

A privacy breach occurs when there is improper collection, use or disclosure of personal health information in contravention of the following legislation:

New Brunswick *Personal Health Information Privacy and Access Act (PHIPA, 2010)*

Newfoundland and Labrador *Personal Health Information Act (PHIA, 2011)*

Nova Scotia *Personal Health Information Act* *(PHIA, 2013)*

Prince Edward Island *Health Information Act (2014)*

Examples of privacy breaches include stolen computers containing personal health information, lost mail, misplaced files or unauthorized access to personal health information.

Please submit the form by e-mail to Ellen.Sweeney@dal.ca and we will notify the appropriate Privacy Commissioner.

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

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| --- | --- | --- | --- |
| Project Information | | | |
| Atlantic PATH study # |  | | |
| Project Title |  | | |
|  | | | |
| Principal Investigator | | | |
| Name |  | | |
| Title |  | | |
| Organization |  | | |
| Mailing Address |  | | |
| City |  | State/Province |  |
| Post code |  | Country |  |
| Email Address |  | | |
| Phone number |  | Fax number |  |
|  | | | |
| Research Coordinator | | | |
| Name |  | | |
| Title |  | | |
| Organization |  | | |
| Mailing Address |  | | |
| City |  | State/Province |  |
| Post code |  | Country |  |
| Email Address |  | | |
| Phone number |  | Fax number |  |

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

If yes, have they been notified? □ **Yes** □ **No**

If yes, who was notified and when?

If no, when will they be notified?

b. If applicable, have the police been notified? □ **Yes** □ **No**

If yes, who was notified and when?

If no, why not?

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