

PRIVACY INCIDENT REPORT

Report Date: _____

Private Data, including Personal Identification Information

Incident Date:	Incident Time:	Incident Location:
Name and Address of Individual whose data is involved <i>(If more than one, list on back of this form, or provide list)</i>		
Nature of Incident:		
Harm or Negative Outcome	Is the individual aware of the incident? <div style="text-align: center;"> YES NO </div> <small>If NO, please do not inform the individual unless so instructed by the Privacy Office.</small>	
Persons Involved in this Incident		
Name	Title/Position	Can be reached at:
How was this person involved?		
Name	Title/Position	Can be reached at:
How was this person involved?		
Name	Title/Position	Can be reached at:
How was this person involved?		
Type of Information Involved:	Describe the Information involved in as much detail as possible: <i>(Check all that apply)</i>	
<input type="checkbox"/> Electronic Records <input type="checkbox"/> Paper Records <input type="checkbox"/> Other	<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone #(s) <input type="checkbox"/> Social Security # <input type="checkbox"/> Bank Information <input type="checkbox"/> Credit/Debit #(s) <input type="checkbox"/> Birth Date Other Information – Please Describe:	
Who was Notified of this Incident? (Names and Titles)		
Immediate Remedial Actions / Interventions, if any:		

Report Complete By (please print): _____

Title: _____ College / Dept / Clinic / Area: _____

I can be contacted at: _____ or _____

Signature: _____

Email to: eppee@ufl.edu

Fax to: 352-392-6661

Campus Mail: Box 100014