Information Breach Notification Form

This form is to be completed in line with the mandated requirements in the Information Breach Policy.

To be submitted by the person who identified the breach to their line manager and/or the Information Custodian
(if applicable).

# Reporter Details

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| **Details of staff member who is reporting the incident** |
| Full name  | Click here to enter full name |
| Position title | Click here to enter position title | Department | Click here to enter Department |
| E-mail | Click here to enter e-mail address | Phone number | Click here to enter phone number |

# Information Breach Details

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| **Details of the incident** |
| Date breach identified | Select Date | Date breach suspected to have occurred | Select Date |
| Information Classification*(refer to* [*Information Classification Policy*](https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management/Mandatory-requirements/Access-Use-and-Disclosure/Information-Classification-Policy)*)* | Select Classification | Volume of data affected *(e.g. 1 document, 10,000 rows of data)* | Enter volume of data affected. Or, specify ‘Unknown’ |
|  |  |  |  |
| Custodian contact required |[ ]  Custodian contacted | Select Date |
| Custodian Name and Contact Details  | Provide Information Custodian name and contact details |
| Description of the breach | Provide a description of the breach |
| How was the breach discovered? | Describe how you came to discover the breach |
| Suspected/known cause of the breach | Provide a description of the suspected or known cause |
| Was any other staff member notified or witnessed the incident at the time? | Provide details on other staff that were notified or witnesses of the incident |

# TO BE COMPLETED BY THE MANAGER, INFORMATION CUSTODIAN OR RELEVANT PERSON

# Assessor Details

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| **Details of individual undertaking the assessment of the incident** |
| Full name  | Click here to enter full name |
| Position title | Click here to enter position title | Department | Click here to enter Department |
| E-mail | Click here to enter e-mail address | Phone number | Click here to enter phone number |

# Assessment Details

| **Assessment of reported Information Breach** |
| --- |
| Date breach notified | Select Date |
| Date assessment commenced | Select Date | Greater than 30 days required to investigate |[ ]
| Is a breach of discipline suspected | Choose an item | Date reported to Human Resources | Select Date |
| Who does the information breach affect?(e.g. staff, patients, general public, other government agencies, any third party). | Provide details  |
| Estimated number of individuals affected. | Provide details |
| Description of immediate actions taken to contain the information breach. | Provide details |
| Was anyone else notified of the data breach? (i.e. health service, university, police, affected individuals etc.) Contact details and when. | Provide details |
| Cause and estimated impact of the information breach (if known). | Provide details |
| Has evidence been preserved? Please specify. | Provide details |
| Is further investigation considered necessary and how will this be undertaken? | Provide details |
| Have steps been taken to prevent the breach from occurring again? | Provide details |
| Breach assessment summary and actions taken | Click here to enter assessment summary and actions taken |
| Information Breach Impact Severity Rating  |
| Provide reasoning for the allocation of the impact rating. | Provide reasoning |
| Information Breach Impact Severity Rating  | Choose an item. |

*On completion, please forward this form to* RoyalSt.PSPInfoManagement@health.wa.gov.au