

|  |
| --- |
| Privacy incident report form |
| For handwritten reports |

Complete this hard copy form to record details of a privacy incident.

Email your divisional Privacy Officer or the central Privacy Unit the completed form.

Once the hand written form is entered onto the FMS, an email with the privacy incident number will be sent to the reporters specified email address once the form is submitted successfully online. Refer to the *Privacy Incident Report Form User Guide (FMS)* for further instructions.

# Service delivery

Details of the organisation delivering the service at the time of the privacy incident.

|  |  |
| --- | --- |
| Organisation: |  |
| Address: |  |
| DHHS service areas: |  |
| Funding DHHS program: |  |
| Services provided: |  |

# Reporter details

Details of the staff member reporting the privacy incident.

|  |  |
| --- | --- |
| Reporting officer’s name: |  |
| Reporter’s job title: |  |
| Telephone number: |  |
| Email address: |  |
| Line manager’s name: |  |

# Incident date and time

The date and time can be either: exact, estimated or when the reporter became aware of the privacy incident.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of incident: |  | Date accuracy | Exact | | Estimate | When made aware |
| Time of incident: |  | Time accuracy | Exact | | Estimate | When made aware |
| Date incident disclosed: |  | Time incident disclosed: | |  | | |

# Incident description

Include **where** the incident took place, **how** the incident occurred and **cause** of the possible breach.

|  |
| --- |
|  |
|  |
|  |

# Persons involved

Complete a new line for each person involved in the incident. If there are more than 10 people involved, complete a separate attachment.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Given name | Surname | Gender | Aboriginal or Torres Strait Islander? | Date of  Birth | Address | Client/Staff/ Member of Public  *(select one only)*  C S P | Client Unique Identifier | Relevant Privacy Principles | Immediate safety needs met?  Y N |
| Client System |
| 1 |  |  |  |  |  |  |  |  |  |  |
|  |
| 2 |  |  |  |  |  |  |  |  |  |  |
|  |
| 3 |  |  |  |  |  |  |  |  |  |  |
|  |
| 4 |  |  |  |  |  |  |  |  |  |  |
|  |
| 5 |  |  |  |  |  |  |  |  |  |  |
|  |
| 6 |  |  |  |  |  |  |  |  |  |  |
|  |
| 7 |  |  |  |  |  |  |  |  |  |  |
|  |
| 8 |  |  |  |  |  |  |  |  |  |  |
|  |
| 9 |  |  |  |  |  |  |  |  |  |  |
|  |
| 10 |  |  |  |  |  |  |  |  |  |  |
|  |

# Containment

Details of Information disclosed who has been consulted and actions taken to respond to the incident.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Information disclosed:  *Select as many options as relevant.* | Name | Photograph | | Bank account | | | | Education or education activities | | | Religious beliefs | | Staff opinion | |
| Address | Social media | | Offences committed | | | | Medical details | | | Sexual preferences | | Court papers | |
| Other information disclosed: |  | | | | | | | | | | | | | | |
| Consultation undertaken: | Line manager | | Privacy officer | | | Another DHHS area | | | Another service stream | | | Another division | | Legal Services Branch | |
| Information Security team | | Media Unit | | | Office of the Victorian Information Commissioner | | | Victoria Police | | | Other external Agency | | Other | |
| Other consultation: |  | | | | | | | | | | | | | | |
| Status of information: | Contained | Not contained | | | | |
| Actions taken to respond to the incident: |  | | | | | | | | | | | | | | |
| Is there further risk of disclosure? | | | | | Yes  No | | | | |
| Has a privacy breach occurred? | | | | | Yes  No | | | | |

# Additional Information

Any relevant additional information

|  |
| --- |
|  |
|  |
|  |
|  |

To receive this publication in an accessible [email the Privacy Unit](mailto:privacy@dhhs.vic.gov.au) <privacy@dhhs.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services November, 2017.

Available on the [Privacy](https://intranet.dhhs.vic.gov.au/privacy) intranet page <https://intranet.dhhs.vic.gov.au/privacy>