# Privacy Breach Reporting Form – Research

A privacy breach is the improper or unauthorized collection, use, disclosure, retention or disposal of personal information. A privacy breach may occur within the organization or off-site and may be the result of inadvertent errors or malicious actions by employees, third parties, partners in information-sharing agreements or intruders.

If a privacy breach incident has occurred, please complete this form and submit to: privacy@vch.ca.

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| **Person Completing This Form** |
| Name: | Enter text |
| Email: | Enter text |
| Phone: | Enter text |

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| **Research Study Information** |
| Principal Investigator: | Enter text |
| Ethics number: | Enter text |
| Project title: | Enter text |

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| **Information for Risk Evaluation** |
| Date the incident occurred: | Click here to enter a date. |
| Date the incident discovered: | Click here to enter a date. |
| Location of breach: | Enter text |
| Number of individuals affected by the breach (*i.e. whose personal information has been compromised*): | Enter text |
| Describe the nature of the incident and its cause:Enter text |
| Types of personal information involved:  | Type(s) of individuals affected (*check all that apply*): |
|  | [ ]  Name[ ]  Personal Health number (PHN)[ ]  Medical record number (MRN)[ ]  Date of birth[ ]  Address[ ]  Telephone number[ ]  Email address[ ]  Medical health records[ ]  Financial information[ ]  Identification card number[ ]  Online identifiers (IP address, cookie identifiers, etc.)[ ]  Other(s): Enter text |  | [ ]  Patients [ ]  Sponsor[ ]  Student [ ]  Employee [ ]  Other: Enter text |

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| Describe any immediate steps taken to reduce the harm of the incident *(e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc.):*Enter text |

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| **Safeguards** |
| Describe the physical security measures in place prior to the incident *(locked cabinet, alarm systems, etc.):*Enter text |
| Describe technical security measures in place *(encryption, password protection, etc.):*Enter text |

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| Describe organizational security measures *(security clearances, policies, role-based access, training programs, contractual provisions):*Enter text |

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| **Notification** (Consult with privacy advisor to determine if notification is required.)  |
| Number of individuals to be notified: | Enter text |
| Have affected individuals been notified? | [ ]  Yes [ ]  No |
| Has the research ethics board been notified? | [ ]  Yes [ ]  No |

Email completed form to privacy@vch.ca.