# My Health Record Data Breach Incident Register and Log Template

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of suspected or actual Data Breach** | **Date & Time** | **Cause** | **Type of Information Involved** | **Healthcare Consumers Affected** | **Action Taken** i.e. Date system operator notified, and other action taken.  | **Name and Contact Details of Staff Member Handling Breach** | **Any other relevant information**  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |