# Privacy Breach Report Form

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

**This form is to be used by 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”).

**Organizations notifying the Commissioner of a privacy breach under section 34.1 of the *Personal Information Protection Act* must use the** [**PIPA Privacy Breach Notification Form**](https://oipc.ab.ca/forms/)**.**

**Individuals** who believe their personal or health information has been lost or improperly collected, used, disclosed, or accessed by a 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*](https://oipc.ab.ca/request-a-review-file-a-complaint/)*.*

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

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 practice note on** [***Reporting a Breach to the Commissioner***](https://oipc.ab.ca/wp-content/uploads/2022/02/Breach-Reporting-2018.pdf)**.**

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| **Information of Custodian/Public Body** |
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| **Date of Report:** |       |
| **Name of Custodian/Public Body** (legal name):  |       |
| **Address of Custodian/Public Body:** |       |
| **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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| **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 custodian or public body (e.g. service provider, contractor):       |
| Has the breach been reported to the custodian or public body? |
|  | [ ]  | No |
|  | [ ]  | Yes |
| Is the reporting entity authorized to report the breach to the Commissioner on behalf of the 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 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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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** **breachnotice@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 a 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 |
|       |  |       |
| Title |  | Address |
|       |  |       |
| 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 |
|       |  |       |
| Email Address |  | Date |