

Data Breach - checklist		
Date and Time of breach		
Parties affected by breach		
Details of how the breach occurred		
Details of breach - Specify the information involved in the data breach		
Is this breach limited to one client or several? Or system wide?	<input type="checkbox"/> One client <input type="checkbox"/> System wide	
Has the breach been contained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Immediate escalation</b> to Office Manager, IT and Directors.
Risk of serious harm (low, medium, high)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<b>Low</b> - Office Manager to be notified <b>Medium</b> - Office Manager and Director to be notified <b>High</b> - Office Manager, Directors, Client, Innessco, Office of Australian Information Commissioner - All to be notified
Escalation		
Has the Office Manager been notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Innessco been notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Director responsible for the client been notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is this breach a Notifiable Data breach</b> - The privacy Act 1988 requires YPOL Lawyers to notify individuals <b>and the Commissioner about data breaches that are likely to cause serious harm</b> <a href="http://www.oaic.gov.au">www.oaic.gov.au</a> (Office of Australian Information Commissioner)	Is this a High risk? If yes, has the the Office of Australian Information Commissioner been notified? Has the person or business impacted by the breach been notified? (Please keep evidence of such notifications)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been a monetary loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, report the claim to our Insurer CHUBB. Ph: 1800 027 428 <a href="http://www.chubbcyberalert.com">www.chubbcyberalert.com</a>
<b>CHUBB CYBER POLICY DETAILS</b>	<b>Policy no:</b> CYS0036160	<b>Exp:</b> 31/10/2025
REVIEW		
Has the root cause of this incident been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Do we have a plan to prevent similar incidents in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
SIGN OFF		
	<b>Name</b>	<b>Signature</b>
Staff member reporting incident		
Office Manager		
Director		
Please file this document with the Office Manager	Electronic copy to be saved YPOL - Shared Data/YPOL Polices/Data breach	Date: