

PRIVACY INCIDENT REPORT Personal Identification Information

Report Date:		Incident Date / Time:	Incident Location:
Name and Address of Individual whose data is involved (If more than one, use back of this form, or provide list)			
Nature of Incident:			
Harm or Negative Outcome		Is the individual aware of the incident? YES NO If NO, please do not inform the individual unless so instructed by the Privacy Office.	
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:(Check all that apply)		
<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 Completed 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