



Breach Notification Form to report under s. 70(2) of the *Personal Health Information Act*
Send to: oipcms@novascotia.ca or Julie.Young@novascotia.ca

Custodian:	
Custodian contact:	
Custodian file identifier #:	

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

Date breach occurred	
Date breach reported	
Who reported the breach	
Worksite	
Job title of person responsible for breach	
# of individuals affected	

Data elements involved – check all that apply							
<input type="checkbox"/>	Address, postal code, etc.	<input type="checkbox"/>	Biometric identifiers (DNA, finger print, retinal pattern, etc.)	<input type="checkbox"/>	Date of birth	<input type="checkbox"/>	Date of death
<input type="checkbox"/>	Email address	<input type="checkbox"/>	Ethnicity	<input type="checkbox"/>	Family history	<input type="checkbox"/>	Family income
<input type="checkbox"/>	Gender	<input type="checkbox"/>	Genetic information	<input type="checkbox"/>	Health care card number	<input type="checkbox"/>	Infectious disease status
<input type="checkbox"/>	Identifiable images	<input type="checkbox"/>	Initials	<input type="checkbox"/>	Medical record #	<input type="checkbox"/>	Mental health status
<input type="checkbox"/>	Name	<input type="checkbox"/>	Race	<input type="checkbox"/>	Religious affiliation	<input type="checkbox"/>	Social insurance#
<input type="checkbox"/>	Telephone #	<input type="checkbox"/>	Treatment dates	<input type="checkbox"/>	Diagnosis	<input type="checkbox"/>	Other (list specifics):

Format of the breached information/record type			
<input type="checkbox"/>	Paper record	<input type="checkbox"/>	Portable storage (such as: Flash drive or external hard drive)
<input type="checkbox"/>	Electronic record	<input type="checkbox"/>	Fax
<input type="checkbox"/>	Electronic system. System name:	<input type="checkbox"/>	Email
<input type="checkbox"/>	Laptop	<input type="checkbox"/>	Verbal (such as: phone call or conversation)
<input type="checkbox"/>	Letter	<input type="checkbox"/>	Other (describe):

Jurisdiction			
<input type="checkbox"/>	Breached within Nova Scotia	<input type="checkbox"/>	Breached outside of Nova Scotia
<input type="checkbox"/>	Affected individual is a Nova Scotia resident	<input type="checkbox"/>	Affected individual is a non-Nova Scotia resident

Data flow – describe the flow, including format	
Intended/regular data flow	
Actual data flow in this instance	

Cause of the Breach			
<input type="checkbox"/>	Accident or oversight	<input type="checkbox"/>	Unauthorized browsing
<input type="checkbox"/>	Technical error	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Other (describe):	<input type="checkbox"/>	

2. Provide detail on how the breach was contained:

- 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.
- We believe (but do not have confirmation) that there were no copies made, and the PHI has been destroyed.
- The PHI was encrypted.
- The PHI was not encrypted.
- Evidence gathered so far suggests that the incident was likely a result of a systemic issue.
- Evidence gathered so far suggests that the incident was likely an isolated event.
- 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 the risk rating evaluation, resulting in the determination that there was no potential for harm or embarrassment to the individual(s):

	Risk to Individual(s)			Likelihood/Probability		
	Risk Rating			Risk Rating		
Risk Factors:	Low	Medium	High	Low	Medium	High
1) Containment						
2) Nature of the personal information						
3) Relationship with individual						
4) Cause of the breach						
5) Scope of the breach						
6) Foreseeable harm from the breach						
7) Other factors						
Overall Risk Rating						
Rationale for Risk Rating						

4. Provide details regarding follow-up, mitigation and prevention strategies (include dates; participants – position & worksite, not names; outcomes):

Audit	
Training	
Discipline (type & position, not name)	
Technical	
Other	

5. Other relevant information

--

Office of the Information and Privacy Commissioner for Nova Scotia
 PO Box 181 Halifax NS B3J 2M4
 Telephone: 902-424-4684 / Toll-free 1-866-243-1564
 TDD/TTY 1-800-855-0511
 Website: <https://oipc.novascotia.ca>
 Email: oipecns@novascotia.ca or Julie.Young@novascotia.ca