**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

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| ETF logo | **Vendor Privacy Incident Report** | Wisconsin Departmentof Employee Trust FundsPO Box 7931Madison WI 53707-79311-877-533-5020 (toll free)Fax 608-267-4549[etf.wi.gov](file:///%5C%5Caccounts.wistate.us%5Cetf%5Cfiles%5Cprod%5CCommunications%5COfficeOfCommunications%5CPublications-R%5CET-templates%5CTemplates%5CETF_Forms%5Cetf.wi.gov) |

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| **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)       |

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

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| **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?**       |

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| **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 via secure transmission. Questions may be directed to (608) 267-2354 or via e-mail.