

# BRYN MELYN CARE

## DATA BREACH INCIDENT FORM

### *Revision History*

<i>Version</i>	<i>Revision Date</i>	<i>Revised by</i>	<i>Section Revised</i>
V1.1	12/10/2018	BY, MOD and SK	None
V1.1	31/05/2020	SK	None
V1.2	05/11/2020	NC	Document Control

### *Document Control*

<b>Document Owner:</b> Support Services Manager	<b>Document No:</b>	<b>Status:</b> Approved	<b>Date Approved:</b> 05/11/2020
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# 1 DATA BREACH INCIDENT FORM

DPO/COMPLIANCE OFFICER/INVESTIGATOR DETAILS:			
NAME:		POSITION:	
DATE:		TIME:	
TEL:		EMAIL:	
INCIDENT INFORMATION:			
DATE/TIME OR PERIOD OF BREACH:			
DESCRIPTION & NATURE OF BREACH:			
TYPE OF BREACH:			
CATEGORIES OF DATA SUBJECTS AFFECTED:			
CATEGORIES OF PERSONAL DATA RECORDS CONCERNED:			
NO. OF DATA SUBJECTS AFFECTED:		NO. OF RECORDS INVOLVED:	
IMMEDIATE ACTION TAKEN TO CONTAIN/MITIGATE BREACH:			
STAFF INVOLVED IN BREACH:			
PROCEDURES INVOLVED IN BREACH:			
THIRD PARTIES INVOLVED IN BREACH:			
BREACH NOTIFICATIONS:			

<b>WAS THE SUPERVISORY AUTHORITY NOTIFIED?</b>	<b>YES/NO</b>	
<b>IF YES, WAS THIS WITHIN 72 HOURS?</b>	<b>YES/NO/NA</b>	
<i>If no to the above, provide reason(s) for delay</i>		
<b>WAS THE BELOW INFORMATION PROVIDED? (if applicable)</b>	<b>YES</b>	<b>NO</b>
<i>A description of the nature of the personal data breach</i>		
<i>The categories and approximate number of data subjects affected</i>		
<i>The categories and approximate number of personal data records concerned</i>		
<i>The name and contact details of the Data Protection Officer and/or any other relevant point of contact (for obtaining further information)</i>		
<i>A description of the likely consequences of the personal data breach</i>		
<i>A description of the measures taken or proposed to be taken to address the personal data breach (including measures to mitigate its possible adverse effects)</i>		
<b>WAS NOTIFICATION PROVIDED TO DATA SUBJECT?</b>	<b>YES/NO</b>	
<b>INVESTIGATION INFORMATION &amp; OUTCOME ACTIONS:</b>		
<b>DETAILS OF INCIDENT INVESTIGATION:</b>		
<b>PROCEDURE(S) REVISED DUE TO BREACH:</b>		
<b>STAFF TRAINING PROVIDED: (if applicable)</b>		
<b>DETAILS OF ACTIONS TAKEN AND INVESTIGATION OUTCOMES:</b>		

<b>HAVE THE MITIGATING ACTIONS PREVENTED THE BREACH FROM OCCURRING AGAIN? (Describe)</b>	
<b>WERE APPROPRIATE TECHNICAL MEASURES IN PLACE?</b>	<b>YES/NO</b>
<i>If yes to the above, describe measures</i>	
Investigator Signature: _____	Date: _____
Investigator Name: _____	Authorised by: _____