[PRACTICE HEADED PAPER]

**Data Protection Commissioner**

Canal House

Station Road

Portarlington

Co. Laois

R32 AP23

**By Email:** [dpcbreaches@dataprotection.ie](mailto:dpcbreaches@dataprotection.ie) (include delivery receipt and read receipt)

[DATE]

**Notification of a serious data security breach**

Dear Sirs,

I am writing to notify you of a [breach of security that resulted in the [loss **OR** unauthorised disclosure **OR** corruption **OR** destruction] of personal data. We consider this to be a serious data security breach.

[We have investigated the breach by [details of how the breach was investigated] and confirm the following information:]

* [insert details]

**OR**

[We are in the process of investigating the breach and we anticipate completing our investigation by [date], when we will provide you with the further information required. We can provide you with the following details at this stage:

**Details of the Data Security Breach**

1. The name of our Practice is [and it is the data controller in respect of the data breach. Our data protection registration number is [number]].
2. We regret the delay in reporting this incident to you but this was because [reasons].
3. The breach was discovered on [date] and is likely to have taken place on [date].
4. The information has been [accidentally or unlawfully destroyed **or** lost **or** altered **or** disclosed without authorisation **or** accessed by [[third party] **or** an unauthorised person]].
5. The breach occurred under the following circumstances and for the following reasons:

* [circumstances].
* [reasons].

**Existing safeguards**

We had the following safeguards in place to prevent an incident of this nature occurring:

* [safeguards].

The following policies were in existence at the time of the breach:

* [list policies and procedures and date implemented – refer to iMedical as appropriate].

**Personal Data**

1. The breach affects the following types of information:

* [type of data].
* [type of data].

1. It is likely that the breach affects approximately [number] data subjects.

1. [We have [not] informed the individuals affected by the breach because [reasons for decision] **OR** The individuals are [aware **OR** unaware] that the incident has occurred]. Include relevant copies of correspondence.

1. The breach may have the following consequences for and adverse effects on the affected data subjects:

* [consequences].
* [adverse effects].

1. We have [received [number] of complaints **OR** not received any complaints] from the affected individuals.

**Containment and Recovery**

1. We [have taken **OR** propose to take] the following measures to address the breach and to minimise and mitigate its effects on the affected individuals:

* [measures].

1. The information has [not] been recovered [and the details are as follows:]

* [details of how and when information was recovered].

1. We have also taken the following steps to prevent future occurrences of the breach:

* [action taken].

1. The facts surrounding the breach, the effects of that breach and the remedial action taken have been recorded by our Practice Data Protection Officer.

**Training and Guidance**

We routinely provide staff with training on the requirements of applicable Data Protection legislation. We are happy to provide details to you of training and guidance provided to staff, if required.

**Previous Correspondence**

We have [not] reported [any] previous incidents to you within the last two (2) years [and the details and reference numbers are as follows:

* [details of incident(s)].
* [date(s) on which the incident(s) was [were] reported].
* [the ODPC reference number(s), if known].]

We have [not] informed the [Health Service Executive][Gardaí][regulatory body] about this data breach [and the details are as follows:]

* [insert details]

If you wish to obtain more information about the breach then you can do so by contacting me on [telephone number] or by email on [email address].

Yours faithfully,

**[Name]**

For and on behalf of [Practice Name]