

HIPAA Breach Notification Guide

Overview

Stannp takes any potential breach of Protected Health Information (PHI) extremely seriously. We have implemented comprehensive procedures for breach discovery, assessment, notification, and mitigation in accordance with HIPAA Breach Notification Rule requirements.

What Constitutes a Breach

A breach is an unauthorized acquisition, access, use, or disclosure of PHI that compromises its security or privacy. Three exceptions apply: unintentional acquisition by workforce members acting in good faith that does not result in further unauthorized use; inadvertent disclosure between authorized Stannp employees that is not further disclosed improperly; and good faith belief that an unauthorized recipient could not reasonably retain the information.

Risk Assessment

When an incident involves unsecured PHI (PHI not rendered unusable through encryption or destruction), we conduct a Risk Assessment to determine if breach notification is required. The assessment considers the nature and extent of PHI involved, who accessed or received the PHI, whether it was actually acquired or viewed, and the extent to which risk has been mitigated. If the assessment demonstrates low probability that PHI was compromised, notification may not be required.

Notification Process

Upon discovering any improper use or disclosure of PHI, we immediately notify the affected covered entity by phone and in writing. Our notification includes: details of the incident; whether secured or unsecured PHI was involved; date of occurrence and discovery; list of affected individuals with contact information; recommended steps for affected individuals; our mitigation efforts; and contact information for inquiries.

Covered Entity Responsibilities

When Stannp notifies you of a breach, you must assess your own notification obligations. For breaches of unsecured PHI affecting 500 or more individuals, covered entities must notify HHS and prominent media outlets without unreasonable delay. For smaller breaches, covered entities must notify HHS annually. Individual notifications must be provided within 60 days of discovery.

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