



# Weill Cornell Medicine

## Risk Management

### Cyber Liability Claim Form

To be completed by Department Administrator or Designee

Department: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Reported by: \_\_\_\_\_ Number of Records Affected: \_\_\_\_\_

Type of Records Affected (e.g., PHI, PII, E-PHI): \_\_\_\_\_

\_\_\_\_\_  
Description of Incident (please be as detailed as possible):

SAP Account Number (for recovery funds): \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Administrator or Designee

\_\_\_\_\_  
Date