

# RANSOMWARE INCIDENT RESPONSE WORKSHEET

Use this form in addition to the *Breach/Incident Investigation Report* form in the *Forms* section of the Manual or on the TMC Client Portal. Work with your IT/Security Officer to answer the questions below.

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1. Who discovered the attack? \_\_\_\_\_
  2. How did the office discover the attack? \_\_\_\_\_
  3. What was the date and time the attack was discovered? \_\_\_\_\_
  4. Which computer/device was the attack discovered on? \_\_\_\_\_
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5. Was the PHI restored/recovered? ☐ Yes ☐ No  
If No, was the PHI stolen or removed from the network?  
☐ Yes ☐ No ☐ Under Investigation (update this answer as needed)

6. Was the PHI encrypted *before* the attack? ☐ Yes ☐ No

\*Risk Point: if the answer is “Yes” the risk of compromise under the HIPAA 4-Part Breach Risk Assessment might be lower.

\*Risk Point: the risk of compromise under the HIPAA 4-Part Breach Risk Assessment may be lower depending on the data elements involved in the attack.

7. Was the attack reported to the FBI? ☐ Yes ☐ No

If “Yes” list the name and contact information of the FBI contact: \_\_\_\_\_

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8. Is the identity of the attacker known? ☐ Yes ☐ No

If “Yes” list here: \_\_\_\_\_

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9. Was the requested ransom paid to the attacker? ☐ Yes ☐ No

## RECOVERY DETAILS

1. What systems/databases and machines were impacted by the attack? If unknown, return and update this answer as needed. \_\_\_\_\_

2. Was a backup of the data available to be restored? ☐ Yes ☐ No
- If “No” was the backup corrupted? ☐ Yes ☐ No
  - If “No” was there no backups retained to be restored? ☐ Yes ☐ No
  - If “No” was a partial backup used? If so, describe. ☐ Yes ☐ No

3. If a partial backup was restored, what is the date of the last backup? (e.g. all but the most recent 2 months have been restored): \_\_\_\_\_

4. Is there ongoing monitoring for the same or similar virus at least 30 days?

☐ Yes ☐ No

If “No” describe ongoing detection efforts: \_\_\_\_\_

5. Who has been notified of the attack and when:

☐ U.S. Department of Health and Human Services’ Office of Civil Rights (OCR): \_\_\_\_\_

☐ State Attorney General: \_\_\_\_\_

☐ Patients: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Notes/Attachments:

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