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:


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:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

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Privacy Breach Reporting Form (PHI/PAA) Revised January 2019
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.

<table>
<thead>
<tr>
<th>Considerations Favouring Direct Notification</th>
<th>Check if Applicable</th>
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<tbody>
<tr>
<td>The identities of individuals are known</td>
<td></td>
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<tr>
<td>Current contact information for the affected individuals is available</td>
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<tr>
<td>Individuals affected by the breach require detailed information in order to properly protect themselves from the harm arising from the breach</td>
<td></td>
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<tr>
<td>Individuals affected by the breach may have difficulty understanding an indirect notification (due to mental capacity, age, language, etc.)</td>
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</tbody>
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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:

______________________________________________
______________________________________________