

| 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: <i>Check all that apply.</i> <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: <i>Check all that apply.</i> <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: <i>Check all that apply & attach copies.</i> <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 #: |