these procedures, the breach response will follow UofL’s HIPAA Breach Response Policy, and will include the use of the [UofL Information Security Incident Response Plan](http://louisville.edu/security/imgs/incident-response-process).
* Security incidents determined to involve ePHI must be documented, tracked and reported as defined by the HIPAA entity; UofL Information Security office procedures (see links immediately above).