**Incident reporting form**

**[Insert name of dental practice]**

*Please use this form to report the details of any actual or potential incidents that affect the confidentiality and security of patient information; it should then be given to the practice’s IG lead [insert name or alternative contact] for further action.*

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| **General information**  |
| **Register number - to be added by IG lead** [insert alternative post]:  |
| **Reported by:**  | **Date/time discovered:**  |
| **Incident details**  |
| **Type of incident** [tick a category]:* Confidentiality e.g. breach due to unauthorised access, potential breach due to lost record, etc;
* Integrity, e.g. records altered without authorisation, etc;
* Availability, e.g. records missing, mis-filed, theft etc.
 |
| **Incident details**,state the facts only, where it occurred; what information was involved; etc: |
| **Initial action(s) taken**, what did you do, who will/have you reported to**:** **Date reported**:  |
| **Investigation and management** |
| [Insert name and post of person investigating the incident]e.g. Information Governance lead  | **Date of commencement of investigation** |
| **Investigations, findings, actions and recommendations:** |
| **Post-incident reporting** |
| **Incident and investigation outcome reported to** [add any other relevant notes here, e.g. issue and outcome discussed at staff meeting]: | **Primary Care Trust****YES/NO** |
| **Information Commissioner****YES/NO** |
| **Practice insurer****YES/NO** |
| **Other** [insert details]  |