



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

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

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