



Ohio BOSCO C HMIS Security Breach Acknowledgement

I, [name of Executive Director or other responsible party] acknowledge that an Ohio Balance of State Continuum of Care (BoSCoC) HMIS Security Breach occurred at [agency name]. I have read the Privacy and Security section of the Ohio BoSCoC HMIS Policies and Procedures manual and agree to abide by the policy guidelines going forward. I understand that the user(s) involved must take and pass the Security and Privacy quiz in order to get their license(s) reactivated. I understand that future security breaches may result in notification of those breaches to funding agencies and to the Ohio BoSCoC HMIS Lead (COHHIO).

Type(s) of Security Breach:	
Date or date range of security breach:	
Agency Name:	
Supervisor's Title:	
Printed Name of Supervisor:	
Signature:	
Date Signed:	
End User Title:	
End User Printed Name:	
End User Signature:	
Date Signed:	