



## Privacy or Confidential Information Breach Form

Your Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

What type of information breach are you reporting?

- Actual
- Suspected

To whom was the information disclosed?

*(E.g. client, third party, unknown hacker, or lost item. Please provide names if known)*

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What did the disclosed information relate to?

- An employee
- A person other than an employee (e.g. contractor, resident, resident representative)
- Other confidential information

What type of information was disclosed?

*(E.g. medical records, board papers, safety incident report etc.)*

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When did the breach or suspected breach occur? (please provide a date: dd/mm/yyyy)

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What happened?

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Have we tried to remedy the breach?

- If Yes, please detail the steps you have taken and attach any relevant emails or documentation at to this form:

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From these actions, do you believe we have successfully remedied the breach?

- Yes
- No

- If No, please provide details as to why:

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Do you think that the breach would likely result in serious harm to an individual/s?

- Yes (please provide details):

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- No

If, Yes, who do you think that the disclosure would harm?

- Employee/s
- Other Person/s (resident, volunteer, resident representative, carer)
- Our reputation, commercial or competitive position
- Other (please specify: \_\_\_\_\_)

Have you attempted to contact any people who may have been affected by the breach?

- Yes (please provide details):

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- No

Completed form to be given to the Manager or Privacy Officer.