

PHIA Form Reporting a Privacy Breach

A custodian must use this form to notify the Office of the Information and Privacy Commissioner (OIPC) of a privacy breach. Section 15(4) of the **Personal Health Information Act** (PHIA) states:

Where a custodian reasonably believes that there has been a material breach as defined in the regulations involving the unauthorized collection, use, or disclosure of personal health information, that custodian shall inform the commissioner of the breach.

Please see our [guidance document](#) to assist you in completing this form.

You can complete and send this form to breachreport@oipc.nl.ca. You can also send this form by mail to Office of the Information and Privacy Commissioner, PO Box 13004, Station A, St. John's, NL A1B 3V8, or by fax to 709-729-6500.

OIPC records information contained in this form for breach management purposes, including but not limited to statistical, educational, and investigative purposes. OIPC will notify the custodian if the Commissioner decides to initiate a privacy investigation.

If you have any questions or concerns, please contact OIPC at 709-729-6309 or toll free at 1-877-729-6309.

Do not include information that can identify individuals.

Date of Reporting this Privacy Breach: _____

Section 1: Custodian Information	
Custodian Name	
Mailing Address	
Physical Work Address	
Name and Title of Contact Person	
Contact Phone Number	
Contact Email	

Section 2: Discovery, Investigation, and Containment				
Date Breach Occurred				
Date Breach Discovered				
Number of Affected Individuals				
Breach Type	Telephone	Fax	Email	Lost or Stolen Records
	Mail Out	Courier	Ransomware	Cyber Security
	Intentional (Willful Breach)		Technical Malfunction	
	Other:			

Discovery, Investigation, and Containment Details. Identify how the custodian discovered and investigated the privacy breach. Identify the steps the custodian has taken to contain or reduce the harm of the privacy breach.

Section 3: Personal Health Information Involved (check all that apply)		
Do <u>not</u> include or send the identifiable personal health information or personal information.		
Name	Email	Home Address
Telephone Number	Signature	Driver's License Number
Birth Date	Medical History	Medicare Plan (MCP) Number
Financial Information	Social Insurance Number	Credit Card or Debit Card
Employment History	Educational History	Personal Opinions
Other:		

Section 4: Risk Evaluation and Potential Harm (check all that apply)
Identify any harm that may result from the privacy breach.
Identity theft
Bodily harm or harassment
Emotional harm, humiliation, or damage to reputation or relationships
Financial loss
Loss of employment, business, or professional opportunities
Other:

Section 5: Notification to Affected Individuals													
Date of Notification to Affected Individuals	Yes. We notified them on _____ . Not Yet. We will notify them by _____ . No. We will not notify them.												
Notification Method (check all that apply)	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Telephone</td> <td style="width: 33%;">Email</td> <td style="width: 33%;">Mailed Letter</td> </tr> <tr> <td>Media Release</td> <td>Website</td> <td>Newspaper</td> </tr> <tr> <td>Social Media</td> <td colspan="2">Meeting (In Person or Virtual)</td> </tr> <tr> <td colspan="3">Other:</td> </tr> </table>	Telephone	Email	Mailed Letter	Media Release	Website	Newspaper	Social Media	Meeting (In Person or Virtual)		Other:		
Telephone	Email	Mailed Letter											
Media Release	Website	Newspaper											
Social Media	Meeting (In Person or Virtual)												
Other:													

Notification Details. Identify the content of the notification. If direct notification did not occur, explain why. You may attach a copy of the notification to this form. Please remove identifiable personal health information or personal information.

[Empty box for notification details]

Yes. We notified individuals of their right to file a privacy complaint with OIPC.

Not Yet. We will notify individuals of their right to file a privacy complaint with OIPC
by _____ .

Reasons Why Notification Did Not Occur (if applicable). Identify why the custodian did not notify the affected individuals.

Section 6: Other Notifications (check all that apply)

Royal Newfoundland Constabulary

Royal Canadian Mounted Police

Other:

Section 7: Safeguards, Mitigation, and Prevention

Safeguards (check all that apply). Identify safeguards in place at the time of the privacy breach to protect the impacted personal health information.

- | | | | |
|------------|------------|-------------------------------|--------------|
| Policies | Training | Audit Controls | Locked Doors |
| Procedures | Encryption | Locked Cabinets | Alarm System |
| Guidelines | Passwords | Information Sharing Agreement | |

Other:

Mitigation and Prevention Details. Identify steps the custodian has taken to prevent or mitigate the risk of this type of privacy breach from occurring again. If applicable, identify changes to or implementation of safeguards.

You may attach additional documents if you believe it necessary. **Remove or anonymize** all identifying personal health information or personal information.

I am attaching documents to this form.

I am **not** attaching any documents.