

# UVM Privacy Incident Printable Report Form



Use this form if reporting a privacy incident. An incident is an action or occurrence that is noteworthy and is generally at the system-level. Please see our website for a description of an incident versus a complaint or a violation.

**INSTRUCTIONS:** Fill out each question as thoroughly as possible. All questions marked with an \* are required. If more space is needed, please attach a separate page.

## Incident Type & Details

1.	<b>*Device and/or other item (paper, computer, external hard drive, etc.): lost or stolen?</b>  <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other (specify) _____ _____ _____
2.	<b>*Is this a University-owned device, laptop, computer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who owns the device/laptop/computer? _____ _____
3.	<b>*Does any of the data relate to patients of the University of Vermont Medical Center (UVMHC) or Health Network (UVMHN)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>UVMHC AND UVMHN ARE NOT PART OF UVM AND ARE SEPARATE AND DISTINCT ORGANIZATIONS. IF YOU ARE TRYING TO FILE A REPORT WITH THE MEDICAL CENTER OR THE HEALTH NETWORK, CONTACT THEM AT (802) 847-9430 OR TOLL-FREE AT (800) 456-7131.</b>
4.	If the data involved is related to a research study, please provide the protocol number: _____
5.	<b>*Where did the theft/loss occur? Be as specific as possible – building, room number, address, etc.</b> _____ _____ _____
6.	<b>*When did the theft/loss occur (date/time)? If unsure, provide an estimate or a range (i.e., between 6:00am and 4:00pm). If unknown, when was the last time that you saw the lost/stolen item(s)?</b> _____ _____

## Contact Information

7.	<b>*Your first &amp; last name:</b> _____
8.	<b>Title, Position or Affiliation:</b> _____
9.	<b>College, School or Department:</b> _____
10.	<b>*Email Address:</b> _____
11.	<b>Phone Number:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
12.	<b>Can we text you at this number?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	<b>Name of Supervisor/Manager/Advisor:</b> _____
14.	<b>Supervisor/Manager/Advisor Email Address:</b> _____
15.	<b>Supervisor/Manager/Advisor Phone Number:</b> _____

## Categories of Data

16. Check all categories of data that may have been compromised.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Full Names (students, alumni)</li> <li><input type="checkbox"/> Full Names (research subjects)</li> <li><input type="checkbox"/> Full Names (employees)</li> <li><input type="checkbox"/> Full Names (all others)</li> <li><input type="checkbox"/> Geographic subdivisions smaller than a state</li> <li><input type="checkbox"/> Dates (except year) directly related to individual(s)</li> <li><input type="checkbox"/> Telephone Numbers</li> <li><input type="checkbox"/> Fax Numbers</li> <li><input type="checkbox"/> E-Mail Addresses</li> <li><input type="checkbox"/> Social Security Numbers</li> <li><input type="checkbox"/> Student/Employee Numbers</li> <li><input type="checkbox"/> Financial Account Numbers</li> <li><input type="checkbox"/> Other Account Numbers</li> <li><input type="checkbox"/> Student Data (demographics, etc.)</li> <li><input type="checkbox"/> Grades or Performance Information</li> <li><input type="checkbox"/> Disciplinary Actions or proceedings</li> <li><input type="checkbox"/> Sensitive Information (i.e., sexual orientation, gender identity, political affiliation, HIV status, etc.)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Health Insurance ID Numbers</li> <li><input type="checkbox"/> Certificate/License Numbers</li> <li><input type="checkbox"/> Vehicle ID/Serial #'s/License Plate #'s</li> <li><input type="checkbox"/> Device IDs/Device Serial #'s</li> <li><input type="checkbox"/> Web URL's</li> <li><input type="checkbox"/> IP Address Numbers</li> <li><input type="checkbox"/> Biometric Identifiers (i.e., finger/voice prints)</li> <li><input type="checkbox"/> Full face photographic images and any comparable images</li> <li><input type="checkbox"/> Other photographic images, video or audio</li> <li><input type="checkbox"/> Health Information</li> <li><input type="checkbox"/> Mental Health Information</li> <li><input type="checkbox"/> Other Clinical/Health Records, information or Data</li> <li><input type="checkbox"/> Passport or Visa Numbers</li> <li><input type="checkbox"/> Employee Personnel Files/Personnel Data</li> <li><input type="checkbox"/> Financial Records (loan application data)</li> <li><input type="checkbox"/> Donor contact and gift information</li> <li><input type="checkbox"/> Salary information not otherwise public</li> <li><input type="checkbox"/> Benefits information</li> </ul> |
|---|---|

Other (specify) \_\_\_\_\_

## Other Information

17. Please provide any additional information or details that may help with the investigation: \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_

## Signature

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Mail Form To:

Via Email: [privacy@uvm.edu](mailto:privacy@uvm.edu)

Regular Mail: University of Vermont  
 Office of Compliance & Privacy Services  
 ATTN: Chief Privacy Officer  
 284 East Ave.  
 Burlington, VT 05405