

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.	*Device and/or other item (paper, computer, external hard drive, etc.): lost or stolen?
	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other (specify) _____ _____ _____
2.	*Is this a University-owned device, laptop, computer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who owns the device/laptop/computer? _____ _____
3.	*Does any of the data relate to patients of the University of Vermont Medical Center (UVMHC) or Health Network (UVMHN)? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.
4.	If the data involved is related to a research study, please provide the protocol number: _____
5.	*Where did the theft/loss occur? Be as specific as possible – building, room number, address, etc. _____ _____ _____
6.	*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)? _____ _____

Contact Information

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

Categories of Data

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

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

☐ Other (specify) _____

Other Information

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

Signature

Printed Name: _____

Signature: _____

Date: _____

Mail Form To:

Via Email: privacy@uvm.edu

Regular Mail:

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