



QualityNet Security & Privacy Incident Report



INSTRUCTIONS: This report Section 1 shall be completed to the extent possible by the person reporting or involved in a security or privacy incident (or their manager/supervisor). The report should be sent by email to the QualityNet Help Desk (Onetsupport@hcqis.org). Reporting Individual may need to collaborate with the CMS HCQIS SOC or CMS Incident Management Team (IMT) to update this report until the incident is resolved.

If the Reporting Individual does not initially have enough information to complete the report at this time, fill out as much as possible. **DO NOT DELAY** reporting this or any other incident, even if the incident is not yet confirmed. All suspected information security and privacy incidents must be reported to the CMS IT Service Desk within one hour of initial detection.

Section 1: Incident Information

(This section to be completed by the Reporting Individual to the extent possible at the time of the report.)

Date/Time of Initial Report:

Date/Time Activity First Detected:

Incident Tracking Number(s)			
HCQIS	CMS	HHS	CERT

Reporting Individual Contact Information			
First Name	Last Name	Email	
Office Number	Cell Number	Dept/OPDIV	UserID

PII/PHI Breach Information	
Is PII/PHI suspected to be compromised (Yes/No)?	
(If Yes) Estimated Total Number of PII/PHI Records Impacted:	
(If Yes) Estimated Total Number of Users Impacted:	

Incident Description	Last Update Date/Time
(Please describe the incident. This section should be updated as the incident is handled.)	
How was this incident detected/discovered?	

CMS SENSITIVE INFORMATION – REQUIRES SPECIAL HANDLING

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What triage/analysis has been performed?

Is the incident contained? How?

What recovery/remediation action has taken place?

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Section 2: Estimated Incident Impact (Optional)

(This section is optional, intended for security personnel to complete where possible.)

Impacted FISMA System Information					
(If more than one FISMA system is impacted, fill out a copy of this table for each system)					
FISMA System Name					
FISMA System Officials					
Official	First Name	Last Name	Email	Cell Number	Notified?
Business Owner					
Information System Security Officer					
Other:					

Functional Impact

- No Impact
- No Impact to Services
- Minimal Impact to Non-Critical Services
- Minimal Impact to Critical Services
- Significant Impact to Non-Critical Services
- Denial of Non-Critical Services
- Significant Impact to Critical Services
- Denial of Critical Services/Loss of Control

Information Impact

- No Impact
- Suspected But Not Identified
- Privacy Data Breach
- Proprietary Information Breach
- Destruction of Non-Critical Systems
- Critical Systems Data Breach
- Core Credential Compromise
- Destruction of Critical System

Recoverability

- Regular
- Supplemented
- Extended
- Not Recoverable

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Attack Vector

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Impersonation/Spoofing | <input type="checkbox"/> Other |
| <input type="checkbox"/> External/Removable Media | <input type="checkbox"/> Attrition | |
| <input type="checkbox"/> Improper Usage | <input type="checkbox"/> Web | |
| <input type="checkbox"/> Loss or Theft of Equipment | <input type="checkbox"/> Email/Phishing | |

Location of Observed Activity

- | | | |
|---|--|--|
| <input type="checkbox"/> L1 – Business Demilitarized Zone | <input type="checkbox"/> L4 – Critical System DMZ | <input type="checkbox"/> L7 – Safety Systems |
| <input type="checkbox"/> L2 – Business Network | <input type="checkbox"/> L5 – Critical System Mgmt | <input type="checkbox"/> – Unknown |
| <input type="checkbox"/> L3 – Business Network Mgmt | <input type="checkbox"/> L6 – Critical Systems | |

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