****

**DesignateD Privacy Officer  
Breach Reporting Form**

## **DELETE ALL HIGHLIGHTED INSTRUCTIONS FROM THE FINAL DOCUMENT**

[FOR ASSISTANCE WITH COMPLETING THIS FORM, PLEASE SEE THE DESIGNATED PRIVACY OFFICER TOOLKIT]

# Accountability

|  |  |
| --- | --- |
| Name of Public Body: | [Department/Corporation] |
| Assessment by: | [Name of Designated Privacy Officer] |
| Email/Contact: |  |
| Date assessment completed: | [Y/M/D] |
| Date breach was discovered: | [Y/M/D] |
| Location of Assessment: | [Division, Unit, Branch] |

# Containment of Information

## Has there been a breach involving personal information?

|  |
| --- |
|  |

## List the immediate containment actions, as well as any subsequent containment actions.

|  |
| --- |
|  |

# Risk of significant harm analysis

## What is the cause of the breach?

|  |
| --- |
|  |

## How many individuals are affected?

|  |
| --- |
|  |

## What is the sensitivity of the personal information?

|  |
| --- |
| Refer to Appendix A (Personal Information and Personal Health Information Listing) and Personal Information Classification Guidance to determine the sensitivity of personal information. |

## What is the possibility that the personal information is, has been or will be used or disclosed in an unauthorized manner?

|  |
| --- |
|  |

## How much time elapsed between the occurrence of the privacy breach and the determination that it occurred?

|  |
| --- |
|  |

## What is the type of relationship, if any, between affected individuals and any person who may have used, or to whom may have been disclosed, the personal information?

|  |
| --- |
|  |

## What measures have been or are being implemented to reduce the risk of significant harm to the affected individuals?

|  |
| --- |
|  |

## If the personal information has been lost, stolen or disposed of, has any of the personal information has been recovered?

|  |
| --- |
|  |

## Is any other information available that assists in the determination of risk of significant harm to affected individuals?

|  |
| --- |
|  |

## Outcome – is a risk of significant harm to affected individuals present?

|  |
| --- |
| From the above assessment, have you determined that any of the following risks exist? Risk of bodily harm, humiliation, damage to reputation or relationships, loss of employment, business or professional opportunities, financial loss, identity theft, negative effects on a credit record, and/or damage to or loss of property. |

|  |
| --- |
| NOTE: If you determine that there is a risk of significant harm, you MUST notify the affected individuals, the Head of the public body, and the Office of the Information and Privacy Commissioner. |

# 4 Notification

## 4.1 Internal Notifications

Identify the individual(s) notified and the date of notification. Only individuals that can reasonably be determined to have a legitimate need-to-know should be informed of the breach. The affected program’s director should be notified of the breach. In collaboration with the director, you will determine what member(s) of management, if any, should be notified. For example, Director of Communications, ADM, and/or DM.

|  |  |
| --- | --- |
| Position | Name of Individual and date of notification |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## 4.2 Will affected individuals be notified in cases where risk of significant harm is not present? If not, why not?

|  |
| --- |
|  |

# 6 Prevention

## 6.1 Describe any physical security safeguards proposed or already in place.

|  |
| --- |
|  |

## 6.2 Describe any technical security safeguards proposed or already in place.

|  |
| --- |
|  |

## 6.3 Describe any administrative security safeguards proposed or already in place.

|  |
| --- |
|  |

## 6.4 What other internal improvements to processes, systems, policies, and any other actions to mitigate recurrence are recommended? What is the timeline for implementation?

|  |
| --- |
| Recommendation #1:  Timeline for Implementation:  Recommendation #2:  Timeline for Implementation:  Recommendation #3:  Timeline for Implementation: |

# SUBMISSION

**Upon completion of report, print and disseminate recommendations to all required parties.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| **Designated Privacy Officer Signature** | |  | **Date** |
|  | | | |
| When **risk of significant harm** exists, you **must** forward a copy of this completed breach report to: | * The Office of the Information and Privacy Commissioner * The Access and Privacy Officer (ATIPP Office) when the breach involves a Ministerial public body | | | |

**APPENDICES:**

Include any supporting documentation as appendices to the breach report.

|  |  |
| --- | --- |
| Appendix | Name of Document |
| A | Personal Information and Personal Health Information Listing |
| B | Privacy Breach Report Form for Employees |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**APPENDIX A:**

PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION LISTING

Note: This is not an exhaustive list of personal information and/or personal health information.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Identification and Contact Information | |  | Unique Identifiers | |  | Financial Information | |
| Name or alias |  |  | User name |  |  | Real estate |  |
| Address |  |  | Password |  |  | Tax information |  |
| Residency |  |  | Unique identification number |  |  | Credit history |  |
| Home or cell phone |  |  | Social insurance number |  |  | Income |  |
| Email address |  |  | Case file number |  |  | Expenditures/liabilities |  |
| Gender |  |  | Electronic signature |  |  | Bank accounts |  |
| Nationality |  |  | Yukon Health Insurance number |  |  | Credit or debit card numbers |  |
| Place of Birth |  |  | Employee ID |  |  | Expiration dates |  |
| Date of Birth |  |  | Driver’s license number |  |  | Magnetic stripe data |  |
| Age |  |  | Other (please specify) |  |  | PIN or security code |  |
| Martial status |  |  |  |  |  | Insurance information |  |
| Number of dependents |  |  | **Employment Information** | |  | Legal status (judgements, injunctions, proceedings) |  |
| Signature |  |  | Name of Employer |  |  | Other (Please specify) |  |
| Other (Please specify) |  |  | Employment history |  |  |  |  |
|  |  |  | Employment references |  |  |  |  |
| Physical Characteristics | |  | Experience/training |  |  | **Health Information** | |
| Skin colour |  |  | Information generated during recruitment or selection process |  |  | Health care status or diagnosis |  |
| Eye colour |  |  | Employment history |  |  | Test results or medical images |  |
| Hair colour |  |  | Employment references |  |  | Medications |  |
| Height |  |  | Opinion about another individual |  |  | Diagnosis |  |
| Weight |  |  | Other (Please specify) |  |  | Disability |  |
| Scars |  |  |  |  |  |  |  |
| Fingerprint |  |  |  |  |  |  |  |
| Iris scan |  |  |  |  |  |  |  |
| Blood type |  |  | **Education Information** | |  |  |  |
| Photograph |  |  | Academic history/status |  |  |  |  |
| Video image |  |  | Degrees |  |  | **Sensitive Data** | |
| Other (Please specify) |  |  | Professional licenses |  |  | Religious views or affiliation |  |
|  |  |  | Certificates |  |  | Philosophical beliefs |  |
|  |  |  | Awards |  |  | Political views |  |
|  |  |  | Grades |  |  | Union membership |  |
|  |  |  | Other (Please specify) |  |  | Health information |  |
|  |  |  |  |  |  | Genetic information |  |
|  |  |  |  |  |  | Data on sexual life/preferences |  |
|  |  |  |  |  |  | Ethnic background |  |
|  |  |  |  |  |  | Criminal history |  |
|  |  |  |  |  |  | Information about vulnerable person |  |
|  |  |  |  |  |  | Other (please specify) |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |