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**Privacy Breach Reporting Form**

**For Ministerial Public Body Employees**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | | | | | |  |  |
| **First name** | |  | **Last name** | | | | | |  | **Position** |
|  | |  |  | | | |  |  | | |
| **Branch/unit** | |  | **Phone** | | | |  | **Email** | | |
|  | | | | | | | | | | |
| **Name of Public Body Designated Privacy Officer** | | | | | | | | | | |
| **Complete the following fields. Select all that applies:** | | | | | | | | | | |
|  | Unauthorized collection | | | |  | Unauthorized use | | | | |
|  | Unauthorized disclosure | | | |  | Loss or theft of information | | | | |
|  | Unauthorized disposal | | | |  | Loss or theft of a device | | | | |
| Date of suspected breach: | | | |  | | | | | | |
| Date breach was discovered: | | | |  | | | | | | |
| Location of suspected breach: | | | |  | | | | | | |
| Number of individuals affected: | | | |  | | | | | | |

**For assistance completing this form, please see the Guidance for Reporting a Suspected Privacy Breach.**

**1) Describe the circumstances of the suspected breach and how it was discovered. Please provide a detailed description including any systems that may be involved. Do not include any personal or identifiable information.**

**Please select all fields related to the incident on Appendix A:**

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|  |

**2) List the immediate containment actions you have taken to prevent further access:**

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**APPENDIX A:**

PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION LISTING

Note: This is not an exhaustive list of personal information and/or personal health information.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Identification and Contact Information | |  | Unique Identifiers | |  | Financial Information | |
| Name or alias |  |  | User name |  |  | Real estate |  |
| Address |  |  | Password |  |  | Tax information |  |
| Residency |  |  | Unique identification number |  |  | Credit history |  |
| Home or cell phone |  |  | Social insurance number |  |  | Income |  |
| Email address |  |  | Case file number |  |  | Expenditures/liabilities |  |
| Gender |  |  | Electronic signature |  |  | Bank accounts |  |
| Nationality |  |  | Yukon Health Insurance number |  |  | Credit or debit card numbers |  |
| Place of Birth |  |  | Employee ID |  |  | Expiration dates |  |
| Date of Birth |  |  | Driver’s license number |  |  | Magnetic stripe data |  |
| Age |  |  | Other (please specify) |  |  | PIN or security code |  |
| Martial status |  |  |  |  |  | Insurance information |  |
| Number of dependents |  |  | **Employment Information** | |  | Legal status (judgements, injunctions, proceedings) |  |
| Signature |  |  | Name of Employer |  |  | Other (Please specify) |  |
| Other (Please specify) |  |  | Employment history |  |  |  |  |
|  |  |  | Employment references |  |  |  |  |
| Physical Characteristics | |  | Experience/training |  |  | **Health Information** | |
| Skin colour |  |  | Information generated during recruitment or selection process |  |  | Health care status or diagnosis |  |
| Eye colour |  |  | Employment history |  |  | Test results or medical images |  |
| Hair colour |  |  | Employment references |  |  | Medications |  |
| Height |  |  | Opinion about another individual |  |  | Diagnosis |  |
| Weight |  |  | Other (Please specify) |  |  | Disability |  |
| Scars |  |  |  |  |  |  |  |
| Fingerprint |  |  |  |  |  |  |  |
| Iris scan |  |  |  |  |  |  |  |
| Blood type |  |  | **Education Information** | |  |  |  |
| Photograph |  |  | Academic history/status |  |  |  |  |
| Video image |  |  | Degrees |  |  | **Sensitive Data** | |
| Other (Please specify) |  |  | Professional licenses |  |  | Religious views or affiliation |  |
|  |  |  | Certificates |  |  | Philosophical beliefs |  |
|  |  |  | Awards |  |  | Political views |  |
|  |  |  | Grades |  |  | Union membership |  |
|  |  |  | Other (Please specify) |  |  | Health information |  |
|  |  |  |  |  |  | Genetic information |  |
|  |  |  |  |  |  | Data on sexual life/preferences |  |
|  |  |  |  |  |  | Ethnicity or racial background |  |
|  |  |  |  |  |  | Criminal history |  |
|  |  |  |  |  |  | Information about vulnerable person |  |
|  |  |  |  |  |  | Other (please specify) |  |
|  |  |  |  |  |  |  |  |
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