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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*

|  |  |  |
| --- | --- | --- |
| **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 |
|  |  |  |
|  |  |  |

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.