



CONTRACTOR Privacy and Security Incident Report Form

Directions: Please complete the contact information and organizational information section as well as the section which applies to the incident type you are reporting (found in Section I and II) .Then provide a complete description of the incident in Section III.

Contact and Organizational Information

Report Submitted by: _____ Signature: _____

Program: _____ Email/Phone: _____

Incident Date & Time (Discovery): _____ Report Date: _____

Incident Location (including name of facility/program): _____

Witnesses to incident and/ or involved parties: _____

Section I. Security Incident

A. Information Technology and Systems Security

Type of Incident: Select Type(s).

Loss of device	Damage of device	Compromised password (<i>i.e. password was used by a person other than self</i>)
Unencrypted e-mail sent containing confidential information	Theft of device	Suspected Malware (<i>i.e. computer infected by virus/ ransomware</i>)

B. Facilities/ Physical Security

Type of Incident: Select Type(s).

Lost keys or ID badge/ proximity card for access to buildings	Unlocked doors/ window which would allow for unauthorized entry	Theft/ Unauthorized person accessing facility
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Other: _____

If an item is lost, approximately when was it last seen?
Date/Time: _____

Section II. Privacy Incident

Type of Incident: Select Type(s).

Violation of a Privacy/Security Policy and/or Standard	Theft of data/ records/ information (<i>i.e. accessing records and retaining social security #'s</i>)	Misdirected mailing / fax (<i>i.e. appointment letters sent to wrong address</i>)
Missing documents/ records/ data (<i>i.e. loss of medical records</i>)	Damaged records/ documents/ data (<i>i.e. ink spill resulting in illegible client record</i>)	Inappropriate verbal disclosure/ exchange of information

Other: _____

If an item is lost, approximately when was it last seen?
Date/Time: _____

Section III. Incident Details

Please provide a complete description of the incident or occurrence including dates, locations, and times. Submit additional documents and narrative information related to the incident, if applicable.

Immediate Actions Taken:

Incident reported to the following (check all that apply):

Supervisor	Program Manager	Program Director
DHS Privacy & Security Officer	DHS Privacy Analyst	Police/ Law Enforcement

Other (specify): _____

E-mail Form to: DHS-Privacy&Security@Sonoma-County.org

Courier Form to: Department of Health Services – IT

Attention: DHS Privacy and Security

Address: 3324 Chanate Road, Santa Rosa, CA 95404

Privacy Hotline: 707-565-5703