RANSOMWARE INCIDENT RESPONSE WORKSHEET

Use this form <u>in addition to</u> 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.

1.	Who discovered the attack?				
2.	How was the attack discovered?				
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)				
6.	Was the PHI encrypted <i>before</i> the attack? \square Yes \square 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? \square Yes \square No				
	If "Yes" list the name and contact information of the FBI contact:				
8.	Is the identity of the attacker known? ☐ Yes ☐ No				
	If "Yes" list here:				
9.	Was the requested ransom paid to the attacker? ☐ Yes ☐ No				

RECOVERY DETAILS

	What systems/databases and machines were impacted by the attack? If unknown, return and update this answer as needed.					
2.	Were there any back-ups available to be restored?	□ Yes	□ No			
	• If "No" were the back-ups corrupted?	□ Yes	□ No			
	• If "No" were there no back-ups retained to be	restored? □ Yes	□ No			
	• If "No" was a partial back-up used or somethi	ng else? If so, describe. □ Y	es	□ No		
•	If a partial back-up was restored, what is the date of the months have been restored):			ent 2		
ŀ.	Is there ongoing monitoring for the same or similar virus at least 30 days?					
	☐ Yes ☐ No If "No" describe ongoing detection efforts:					
5.	Has malware detection been updated? ☐ Yes	□ No				
).	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:					
	□ Patients:□ Other:					
nc		ears.				
	☐ Other:	ears.				
	☐ Other:	ears.				
	☐ Other:	ears.				
	☐ Other:	ears.				
	☐ Other:	ears.				