



PRIVACY BREACH REPORTING FORM

Instructions:

A privacy breach occurs when personal information is accessed, collected, used, disclosed or disposed of in ways that do not comply with the provisions of the *Act*. The most common breach of personal privacy is the unauthorized disclosure of personal information. Such circumstances may result from the loss, removal, theft or inadvertent disclosure or disposal of personal information.

To report a privacy breach, complete this form to the best of your ability (fields marked with an asterisk (*) are mandatory) and submit it to privacy@ecuad.ca. The privacy office may contact you with follow-up questions and next steps upon receiving your report.

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| Report Date: | |
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CONTACT INFORMATION

| | |
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| *Department/Faculty: | |
| *Name: | |
| *Title: | |
| Phone: | |
| *Email: | |

INCIDENT DESCRIPTION

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| Date the breach occurred: | |
| Date the breach discovered: | |
| *Describe the breach (<i>Please provide sufficient detail, including cause. Attach separate page if needed.</i>) | |
| | |
| Was it a theft? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of breach | |
| Was PI accessed or disclosed outside of Canada? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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| Is the personal information being stored on a server or servers outside Canada? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide the name of the service provider and location of the server (city and country). | |

INDIVIDUALS AFFECTED

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| Type(s) of individuals affected (check all that apply): | <input type="checkbox"/> ECU student <input type="checkbox"/> ECU staff <input type="checkbox"/> ECU faculty/instructors <input type="checkbox"/> ECU alumni <input type="checkbox"/> ECU retirees <input type="checkbox"/> Other external third parties (please specify) |
| Estimate number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): | |
| Number of individuals who inappropriately received information | |
| Additional information relating to affected individuals | |

PERSONAL INFORMATION BREACHED

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| Types of personal information breached Select all that apply; elaborate below in "Additional information relating to personal information breached" | <input type="checkbox"/> Personal contact information (e.g. name, address, phone number, email address) <input type="checkbox"/> Age / birthdate <input type="checkbox"/> Sex <input type="checkbox"/> Marital or family status <input type="checkbox"/> Identifying number <input type="checkbox"/> Race or national or ethnic origin <input type="checkbox"/> Educational history <input type="checkbox"/> Medical history <input type="checkbox"/> Disabilities <input type="checkbox"/> Blood type <input type="checkbox"/> Religious / political beliefs / associations <input type="checkbox"/> Employment history <input type="checkbox"/> Financial history <input type="checkbox"/> Criminal history <input type="checkbox"/> Images <input type="checkbox"/> Contact information of family member |
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| Additional information relating to personal information breached | |
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SAFEGUARDS

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| Existing physical security measures | <input type="checkbox"/> Locked offices/desks/file cabinets <input type="checkbox"/> Alarm systems <input type="checkbox"/> Surveillance video <input type="checkbox"/> Other: |
| Existing technical security measures | <input type="checkbox"/> Passwords <input type="checkbox"/> Encryption <input type="checkbox"/> Other: |
| Existing procedural security measures | <input type="checkbox"/> Security / key card clearance <input type="checkbox"/> Policies and procedures <input type="checkbox"/> Training / education <input type="checkbox"/> Contractual provisions <input type="checkbox"/> Other: |
| Additional information relating to safeguards (elaborate on the above safeguards, if applicable) | |

HARM RESULTING FROM BREACH

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| Select all that apply |
| <input type="checkbox"/> Identity theft (most likely when the breach includes loss of S.I.N., credit card numbers, driver's licence numbers, personal health numbers, debit card numbers with password information and any other information that can be used to commit financial fraud) <input type="checkbox"/> Risk of physical harm (when the loss of information places any individual at risk of physical harm, stalking or harassment) <input type="checkbox"/> Hurt, humiliation, damage to reputation (associated with the loss of information such as mental health records, medical records, and disciplinary records) <input type="checkbox"/> Loss of business or employment opportunities (usually as a result of damage to reputation to an individual) <input type="checkbox"/> Breach of contractual obligations (contractual provisions may require notification of third parties in the case of a data loss or privacy breach) <input type="checkbox"/> Future breaches due to similar technical failures (notification to the manufacturer may be necessary if a recall is warranted and/or to prevent a future breach by other users) <input type="checkbox"/> Failure to meet professional standards or certification standards (notification may be required to professional regulatory body or certification authority) <input type="checkbox"/> Other (specify): |



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| Additional information relating to harm (elaborate on the above, if applicable) | |
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MITIGATION AND PREVENTION

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| Immediate steps taken to contain and reduce harm resulting from breach (<i>select all that apply</i>) | <input type="checkbox"/> Information deleted or recovered <input type="checkbox"/> Police notified <input type="checkbox"/> Locks changed <input type="checkbox"/> Security codes changed <input type="checkbox"/> Passwords changed <input type="checkbox"/> Systems access privileges revoked <input type="checkbox"/> Information systems shut down <input type="checkbox"/> Other: |
| Potential long-term strategies to correct the situation | <input type="checkbox"/> Training <input type="checkbox"/> Follow procedures and best practices <input type="checkbox"/> Develop/revise procedures and best practices <input type="checkbox"/> Supervision strategies <input type="checkbox"/> Other: |
| Additional information relating to mitigation and prevention | |

INTERNAL NOTIFICATIONS

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| Who did you notify when the breach was identified? | |
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Please submit this form to privacy@ecuad.ca.