# Privacy Breach Report Form

## **for Use by Organizations, Custodians and Public Bodies**

**This form is to be used by private sector organizations, health custodians and public bodies** for reporting a loss of or unauthorized access to or disclosure of personal or individually identifying health information (“privacy breach” or “breach”) to the Information and Privacy Commissioner of Alberta (“Commissioner”).

**Individuals** who believe their personal or health information has been lost or improperly collected, used, disclosed, or accessed by an organization, custodian or public body may file a complaint with the Office of the Information and Privacy Commissioner (“OIPC”) using the*Request for Review and Privacy Complaint Form* available at [www.oipc.ab.ca](http://www.oipc.ab.ca).

This form incorporates the criteria established by the *Personal Information Protection Act* (PIPA) and PIPA Regulation and the *Health Information Act* and *Health Information Regulation* for reporting a privacy breach to the Commissioner.

For organizations, the notice must be in writing and include the information listed in section 19 of the PIPA Regulation. Organizations also must provide any additional information that the Commissioner considers necessary to determine whether to require organizations to notify individuals to whom there is a real risk of significant harm as a result of the privacy breach (PIPA, sections 37.1(4), (5)).

For custodians, the notice to the Commissioner must be in writing in a form approved by the Commissioner and include the information listed in section 8.2(2) of the *Health Information Regulation*.

**Before completing this form, please read the OIPC’s *Reporting a Breach to the Commissioner* practice note available at** [**www.oipc.ab.ca**](http://www.oipc.ab.ca)**.**

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| **Information of Organization/Custodian/Public Body** |
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| **Date of Report:** |  |
| **Name of Organization/Custodian/Public Body** (legal name): |  |
| **Address of Organization/Custodian/Public Body:** |  |
| **Organization/Custodian/Public Body file number** (if applicable): |  |

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| **Contact information for a person who can answer the OIPC’s questions about the breach.** | | |
|  | Name: |  |
|  | Title/Position: |  |
|  | Mailing address: |  |
|  | Telephone: |  |
|  | Email: |  |
|  | Fax: |  |

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| **PIPA non-profit organizations:** Is the organization incorporated under the *Societies Act* or the *Agricultural Societies Act,* orregistered under Part 9 of the *Companies Act* of Alberta? | | |
|  |  | No |
|  |  | Yes |
|  | If yes, indicate which of the *Societies Act, Agricultural Societies Act* or *Companies Act* the organization was incorporated or registered under and describe the type of activities the organization is engaged in that relate to the personal information that has been breached: | |
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| **Third party reporting the breach** (if applicable) | | | | |
|  | Name of reporting entity: | |  | |
|  | Mailing address: | |  | |
|  | Contact person (name and position): | |  | |
|  | Mailing address: | |  | |
|  | Telephone number: | |  | |
|  | Email: | |  | |
|  | Fax: | |  | |
| Relationship to the organization, custodian or public body (e.g. service provider, contractor): | | | | |
| Has the breach been reported to the organization, custodian or public body? | | | | |
|  |  | No | |
|  |  | Yes | |
| Is the reporting entity authorized to report the breach to the Commissioner on behalf of the organization, custodian or public body? | | | |
|  |  | No | |
|  |  | Yes | |

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| **Breach Description** |
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| 1. | **Date breach occurred:** | | |  |
| 2. | **Date breach ended:** | | |  |
| 3. | **Date breach was discovered:** | | |  |
| 4. | **Total number of individuals affected** (or estimate if not yet known): | | |  |
| 5. | **Was the information collected in Alberta?** | | | |
|  |  | No | | |
|  |  | Yes | | |
|  | If yes, the number of individuals whose information  was collected in Alberta (or estimate if not yet known): | |  | |
| 6. | **The breach involved a:** | | | |
|  |  | Loss of personal information or individually identifying health information | | |
|  |  | Unauthorized access to personal information or individually identifying health information | | |
|  |  | Unauthorized disclosure of personal information or individually identifying health information | | |
| 7. | **Location of the breach:** | | | |
| 8. | **Describe the circumstances of the breach and the causes.** ***Do not include individually identifying information****.* | | | |
| 9. | **Describe how the breach was discovered and who discovered it.** | | | |

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| **Notice to Affected Individuals** |
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| 10. | **Have affected individuals been notified?** | |
|  |  | No |
|  | Yes |
| Describe the content of the notice (do not include individually identifying information): | |
| Describe the form of the notice (e.g. by letter, email): | |
| Date when affected individuals were notified: | |
|  | Copy of notice is attached. *Do not include individually identifying information.* |

