IMPERMISSIBLE ACQUISITION, ACCESS, USE, OR DISCLOSURE NOTIFICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOCATIONAL REHABILITATION
SFN 1903 (8-2026)

Click Here to Clear Field Data

Name of Workforce Member Reporting Incident	Region
Telephone Number	Email Address
Date of Incident	Discovery Date

Incident Discovered by: Select Only One

◯ Reporting workforce member ◯ Another workforce member ◯ General Public

◯ Business Associate ◯ Client, Personal Representative or Guardian

If not Reporting Worker Member, Specify:

If discovered by client, personal representative or guardian:

Has SFN 934, Request for Informal Privacy Conference, been filed and addressed? ◯ Yes ◯ No

Has SFN 933, Request for Privacy Officer Review, been verified? ◯ Yes ◯ No

Approximate Number of VR Clients Involved or Affected in Incident

List All Affected Clients

Location Where Incident Occurred

Type of Acquisition, Access, Use or Disclosure: Select all that Apply

☐ Improper disposal ☐ Unauthorized disclosure outside of Department

☐ Unauthorized use or disclosure by Business Associate ☐ Inappropriate use within Department

☐ Improper communications via mail, e-mail, fax, phone ☐ Improper verbal communications

☐ Unauthorized access ☐ Theft ☐ Loss ☐ Hacking or IT incident

☐ Other - Specify _____

Type of Media: Select all that Apply

☐ Paper ☐ None - Oral disclosure ☐ Portable electronic device

☐ E-mail ☐ DVD, CD, Flash drive, USB drive ☐ Network server

☐ Other - Specify: _____

If in an electronic format, is data encrypted? ◯ Yes ◯ No

Type of Device: Select Only One

◯ Desktop ◯ Laptop ◯ Network server

◯ Portable electronic device - Specify: _____

Information Involved: Select all that Apply

☐ Name ☐ Address ☐ Date of birth ☐ Telephone number ☐ Fax number

☐ Email address ☐ Social Security Number ☐ Financial records ☐ Wage records

☐ Diagnosis ☐ Service ☐ Treatment ☐ Date of Service ☐ Medication

☐ Account number ☐ Device identifiers and serial number ☐ Certificate or License number

☐ Biometric identifiers, including finger and voice prints ☐ Full face photographic images or comparable

☐ Vehicle identifiers and serial numbers, including license plate numbers

Please submit to hhsvrbreach@nd.gov a copy of the correspondence and document that was acquired, accessed, used or disclosed.

Detailed Description of Incident and how Incident Occurred

Form Completed By	Date Form Completed
Email Address	Telephone Number