**A close up of a logo

Description automatically generated**

**RANSOMWARE INCIDENT RESPONSE WORKSHEET**

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

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?
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)

1. 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.

1. Was the attack reported to the FBI? 🞎 Yes 🞎 No

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

1. Is the identity of the attacker known? 🞎 Yes 🞎 No

If “Yes” list here:

1. 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:

1. 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: