|  |  |
| --- | --- |
| Entity Name: |       |

A. Notification

|  |  |
| --- | --- |
| 1. Date of notification to the individuals who may have had their information breached. |       |
|  |
| B. Incident Information |
| 1. Details of Incident: |
| a) Date incident occurred: |       | [ ]  Unknown |
| b) Date incident detected: |       | [ ]  Unknown |
| c) Incident location: |       |
| d) General description: |
|       |
| e) Media/Device type, if applicable:  |       |
| Was the portable storage device encrypted? | [ ] Yes [ ]  No |
| If NO, explain: |       |
| f) Describe the costs associated with resolving this incident:  |
|       |
| g) Total estimated cost of incident:  |       |
|  |
| 2. Incidents involving personally identifiable information |
| a) Was personally identifiable information involved? | [ ] Yes [ ]  No (If No, go to Part C) |
| Type of personally identifiable information (Check all that apply) |
| [ ]  Name | [ ]  Health or Medical Information |
| [ ]  Social Security Number | [ ]  Financial Account Number |
| [ ]  Driver's License/State ID Number |
| [ ]  Other (Specify)       |
| b) Is a privacy disclosure notice required? | [ ]  Yes [ ]  No |
| c) If a Privacy Disclosure Notice is required, attach a copy of the notification. |
| d) Number of individuals affected: |       |
| e) Date notification(s) made: |       |
|  |
| C. Corrective Actions Planned/Taken to Prevent Future Occurrences:  |
|       |
| 1. Estimated cost of corrective actions: |       |
| 2. Date corrective actions will be fully implemented: |       |

D. Signatures:

|  |  |
| --- | --- |
|  |  |
|       |  |       |
| Printed Name of Information Security Officer | Signature of InformationSecurity Officer | (Date) |
|  |  |  |
|       |  |       |
| Printed Name of Privacy Officer | Signature of Privacy Officer | (Date) |
| *(Required if privacy incident occurred whether or not notices were sent)* |
|  |  |  |
|       |  |       |
| Printed Name of Secretary/Director or Designee | Signature of Secretary/Director or Designee | (Date) |

Please submit (by secure e-mail) this completed Incident Report and a redacted copy of the notification letter to the following address:

iso@dds.ca.gov

**REVISION HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **REVISION** | **DATE OF RELEASE** | **OWNER** | **SUMMARY OF CHANGES** |
| **Initial Release** | **August 2016** | **Developmental Services Information Security Officer** |  |