

Appendix B: Privacy Incident/Complaint Report

When completing this report, please provide as much detail as possible.
This form should not contain PHI (i.e. names, identifiers of affected individuals).

Is there a Security Incident Report associated with this incident/complaint? ☐ Yes ☐ No

Incident Information

Date and time of the incident:

Date and time of the incident was detected:

Was this a security or privacy incident/complaint?

☐ Security

☐ Privacy

Name & title of person(s) responsible for
incident/complaint reporting:

Description of the incident/complaint (provide details):

If it is an incident, how was the incident identified?

What type of PI/PHI was involved? (data elements ONLY – do NOT include the PI/PHI in the description)

Incident Containment/Remediation (if applicable)	
Describe the actions taken to contain the incident (e.g. access to a system(s) revoked, PHI recovered):	
Describe any remediation measures taken (including dates, and parties involved):	
Describe any remediation measures that are planned for the future (including timelines and parties involved):	
Who is responsible for implementing remediation measures?	
IPC and Other Reporting	
<p>Is this incident reportable to the IPC of Ontario?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>	<p>If “yes”, indicate:</p> <p>Annual <input type="checkbox"/> reporting <input type="checkbox"/> Mandatory reporting (other than annual submission) If “no”, please provide explanation:</p>
<p>Have the affected individuals been notified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>	<p>If “yes”, please provide the date & details of notification:</p>
<p>Have HR and any other regulatory bodies been notified (e.g. regulatory college, law enforcement, others)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>	<p>If “yes”, please provide the date & details of notification:</p>

Privacy Team Follow-up

☐ BR ☐ IN

Date incident/complaint reported to Privacy Lead:

Incident/complaint investigated by:

Actions Taken

By Amplify Care:

By Vendor:

Planned next steps:

Date incident/complaint investigation completed:

Date incident/complaint report remitted to affected HIC: