



PRIVACY BREACH REPORTING FORM

Personal Health Information Privacy and Access Act (PHIPAA)

A privacy breach occurs whenever personal health information is stolen, lost, disposed of in an unauthorized manner, or disclosed to or accessed by an unauthorized person. We ask that custodians under the *Personal Health Information Privacy and Access Act* use this form to report a privacy breach to our Office.

WHEN YOU DISCOVER A PRIVACY BREACH:

- Step 1: Contain the Breach
- Step 2: Evaluate the Risks
- Step 3: Notification
- Step 4: Prevention

The first three steps should be undertaken immediately upon discovery of the breach or in very quick succession. Regarding Step 3: Notification and as per s. 49(1)(c) of the *Act*, custodians must notify the individual to whom the information relates and the Commissioner's Office at the first reasonable opportunity.

Regarding Step 4: Prevention, this is undertaken once the cause of the breach is known with a view to find and implement longer term solutions to prevent the possibility of a similar breach occurring again in the future.

TO REPORT A PRIVACY BREACH:

- Step 1: Complete this form.
- Step 2: Send the form by fax: 506.453.5963, email: access.info.privacy@gnb.ca or regular mail: 230-65 Regent Street, Fredericton, NB E3B 7H8.
- If you have questions, please call us at: 506.453.5965 or 1.877.755.2811 (toll-free).

This form is adapted in part from material prepared by the Office of the Information and Privacy Commissioner for Nova Scotia, "Key Steps to Responding to Privacy Breaches" available online at:

https://foipop.ns.ca/sites/default/files/publications/Key%20Steps%20-%20Full%20-%20Final%20-%202015Oct27_0_0.pdf

and in part from material prepared by the Office of the Information and Privacy Commissioner for Newfoundland and Labrador, "Privacy Breach Reporting Form" available online at:

<http://www.oipc.nl.ca/pdfs/PrivacyBreachIncidentReportForm.pdf>



CUSTODIAN INFORMATION

Name of custodian: _____

Contact information (address, telephone number): _____

Contact name and title: _____

Contact's telephone number: _____

Contact's e-mail address: _____

DESCRIPTION OF THE BREACH

What kind of privacy breach occurred? Select all that apply:

- Stolen personal health information
- Lost personal health information
- Personal health information was disposed of in a manner not permitted by the *Act*
- Unauthorized disclosure of personal health information
- Unauthorized access to personal health information
- Other (please describe): _____

Briefly describe what happened:



Why and how did the breach occur? Please elaborate:

How many individuals are affected by the breach? _____

Format of information involved:

- Electronic records: _____
- Paper records: _____
- Verbal/oral information _____

Date of breach: _____

Date breach was discovered: _____

How was the breach discovered? _____

Location of breach: _____



Type of personal health information involved:

- Name, address, date of birth, etc.: _____
- Medicare Number or registration information: _____
- Health care information: _____
- Payment or financial information: _____
- Other, please specify type: _____

CONTAINMENT

Please list the immediate steps taken to contain the breach:

If the information was lost, misplaced or misdirected, was the information found or retrieved? Yes No

Is there any reason to believe that the information was copied or shared? Yes No

Please explain.

Is there a potential that the breach could lead to further privacy breaches? Yes No

Please explain.

Applicable, have the police been notified? Yes No

If yes, who was notified and when? _____

If no, why not? _____

Which other authorities have you notified, if any, and why?



NOTIFICATION

Have the affected individuals been notified? **Yes** **No**

If yes, please describe how and when notice was provided:

If no, why not? _____

WHEN AND HOW TO NOTIFY

When: Notification should occur as soon as possible following a breach. If you have contacted law enforcement authorities and have concerns about whether notification should be delayed in order not to impede a criminal investigation, please contact us.

How: The preferred method is direct-by phone, letter, email or in person. Indirect notification via your website, posted notices in your offices, or published in the local media should generally only occur when direct notification could cause further harm, is prohibitive in cost, or contact information for the affected individuals is lacking. Using multiple methods of notification in certain cases may be the most effective approach.

Considerations Favouring <u>Direct</u> Notification	Check if Applicable
The identities of individuals are known	
Current contact information for the affected individuals is available	
Individuals affected by the breach require detailed information in order to properly protect themselves from the harm arising from the breach	
Individuals affected by the breach may have difficulty understanding an indirect notification (due to mental capacity, age, language, etc.)	
Considerations Favouring Indirect Notification	
A very large number of individuals are affected by the breach, such that direct notification could be impractical	
Direct notification could compound the harm resulting from the breach	



SAFEGUARDS

Describe the physical, administrative, and technical safeguards currently in place to protect the personal health information in your custody and control relevant to this breach:

- Locked doors**
- Locked filing cabinets**
- Alarm system**
- Policies** (please attach a copy)
- Procedures** (please attach a copy)
- Guidelines** (please attach a copy)
- Training** (please describe)
- Information sharing agreement** (please attach a copy)
- Passwords**
- Encryption**
- Audit controls/access permissions**
- Other:**

CORRECTIVE MEASURES

Based on the cause of the breach, what corrective measures, if any, have been or will be taken to prevent similar breaches from occurring?

OTHER INFORMATION

Please provide any other useful information in relation to this breach that may not be included in this breach reporting form:
