

Office of the Access to Information
and Privacy Commissioner

Commissariat à l'accès à l'information
et à la protection de la vie privée

REPORTING OF PRIVACY BREACH

Pursuant to the *Personal Health Information Privacy and Access Act*

A privacy breach occurs when there is improper collection, use or disclosure of personal health information in contravention of the *Personal Health Information Privacy and Access Act*. Examples of privacy breaches include stolen computers containing personal health information, lost mail, misplaced files or unauthorized access to personal health information.

The Access to Information and Privacy Commissioner requests that any public body who is aware of a privacy breach notify the Commissioner at the first reasonable opportunity by completing the attached form.

Please submit the form by facsimile at 506.453.5963 or by e-mail at access.info.privacy@gnb.ca.

If have any questions about completing this form, please contact us at 506.453.5965 or toll-free at 1.877.755.2811.

Note: All fields must be completed and we ask that you provide as much information as possible. If necessary, please attach additional pages.

This report is also available in French. | Ce formulaire est aussi disponible en français.

Date of last revision: December 2010

GENERAL INFORMATION

Custodian information

Name of custodian: _____

Contact information (address, telephone number): _____

Contact name and title: _____

Contact's telephone number: _____

Contact's e-mail address: _____

Incident description

Date of incident: _____

Date incident was discovered: _____

How was the incident discovered? _____

Location of incident: _____

Briefly describe the breach. What happened?

STEP 1: CONTAINMENT OF THE BREACH

a. Have the records been retrieved? Yes No

b. Can you confirm that no unauthorized copies have been made? Yes No

Not sure

i. If yes, how was this confirmed?

ii. If no or not sure, please elaborate:

c. Can you confirm that no copies have been kept by unauthorized individuals? Yes No

Not sure

i. If yes, how was this confirmed?

ii. If no or not sure, please elaborate:

d. Does the incident allow unauthorized access to any other personal health information?

Yes No

e. Describe the immediate steps taken to contain the breach:

STEP 2: IMPACT OF THE BREACH

a. What kind of personal health information is involved?

NOTE: Do not include or send any identifiable personal health information.

b. Format of records involved:

paper

electronic (example: e-mail, word processing documents, computer database)

If records are electronic, please state how they were protected (examples: password protected, encrypted, de-identified data): _____

other (please describe) _____

c. Why did the breach occur? Please elaborate:

d. Is there a risk of further exposure of the personal health information? Yes No

e. Is this an isolated incident? Yes No

f. Number of individuals whose personal health information has been disclosed: _____

STEP 3: NOTIFICATION

a. Have the affected individuals been notified? Yes No

If yes, please describe how notice was provided (e.g. who was notified, the form and content of the notification):

If no, why not? _____

b. Do you have a Privacy Officer or Privacy Coordinator? Yes No

If yes, has he/she been notified? Yes No

If yes, who was notified and when? _____

If no, when will he/she be notified? _____

c. If applicable, have the police been notified?

Yes No

If yes, who was notified and when? _____

If no, why not? _____

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