

For Office Use Only

Privacy Breach Incident Report Form

(For Custodian Use Only)

Personal Health Information Act (PHIA)

TO: Office of the Information and Privacy Commissioner Sir Brian Dunfield Building 3rd Floor, 2 Canada Drive P.O. Box 13004, Station A St. John's, NL A1B 3V8

Phone: (709) 729-6309 Fax: (709) 729-6500

Toll Free: 1-877-729-6309 Email: commissioner@oipc.nl.ca

Date Stamp:	Received By:
	Initials:
	Print Name:
Your Contact Information (please print)	
Name of Custodian:	
Your Name:	
Address:	
City/Province:	
Postal Code:	
Daytime Telephone #:	Facsimile #:
Email:	
Details of Incident *	
Date breach occurred:	
Date breach discovered:	
Location of Breach:	
Description of Incident:	

Details of Incident (continued):	
Estimated Number of Individuals Affected:	
Actions Taken Following the Incident*	
Description of actions taken to contain breach.	
Were the affected individuals notified of the incident? If so, please give the date of notification.	
Were the affected individuals notified of their right to complain to the OIPC?	
Was anyone else notified of the incident (i.e. professional bodies, law enforcement, etc.)? If so, please provide who	
was notified and when.	
*Attach additional pages as required	
(Signature of Custodian or Representative) (Date)	