**Please complete one form per member**

If multiple members are involved, you may also choose to provide a separate list with the full name and DOB of each member. If fields are not applicable, you may leave them blank.”

Initial report  Final report

|  |  |  |
| --- | --- | --- |
| ETF logo | **Vendor Privacy  Incident Report** | Wisconsin Department  of Employee Trust Funds  PO Box 7931  Madison WI 53707-7931  1-877-533-5020 (toll free)  Fax 608-267-4549  [etf.wi.gov](file:///\\accounts.wistate.us\etf\files\prod\Communications\OfficeOfCommunications\Publications-R\ET-templates\Templates\ETF_Forms\etf.wi.gov) |

|  |  |  |
| --- | --- | --- |
| **Vendor Information** | | |
| Vendor name | | Date report submitted |
| Last name | First name | |
| Email address | Phone number | |
| Job title | Date initial email sent to ETF (if applicable) | |

|  |  |
| --- | --- |
| **Member Information** | |
| ETF member’s last name | ETF member’s first name |
| Phone number | Date of birth |
| ETF ID | Vendor ID (if applicable) |

|  |  |
| --- | --- |
| **Incident Information** | |
| Incident date | Discovery date |
| Date reported to vendor | Date reported to ETF |
| General type of incident  Unauthorized disclosure/use  Complaint  Other (Describe) | |
| **Detailed description of what happened** | |
| **What immediate actions were taken to address or mitigate the incident? Was a risk assessment conducted?** | |
| **What were the findings of the investigation?** | |
| **What corrective action was taken?** | |

|  |  |  |
| --- | --- | --- |
| **Type of PHI Compromised** | | |
| **Clinical**  Diagnoses  Medications  Medications/pharmacy  Lab/diagnostic  Hospitalization  Other (describe below) | **Demographic**  Name/address  Phone/email  DOB  SSN  Gender/Marital Status  Other (describe below) | **Financial**  Claims  Credit/debit card  Bank information  Checks or remittance  Explanation of benefits  Other (describe below) |
| **Other PHI** | | |
| **Number of individuals involved**  1-5  6-25  26-100 101-499  >500 *if >10 individuals, call ETF promptly* | | |
| **Was this a misdirected mailing?**  Yes  No  Was information viewed without authorization? Yes  No  Was the mis-directed information returned or destroyed?  Yes  No  Was attestation of further non-disclosure received?  Yes  No  Was member notified? (provide copy of letter, if applicable)  Yes  No | | |
|  | | |
| **Additional Comments** | | |
|  | | |

Form completed by       Date

Return completed form to ETF Privacy Officer, P.O. Box 7931, Madison, WI 53707-7931 or e-mail to [etfsmbprivacyofficer@etf.wi.gov](mailto:etfsmbprivacyofficer@etf.wi.gov) via secure transmission. Questions may be directed to (608) 267-2354 or via e-mail.