

PRIVACY BREACH NOTIFICATION FORM

Personal Health Information Privacy and Access Act (PHIPAA)

Instructions

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. Under the *Act*, custodians of personal health information are required to notify the affected individual(s) and the Office of the Ombud of a privacy breach.

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, as per section 49(1)(c) of the *Act*, custodians must notify the individual(s) to whom the information relates and the Office of the Ombud as soon as possible. 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 to our office

Please send this completed form and supporting documentation to our office:

- by email: ombud@ombudnb.ca
- by fax: 506.453.5963
- by regular mail: OMBUD NB, 230-65 Regent Street, Fredericton, NB E3B 7H8

Should you wish to receive more information or if you have questions relating to this form, please contact our office at (506) 453-2789 or 1-888-465-1100 (toll-free).

CONTACT INFORMATION

Custodian information	
Name of custodian:	
Name and title of contact person:	
Address:	
Telephone Number:	Alternate Number:
Email:	

PRIVACY BREACH DETAILS

Attach additional pages as required

Information on the privacy breach	
What kind of privacy breach occurred? <i>Select all that apply</i>	
Stolen personal health information	<input type="radio"/>
Lost personal health information	<input type="radio"/>
Personal health information was disposed of in a manner not permitted by the <i>Act</i>	<input type="radio"/>
Unauthorized disclosure of personal health information	<input type="radio"/>
Unauthorized access to personal health information	<input type="radio"/>
Other <i>Please describe</i>	<input type="radio"/>
Date(s) the privacy breach occurred:	
Date(s) the privacy breach was discovered:	
Location of privacy breach:	

How many individuals are affected by the privacy breach?
<p>Format of information involved: <i>Select all that apply</i></p> <p><input type="radio"/> Electronic records <input type="radio"/> Paper records <input type="radio"/> Verbal/oral information</p>
<p>Type of personal information involved: <i>Select all that apply</i></p> <p>Name, address, date of birth, etc. <input type="radio"/></p> <p>Medicare number or registration information <input type="radio"/></p> <p>Health care information <input type="radio"/></p> <p>Payment or financial information <input type="radio"/></p> <p>Other <input type="radio"/> <i>Please specify</i></p>
Description of the privacy breach
Please provide a brief description of what happened:
Why and how did the breach occur?
How was the breach discovered?

CONTAINMENT MEASURES

Attach additional pages as required

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:

If 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 REQUIREMENTS

Attach additional pages as required

<p>When and how to notify</p> <p><i>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.</i></p> <p><i>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.</i></p>	
<p>Considerations Favouring Direct Notification: <i>Check if applicable</i></p> <p>The identities of individuals are known <input type="radio"/></p> <p>Current contact information for the affected individuals is available <input type="radio"/></p> <p>Individuals affected by the breach require detailed information to properly protect themselves from the harm arising from the breach <input type="radio"/></p> <p>Individuals affected by the breach may have difficulty understanding an indirect notification (due to mental capacity, age, language, etc.) <input type="radio"/></p>	
<p>Considerations Favouring Indirect Notification: <i>Check if applicable</i></p> <p>A very large number of individuals are affected by the breach, such that direct notification could be impractical <input type="radio"/></p> <p>Direct notification could compound the harm resulting from the breach <input type="radio"/></p>	
<p>Decision to notify</p>	
<p>Have the affected individuals been notified? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, please describe how and when notice was provided. If no, why not?</i></p>	
<p>Have the affected individuals been advised they can contact our office regarding the breach? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, please describe how and when notice was provided. If no, why not?</i></p>	

SAFEGUARDS AND CORRECTIVE MEASURES

Attach additional pages as required

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:

Select all that apply

- Locked doors
- Alarm system
- Locked filing cabinets
- Passwords
- Encryption
- Audit controls/access permissions
- Policies *Please attach copy*
- Procedures *Please attach copy*
- Guidelines *Please attach copy*
- Information sharing agreement *Please attach*
- Training *Please describe*
- Other *Please describe*

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

Attach additional pages as required

Please provide any other useful information in relation to this breach that may not be included in this form.