



Breach Notification Report

Facility Name:
Name:
Title:
Date:

This is to notify HealtheConnections that a breach has occurred by an authorized user of our facility. As a result of the breach, the following actions have been taken:

Describe the breach and the corrective actions taken	

By signing below, I verify that the information I have provided is true.

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Electronic Signature Here

DD/MM/YYYY

Please return this completed form to HealtheConnections Support at support@healtheconnections.org or fax to 315.407.0053. HealtheConnections will contact you if further actions are required.

HealtheConnections Use Only

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HealtheConnections Authorized Signature

Date