

ATIPPA, 2015 Form Reporting a Privacy Breach

A public body must use this form to notify the Office of the Information and Privacy Commissioner (OIPC) of a privacy breach. Section 64(4) of the **Access to Information and Protection of Privacy Act, 2015** (ATIPPA, 2015) states:

Where the head of a public body reasonably believes that there has been a breach involving the unauthorized collection, use or disclosure of personal information, the head shall inform the commissioner of the breach.

Please see our [guidance document](#) to assist you in completing this form.

You can complete and send this form to breachreport@oipc.nl.ca. You can also send this form by mail to Office of the Information and Privacy Commissioner, PO Box 13004, Station A, St. John's, NL A1B 3V8, or by fax to 709-729-6500.

OIPC records information contained in this form for breach management purposes, including but not limited to statistical, educational, and investigative purposes. OIPC will notify the public body if the Commissioner decides to initiate a privacy investigation.

If you have any questions or concerns, please contact OIPC at 709-729-6309 or toll free at 1-877-729-6309.

Do not include information that can identify individuals.

Date of Reporting this Privacy Breach: _____

Section 1: Public Body Information	
Public Body Name	
Division or Program	
Name and Title of Contact Person	
Contact Phone Number	
Contact Email	

Section 2: Discovery, Investigation, and Containment

Date Breach Occurred				
Date Breach Discovered				
Number of Affected Individuals				
Breach Type	Telephone	Fax	Email	Lost or Stolen Records
	Mail Out	Courier	Ransomware	Cyber Security
	Intentional (Willful Breach)		Technical Malfunction	
	Other:			

Discovery, Investigation, and Containment Details. Identify how the public body discovered and investigated the privacy breach. Identify the steps the public body has taken to contain or reduce the harm of the privacy breach.

Section 3: Personal Information Involved (check all that apply)
Do not include or send the identifiable personal information.

Name	Email	Home Address
Telephone Number	Signature	Driver's License Number
Birth Date	Medical History	Medicare Plan (MCP) Number
Financial Information	Social Insurance Number	Credit Card or Debit Card
Employment History	Educational History	Personal Opinions
Other:		

Section 4: Risk Evaluation and Potential Harm (check all that apply)
Identify any harm that may result from the privacy breach.

Identity theft
Bodily harm or harassment
Emotional harm, humiliation, or damage to reputation or relationships
Financial loss
Loss of employment, business, or professional opportunities
Other:

Section 5: Notification to Affected Individuals

Notification to Affected Individuals	<p>Yes. We notified them on _____ .</p> <p>Not Yet. We will notify them by _____ .</p> <p>No. We will not notify them.</p>												
Notification Method (check all that apply)	<table> <tr> <td>Telephone</td> <td>Email</td> <td>Mailed Letter</td> </tr> <tr> <td>Media Release</td> <td>Website</td> <td>Newspaper</td> </tr> <tr> <td>Social Media</td> <td colspan="2">Meeting (In Person or Virtual)</td> </tr> <tr> <td colspan="3">Other:</td> </tr> </table>	Telephone	Email	Mailed Letter	Media Release	Website	Newspaper	Social Media	Meeting (In Person or Virtual)		Other:		
Telephone	Email	Mailed Letter											
Media Release	Website	Newspaper											
Social Media	Meeting (In Person or Virtual)												
Other:													

Notification Details. Identify the content of the notification. If direct notification did not occur, explain why. You may attach a copy of the notification to this form. Please remove identifiable personal information.

Yes. We notified individuals of their right to file a privacy complaint with OIPC.

Not Yet. We will notify individuals of their right to file a privacy complaint with OIPC
by

Reasons Why Notification Did Not Occur (if applicable). Identify why the public body did not notify the affected individuals.

Section 6: Other Notifications (check all that apply)

- ATIPP Office
- Royal Newfoundland Constabulary
- Royal Canadian Mounted Police
- Communications staff
- The head of your public body (Minister, Mayor, etc.)
- Senior staff (Town Manager/Clerk, Director, Assistant Deputy Minister, Deputy Minister, etc.)

Other:

Section 7: Safeguards, Mitigation, and Prevention

Safeguards (check all that apply). Identify safeguards in place at the time of the privacy breach to protect the impacted personal information.

- | | | | |
|------------|------------|-------------------------------|--------------|
| Policies | Training | Audit Controls | Locked Doors |
| Procedures | Encryption | Locked Cabinets | Alarm System |
| Guidelines | Passwords | Information Sharing Agreement | |

Other:

Mitigation and Prevention Details. Identify steps the public body has taken to prevent or mitigate the risk of this type of privacy breach from occurring again. If applicable, identify changes to or implementation of safeguards.

You may attach additional documents if you believe it necessary. **Remove or anonymize** all identifying personal information.

I am attaching documents to this form.

I am **not** attaching any documents.