Breach Notification Form to report under s. 70(2) of the *Personal Health Information Act*
Send to: oipcns@novascotia.ca **effective July 15, 2020**

Custodian:	
Custodian contact:	
Custodian file identifier #:	

1. Provide detailed, accurate and specific information about the breach:

Date breach occurred	
Date breach reported to the custodian	
Who reported the breach (job title)	
Location breach occurred (specific worksite)	
Who is responsible for the breach (job title)	
# of individuals affected (if unknown, explain)	

Describe what happened in this privacy breach	

Cause of the Breach (check the box for all that apply)			
	Incorrectly addressed physical records		Patient Selection Error: from provincial client registry
	Correctly addressed but incorrectly delivered physical records		Provider Selection Error: from provincial provider dictionary
	Staff not following procedures/protocols		Other Selection Error: wrong email recipient
	Technical error (a configuration issue or technology malfunction)		Other Selection Error: wrong fax recipient
	PHI left unattended / unsecured		Out of date / incorrect contact information (other than provincial provider dictionary)
	Unauthorized browsing		Out of date provider contact information in the provincial provider dictionary
	Other (describe):		

Type of Personal Health Information affected (check the box for all categories that apply)	
	Registration: name, date of birth, gender
	Contact: address, email address, phone number
	Unique identifier: health card number, medical record number, social insurance number.
	Affiliation: ethnicity, race, family income, socio-economic status, religious affiliation, gov't agency involvement
	Medical Status: treatment dates, diagnosis, date of death, infectious disease status
	Biometric: images (x-ray, CT, other), DNA, fingerprint, retinal pattern, genetic information or material
	Detailed Medical: lab test results, discharge information, case notes, prescription info, blood type, etc.
	Other (describe):

Format of the breached information/record type (check the box for all that apply)			
	Paper record		Portable storage (such as: Flash drive or external hard drive)
	Electronic record		Fax
	Electronic system. System name:		Email
	Laptop		Verbal (such as: phone call or conversation)
	Letter		Other (describe):

2. How was the breach was contained?

Describe steps taken to contain the privacy breach	

Check any that apply:

- ❑ Error corrected (e.g., info sent to right person)
- ❑ The personal health information (PHI) has been recovered and all copies are now in our custody and control.
- ❑ We have confirmation that no copies have been made and the PHI has been destroyed.
- ❑ The PHI was encrypted.
- ❑ The PHI was not encrypted.
- ❑ The PHI has not been recovered but the following containment steps have been taken (check all that apply):
  - ❑ A request has been sent to the recipient to destroy the record/PHI.
  - ❑ The unit has been thoroughly searched.
  - ❑ The entire facility has been thoroughly searched.
  - ❑ The immediate neighborhood around the worksite has been thoroughly searched.
  - ❑ We have run an audit that confirms that no one has accessed the content of the portable storage device.
  - ❑ All passwords and system user names have been changed.
  - ❑ Device was remotely wiped.
  - ❑ Other:

3. Provide a summary of your risk assessment for determining risk of potential for harm or embarrassment to the affected individual(s).

Describe the overall risk of harm or embarrassment to the affected individual(s) from this privacy breach. **(e.g., high, medium, low)**	
Describe the factors considered in reaching the overall risk assessment **(e.g., containment, nature of the personal information, relationship with the individual, cause of the breach, scope of the breach, foreseeable harm from the breach, other)**	
Provide the rationale for risk rating	

4. Provide details regarding follow-up, mitigation and prevention strategies:

Audit	
Training for current staff	
Training for new/future staff	
Discipline (type & position, not name)	
Technical	
Other	

5. Any other relevant information:
