



Feidhmeannas Seirbhíse Sláinte  
Health Service Executive

# **Data Breach Incident Report**

**Private & Confidential**

## About this incident report.

This incident report must be completed immediately (**In block capitals**) by HSE employees and their line manager whenever confidential or personal data belonging to the HSE is accidentally disclosed, lost or stolen, or whenever a HSE mobile computer device or a mobile storage device is lost or stolen.

The completed report must be forwarded immediately via fax or email (a scanned copy) to the employees, local **Consumer Affairs Office** (for incident involving the accidental disclosure, loss or theft of manual (paper based) data) or **ICT call centre / helpdesk** (for incidents involving the accidental disclosure, loss or theft of electronic data or, the loss or theft of a HSE mobile computer or storage device).

### Section 1: Employee Contact Details

Employee name: \_\_\_\_\_

Employee personnel number: \_\_\_\_\_

HSE Directorate / Service: \_\_\_\_\_

Location: \_\_\_\_\_

Contact phone numbers:  
(Include mobile number) \_\_\_\_\_

Email address: \_\_\_\_\_

### Section 2: Incident Details

Type of incident ( Accidental Disclosure / Loss / Theft ): \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Details of incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 3: Data Details**

Format of data lost, stolen or accidentally disclosed (Manual (paper based) or Electronic):

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Please give a detailed description of the data which was lost, stolen, or accidentally disclosed (for example, client / patient medical records, business data, unpublished financial reports, unpublished medical research or employee personnel records). For medical or personnel records please include a description of record fields (for example name, address, PPS number, DOB, medical history etc).

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Number of data records lost, stolen or accidentally disclosed:

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Do you have a backup copy of the lost or stolen data records (Y/N):

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**Section 4: Mobile Computer or Storage Device Details**

(Only complete this section for incidents involving the lost/theft of a HSE mobile computer or storage device)

Type of mobile computer or storage device which was lost or stolen along with the data (For example laptop, Blackberry, PDA, external hard drive, CD etc):

\_\_\_\_\_

Make / model of mobile computer device:

\_\_\_\_\_

HSE asset tag of mobile computer device (if applicable):

\_\_\_\_\_

Phone number of Mobile computer device (if applicable):

\_\_\_\_\_

Was the mobile computer or storage device password protected Y/N (if Yes include length of password):

\_\_\_\_\_

Was the password written down on or kept with the lost or stolen mobile computer device Y/N:

\_\_\_\_\_

Was the confidential or personal data stored on the mobile computer device encrypted Y/N:

\_\_\_\_\_

Was the storage of the confidential or personal data on the mobile computer device authorised by the designated HSE Information Owner Y/N (if Yes, state the designated HSE Information Owners name):

\_\_\_\_\_

\_\_\_\_\_

Reason(s) for the storage of confidential or personal data on the mobile computer device:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Electronic file format used to store the confidential or personal data on the mobile computer device (for example, MS, Word, Excel, Powerpoint, PDF, notepad, email, system extract etc):

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**Section 5: Follow Up Action**

List follow up action taken to prevent repetition of the incident:

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**Section 6: Sign-Off**

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

Line Manager Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**Incomplete or illegible reports will be returned to the sender**