UNIVERSITY OF ROCHESTER PUBLIC SAFETY

SATELLITE REPORT OF POSSIBLE INFORMATION BREACH

Please print & use black ink

Complete this form for incidents occurring at your location involving stolen or missing devices or files containing protected information. Fax the form to Public Safety at (585) 275-0344. Keep the original copy in a secure location for future reference and/or follow-up. If you have any questions or concerns about this form or the incident you are reporting, please call us at (585) 275-3437.

PROTECTED INFORMATION REPORT

<table>
<thead>
<tr>
<th>Lost</th>
<th>Protected Health Information</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>University Owned</th>
<th>Personal</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stolen</td>
<td>Private Information</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ITEM TYPE

- Desk Top Computer/Work Station
- Cellular Phone (w/camera feature?)
- External Hard Drive
- Jump or Flash Drive
- Laptop Computer
- Camera
- Hard Copy Records/Files
- Blackberry
- iPod
- Palm
- Disc
- Other

LIST EACH ITEM SEPARATELY

<table>
<thead>
<tr>
<th>Make:</th>
<th>Model:</th>
<th>Serial #:</th>
<th>Color:</th>
<th>Value:</th>
</tr>
</thead>
</table>

Location of Satellite Facility: __________________________ Date/Time of Reporting: __________________________

Specific Location Where Incident Occurred: __________________________

Victim/Complainant Information:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address:</td>
<td>Home Address:</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>Alternate Phone:</td>
</tr>
<tr>
<td>Relationship to University (Staff, Visitor, Patient, etc.):</td>
<td></td>
</tr>
</tbody>
</table>

Brief narrative of incident: __________________________________________

(Continue on separate sheet if necessary)


Witness Information: (Y / N) If YES: Name/Address/Phone: __________________________

Suspect Information: (Y / N) If YES: Name/Address/Phone: __________________________

Dollar Loss: UR __________________________ Personal: __________________________ (Itemize on separate sheet if necessary)

Report Completed By (please print): __________________________ Phone Number: __________________________

Date/Time Fax to UR Security: __________________________

For University Public Safety Use Only

Public Safety Recipient: __________________________ Date/Time Received: __________________________

Incident Classification: __________________________ Forwarded To: __________________________

Aug 2013 v 2.0