# 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](mailto: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](mailto:privacy@vch.ca).