

STAFF INVOLVED		
Staff Involved were <input type="checkbox"/> County Employees <input type="checkbox"/> Contractors	If Contractor Staff: Name of Contractor: _____ Name of COR: _____	
If County Staff, Program/Region:	Name/s of Staff Involved in Incident:	
Job Title/s:	Primary Job Duties of Staff Involved:	
Staff Trained in Privacy in past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, date of training: <i>Attach verification of Privacy Training attended.</i>	
INCIDENT		
Describe Incident:		
Location of Incident:	Was Police Report Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide number and attach copy of police report.</i>	
Date Incident Occurred:	If happened more than 1 day ago, explain reason for delayed report:	
Was staff in violation of any County Policy or Contract requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, which section? <i>Attach policy or contract section.</i>	What Staff Discipline or Corrective Action has been taken?
DATA		
Number of Individuals' Data Involved: If Number is unknown, explain:	Number of Individuals' Data Is: <input type="checkbox"/> Actual <input type="checkbox"/> Estimate <input type="checkbox"/> Unknown	
Did data involve: Medi-Cal beneficiaries? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes; indicate number of Medi-Cal beneficiaries Someone under 18 years of age? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes; indicate number of individuals under 18		
Types of Media Involved: Check all that apply. <input type="checkbox"/> Paper <input type="checkbox"/> Email <i>If paper or email, attach copy.</i> <input type="checkbox"/> Computer System (i.e. CalWIN); name of system: <input type="checkbox"/> Smart Phone <input type="checkbox"/> Badge <input type="checkbox"/> Keys <input type="checkbox"/> Flash Drive <input type="checkbox"/> Cell Phone (not including Smart Phone) <input type="checkbox"/> Desktop <input type="checkbox"/> Laptop <input type="checkbox"/> Tablet If County device, provide Asset Number: <input type="checkbox"/> Other media; explain:	Type of Individuals' Data Involved: Check all that apply. <input type="checkbox"/> Names <input type="checkbox"/> Social Security Numbers <input type="checkbox"/> Geographic Subdivisions smaller than a state (such as address, city, Region, or zip code) <input type="checkbox"/> Photos <input type="checkbox"/> Dates (such as DOB, Case Close date) <input type="checkbox"/> Telephone/Fax Numbers <input type="checkbox"/> Other identifying numbers <input type="checkbox"/> Email Addresses <input type="checkbox"/> Web URLs or IP Addresses <input type="checkbox"/> Numbers related to case records or health plans <input type="checkbox"/> Certificate or license numbers (includes driver's license) <input type="checkbox"/> Alcohol or Drug Treatment Info <input type="checkbox"/> HIV/AIDS Info <input type="checkbox"/> Case Info <input type="checkbox"/> Health or medical information <input type="checkbox"/> Appointment Info <input type="checkbox"/> Psychotherapy Notes <input type="checkbox"/> Other; explain:	
Types of Files Involved: Check all that apply & attach copies. <input type="checkbox"/> MS Word file <input type="checkbox"/> MS Excel File <input type="checkbox"/> Adobe (.PDF) fil <input type="checkbox"/> .CSV File <input type="checkbox"/> Medical Records <input type="checkbox"/> Case Records <input type="checkbox"/> Computer System Print Outs; Name of System: <input type="checkbox"/> Other; explain:	Describe Individual Information Involved: DO NOT INCLUDE ANY PROTECTED INFORMATION ON THIS REPORT	
Was data secured? For instance, was paper in a locked bin, was laptop encrypted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Describe Data Security:		
If incident involves portable device (i.e. laptop or phone), date request was submitted to IT for device wipe: Date IT wiped device: _____ If request for device wipe not submitted, explain reason for delay:		
If incident involves badge or keys, date request was submitted to disable badge/change locks: Date badge deactivated/locks changed: _____ If badge/keys have not been addressed, explain reason for delay:		
Was data eventually recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If incident involves email, date confirmation received that email was permanently deleted by recipients:		
Do you suspect data was viewed by an unauthorized person?: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
SIGNATURES		
Signature Of Staff Completing Form:		Date:
Name of Staff Completing Report:	Title:	Phone #: