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|  | Privacy Incident Report Form |

*This tool may be used to document the details of an investigation related to a privacy breach or complaint about privacy and is supplementary to the Occurrence Report and/or Complaint Form.*

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| **Incident Number: Click or tap here to enter text.** | **Occurrence No.** Click or tap here to enter text. |
| **Complaint No.** Click or tap here to enter text. |

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| **Date of Report:** Click or tap here to enter text. | **Initiated by**: Click or tap here to enter text. |

1. **Source of Report**

Patient-centric or User-centric Report of User Activity (Audit Request)

**Type of Audit:** Random Focused  Requested Person of Interest

Other/Specify: Click or tap here to enter text.

**Clinical Application**  PHIMS Procura  Accuro Chart Inquiry eChart

EPR

Other/Specify: Click or tap here to enter text.

Manager/Supervisor

Staff Member

Public

Other/Specify: Click or tap here to enter text.

1. **Incident Information and Description**

Community: Choose an item.

Name of Facility: Choose an item.

Program/Department: Choose an item.

Date of Incident: Click or tap to enter a date.

Date incident discovered: Click or tap to enter a date.

Describe the incident and its cause (include sequence of events ans dates where applicable):Click or tap here to enter text.

**Affected Individual(s)**

**\****This section is intended to identify any individuals whose information is involved in the incident*

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| --- | --- | --- |
| **Name of Affected Individual(s)** | **Relation to SH-SS** | **Relevant Information**  Other identifiable information  (i.e. demographics, labs, discharge summary). |
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**Number of affected individuals:**Click or tap here to enter text.

**Number of affected persons associated with SH-SS:**Click or tap here to enter text.

**Number of affected staff:**Click or tap here to enter text.

Staff Involved in the Incident

|  |  |  |
| --- | --- | --- |
| Name of Employee (s) Involved | Position | Supervisor/Manager |
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|  |  |  |

1. Containment of the Incident

Describe the steps that have been taken to reduce the risk of harm (i.e. recovery of information, locks changed, computer systems shut down, revoked access).

Yes

Explain: Click or tap here to enter text.

No

Explain: Click or tap here to enter text.

N/A

1. Security Safeguards in place at the time of Incident

|  |  |  |
| --- | --- | --- |
| **Administrative**  None  Privacy Signage  Disclaimers  Access to SH-SS Policies  Privacy Education  Signed Pledge  Audits  PIA  N/A  Other/Specify: | **Physical**  None  Private Telephone  Secure Mail Processes  Physical Barriers  Secure Storage  Key Processes  Computers  Waste  Access Control  N/A  Other/Specify: Click or tap here to enter text. | **Technical**  None  Lock Screen  Appropriate Use of Passwords  Secure Electronic File Storage  Automatic Log-out  N/A  Other/Specify: Click or tap here to enter text. |

1. Type of Information and Description (see ORG.1411.PL.203 or ORG.1411.Pl.001.SD.01 for definitions)

Personal Information

Personal Health Information

Corporate or Business Information

1. **Form of Information**

Electronic

Verbal

Paper

1. Media/Mode

Electronic Health Record System

Fax

Portable Storage Media (USB)

Text

Email

Portable Electronic Device (i.e. laptop, smartphone)

Social Media

Video/Photo

Other/Specify: Click or tap here to enter text.

1. **Investigation**

*Describe the steps taken to investigation the privacy breach or complaint about privacy. For example, meetings, consultations, additional audits etc.).*

Click or tap here to enter text.

**Investigation Interview(s)**

***(Investigation meeting notes maintained in folder)***

|  |  |  |
| --- | --- | --- |
| **Date of Interview** | **Interviewee(s)** | **Interviewer(s)** |
|  |  |  |
|  |  |  |

**Total Number of Interviews Conducted=**Click or tap here to enter text.

1. Investigation Findings

Intentional Breach

Unintentional Breach

No Breach – ***Go to step 16****.*

Not in the Context of Access and Privacy – ***Go***

1. Risk Evaluation

Low

Medium

High

1. **Policy Violations**

Confidentiality of Personal Health Information Policy ORG.1411.PL.201

Use and Disclosure of Personal Health Information ORG.1411.PL.502

Information and Communication Technology Security ORG.1610.PL.001

eChart Manitoba [Terms of Use](http://www.echartmanitoba.ca/conditionsOfUse.html)

Social Media ORG.1510.PL.016

Security and Storage of Personal Health Information Policy ORG.1411.PL.404

Disclosure of Personal Health Information to Police ORG.1411.PL.505

Privacy of Personal Information Under the Freedom of Information and Protection of Privacy Act ORG.1411.PL.007

Appropriate Use of Information and Communication Technology ORG.1610.PL.002

Audio, Video, and Photographic Recordings Policy and Surveillance ORG.1411.PL.503

Retention and Destruction of Personal Health Information ORG.1410.PL.201

Retention of Non-Client Records ORG.1410.PL.202

Other Click or tap here to enter text.

**13. Aggravating Factors**

None

Does not take responsibility

No remorse

Multiple privacy offenses/violations

Intentional

Malicious

Other: Click or tap here to enter text.

**14. Actions** (include discipline recommendations and recommended prevention strategies)

Actions Recommended: Click or tap here to enter text.

Date Actions Completed: Click or tap to enter a date.

No Actions

**15. Notification**

*Describe the notification process (i.e. who was notified, the form of notification, the date, who provided the notification in the table below)*

**Internal**

SLT Member

Regional Lead

Director

Communications

Human Resources

Other/Specify: Click or tap here to enter text.

**External**

Manitoba Ombudsman

Insurer

Law Enforcement (RCMP or City Police)

Legal Representative

Other Trustee/Public Body

Manitoba Health

Digital Health/Shared Health

Contracted Agency

Regulatory Body

Educational Institution

Other Service Provider

Other/Specify: Click or tap here to enter text.

**Public**

Media

Website

Other/Specify: Click or tap here to enter text.

**Affected Individual**

Yes

No – If No, explain why Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Individual(s) Notified | Date Notified | Form of Notification | Completed by |
|  |  |  |  |
|  |  |  |  |

**Total Number of Notifications Completed=**Click or tap here to enter text.

1. **Complaints**

**Response to Complainant**

Date of Response: Click or tap to enter a date.

Form of Response: Click or tap here to enter text.

Completed by: Click or tap here to enter text.

Complaints Database Finalized: Click or tap to enter a date.

1. **File Closure**

**Privacy Involvement Complete**

Date: Click or tap to enter a date.

**Final Closure**

Date: Click or tap here to enter text.

**Closed by:** Click or tap here to enter text.