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| **Personal or Health Information Involved** |
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| 11. | **List the types of personal information or health information involved. *Do not include individually identifying information****.* |

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| **Harm** |
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| 12. | **Describe the possible harms that may occur as a result of the breach. *Do not include individually identifying information****.* |

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| **Risk Assessment** |
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| 13. | **Provide an assessment of the likelihood that the harm will result. *Do not include individually identifying information****.* |

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| **Risk Mitigation** |
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| 14. | **Describe the steps taken to reduce the risk of harm to affected individuals.** |
| 15. | **Describe the steps taken to reduce the risk of a similar event occurring in the future.** |

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| **Additional Information** |
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| 16. | **Has your privacy officer and/or the person responsible for security in your organization been notified of the breach?** | | | |
|  |  | No | | |
|  |  | Yes | | |
|  | If yes, provide the name and contact information of the privacy officer, and the date notified. | | | |
|  |  | Name: |  | |
|  |  | Contact information: |  | |
|  |  | Date notified: |  | |
| 17. | **Have the police or any other authorities or organizations been notified about the breach?** | | | |
|  |  | No | | |
|  |  | Yes | | |
|  | If yes, provide the name and contact information for each entity notified, and the date notified. | | | |
|  |  | Name of organization: | |  |
|  |  | Contact information: | |  |
|  |  | Date notified: | |  |
| 18. | **Provide any additional relevant information regarding the privacy breach.** | | | | |

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| **Submitting to the Commissioner** |
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Organizations are required to notify the Commissioner of a reportable breach under the *Personal Information Protection Act* **without unreasonable delay**.

Custodians are required to notify the Commissioner of a reportable breach under the *Health Information Act* **as soon as practicable**.

**Email submissions are preferred. Please submit the completed Privacy Breach Report Form to** [**breachreport@oipc.ab.ca**](mailto:breachreport@oipc.ab.ca)**.**

If you are unable to submit the form by email, you can submit it to:

Office of the Information and Privacy Commissioner of Alberta

410, 9925 - 109 Street

Edmonton, AB T5K 2J8

Fax: (780) 422-5682

For general information about responding to a privacy breach, please contact the OIPC by telephone at (780) 422-6860 or toll free at 1-888-878-4044. Information provided does not constitute legal advice, is not binding on the Commissioner, and does not mean an organization or custodian has fulfilled its legal obligation to report a privacy breach to the Commissioner.

## **Appendix A**

## For Health Custodians Only

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| **Notice to Commissioner of Decision Not to Give Notice of Breach to Individual(s)** |
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If a custodian decides not to give notice of a privacy breach to an individual who is the subject of individually identifying health information because giving notice could reasonably be expected to result in a risk of harm to the individual’s mental or physical health, the custodian must immediately give notice to the Commissioner of its decision not to give notice to the individual (*Health Information Act*, section 60.1(5)).

Provide the following information and attach a copy of the Privacy Breach Report Form (*Health Information Regulation*, section 8.3).

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| 1. | Total number of individuals that the custodian expects to not give notice of the breach to (or an estimate if not yet known): | |
| 2. | Provide reasons why giving notice could reasonably be expected to result in a risk of harm to the mental or physical health of the individual(s). ***Do not include individually identifying information*.** | |
| 3. | Copy of the Privacy Breach Report Form is attached. | |
|  |  | No |
|  |  | Yes |

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| Contact Name |  | Telephone Number |
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| Title |  | Address |
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| Email Address |  | Date |

## **Appendix B** For Health Custodians Only

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| **Request for Authorization to Give Notice of Breach by Substitutional Service** |
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A custodian may request the Commissioner to authorize the custodian to give notice of a privacy breach to an individual by substitutional service under section 103(c) of the *Health Information Act*.

The request for substitutional service must include the reasons for the request and have attached the Privacy Breach Report Form (*Health Information Regulation*, section 8.2(2)(k)).

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| 1. | Provide the reasons for requesting substitutional service. ***Do not include individually identifying information*.** | |
| 2. | Copy of the Privacy Breach Report Form is attached. | |
|  |  | No |
|  |  | Yes |

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| Contact Name |  | Telephone Number |
|  |  |  |
| Title |  | Address |
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| Email Address |  | Date |