**Suspected Data Breach Notification**

When did the suspected breach occur? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_

Please describe the suspected breach (what happened?)

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What type of personal information was involved in the suspected breach?

Please check all that apply:-

|  |  |  |
| --- | --- | --- |
| □ Patient name | □ Patient address  | □ Patient phone number |
| □ Patient Health Information | □ Patient NOK details | □ Patient Medicare Card |
| □ Staff personal information | □ Doctor personal Info | □ Other – please detail |

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Which person(s) does this suspected breach involve? Please attach separate pages if not enough space.

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What caused the suspected breach (if known) otherwise how was the suspected breach discovered?

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Which clinic system(s) if any are affected?

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What (if any) corrective action has occurred to remedy the suspected breach?

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Any other detail to add?

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Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_