



*Access to Information and Protection of Privacy Act, 2015*

A privacy breach occurs when there is a collection, use, or disclosure of **personal** information in contravention of the *Access to Information and Protection of Privacy Act, 2015* (ATIPPA, 2015). This includes personal information that is lost or stolen.

As per Section 64(4) of the *ATIPPA, 2015*, if you are aware of a privacy breach, you must complete this form and submit it to the Office of the Information and Privacy Commissioner (OIPC) **as soon as reasonably possible**. Please forward the completed form via e-mail to [breachreport@oipc.nl.ca](mailto:breachreport@oipc.nl.ca), fax (709) 729-6500, or mail to the Office of the Information and Privacy Commissioner, P. O. Box 13004, Station "A", St. John's, NL A1B 3V8.

The ATIPP Office has also requested that breach reports be sent via e-mail to [ATIPPOffice@gov.nl.ca](mailto:ATIPPOffice@gov.nl.ca). If you do not have access to e-mail please submit the form via fax (709) 729-2226, or mail to the ATIPP Office, Office of Public Engagement, 4th Floor, West Block, Confederation Building, P.O. Box 8700, Station "A", St. John's, NL A1B 4J6.

For more information on completing this form, please refer to the [Guidelines for Completing the Privacy Breach Reporting Form](#) on the OIPC website or call 1-877-729-6309.

For more general information on privacy breaches please refer to the [Privacy Breach Protocol](#) document available on the ATIPP Office website or call 1-877-895-8891.

Information contained in this form will be recorded for breach management purposes, including but not limited to statistical, educational, and investigative purposes. Should the Commissioner decide to initiate a privacy investigation, the public body will be notified.

**Do not include information in this form that can identify the individual(s) whose information has been breached.**

Your Contact Information (Please Print)	
Public Body:	
Division/Program:	
Name and Title:	
Telephone:	
E-mail Address:	



**Personal Information Involved** (Check all that apply) *Do not include or send us the identifiable personal information.*

Name	E-mail	Driver's License Number
Home Address	Signature	Medicare Plan (MCP) Number
Birth Date	Financial Information	Social Insurance Number
Telephone Number	Credit Card or Debit Card	Medical History
Employment History	Educational History	Personal Opinions

Other (please specify):

**Risk Evaluation/Potential Harm** (Check all that apply) *Identify any harm that may result from the breach.*

Identity theft (higher risk if breach involves social insurance number or financial information)

Physical harm or harassment (e.g. stalking)

Emotional harm, humiliation or damage to reputation (e.g. disclosure of mental health records)

Financial cost

Loss of business or employment opportunities

Breach of contract and/or other legal obligations (e.g. from data loss)

Future breaches (technical failures)

Violation of professional standards or certificate standards

Other (please specify):

**Safeguards** (Check all that apply)

Describe the **physical, administrative, and technical** safeguards currently in place to protect the personal information in your custody and control **relevant to this breach**:

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

Other (please specify):

Notification of Affected Individual(s)			
Will the affected individual(s) be notified of the privacy breach?		Yes	No
If yes, how will they be notified and when?	Telephone	E-mail	Letter Date:
Were they notified of their right to file a Privacy Complaint with the OIPC? Yes No	If no, please follow-up with the affected individuals to notify them of their right to file a Privacy Complaint.		
If no, why have you chosen not to notify?			
To be determined.	Please provide additional information as soon as it becomes available.		

Other Notifications
<p><b>Have other authorities been notified?</b></p> <p>The head of your public body (Minister, Mayor, etc.)</p> <p>Senior staff (Town Manager/Clerk, Director, Assistant Deputy Minister, Deputy Minister, etc.)</p> <p>Royal Newfoundland Constabulary/Royal Canadian Mounted Police</p> <p>Your public body solicitor</p> <p>Communications staff</p> <p>Other (please specify):</p>

Attach additional pages as required.

For Office Use Only	
Reviewed By: _____	Date: _____