

DHS|OHA Privacy/Security Incident Report

NOTE: This guide will prepare you in responding to questions when reporting a privacy and/or information security incident. You may initiate the reporting of your incident via phone, mail, fax, email or in person.

Today's date:	Date the incident occurred:	Date the incident discovered by: <input type="checkbox"/> OHA <input type="checkbox"/> DHS
Employee submitting this report:		Work phone no.:
Name of person we should contact, if different:		Phone no.:
Employee involved with this potential incident:		Work phone no.:
Physical address:		
Name of involved employee's manager:		Work phone no.:
Total no. of individuals who may have had their information compromised:		
Types of confidential information compromised:		

Incident details:

Please provide the following information. What happened, how it happened (i.e., theft, lost file, misdirected mail, etc.). Please do not include names or individual identifying information such as a person's actual SSN, DOB, Case number, etc.).

What steps has your office taken to limit the risk or resolve the situation?

Complete this section for misdirected documents. If this section is completed, please submit this form only by secure email, internal DHS|OHA email, and fax or call by telephone.

Date of misdirected form/document/email/fax:	Misdirected form name and number: <input type="checkbox"/> N/A <input type="checkbox"/> Unknown	
Unintended recipient name/address/fax/email address (as applicable):		
Was the recipient instructed to destroy or return the document? <input type="checkbox"/> Return <input type="checkbox"/> Destroy <input type="checkbox"/> No/unknown <input type="checkbox"/> No/unknown	Was the document sent on to the correct client? <input type="checkbox"/> No/unknown <input type="checkbox"/> Yes, by worker <input type="checkbox"/> Yes, by client	Were DHS OHA records corrected/ updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Intended recipient name/address/fax/email address (as applicable):		

Are there others we could contact regarding this incident?

Employee/manager/other (first, last name):	Division/program area/title:	Work phone no.:	Office location (address, county, district):

Contact us at: DHS.PrivacyHelp@dhsaha.state.or.us, or call the Privacy Help line at 503-945-5780, Information Security Office, Incident Coordinator, voice: 503-947-5026, fax: 503-947-5396, 500 Summer Street NE, E-24, Salem, Oregon 97301, email: dhs.privacyhelp@state.or.us.

See policy DHS-090-005: www.dhs.state.or.us/policy/admin/security/090_005_01.htm.