

### PRIVACY BREACH REPORTING FORM

If you are aware of a privacy breach involving your school or worksite, please complete this form and submit it to the Manager of ATIPP/ATIPP Coordinator: <a href="mailto:jackiecrane@nlesd.ca">jackiecrane@nlesd.ca</a> or by fax: 709-758-2706		
Date of Submission to NLESD Headquarters		
Contact Information		
School or Worksite		
Name		
Position		
Phone #		
Email address		
Incident Description		
Date breach occurred		
Date breach was discovered		
Location of breach		
Estimated number of individuals whose information may have been affected/compromised		
Types of Individuals Affected (Check all that apply)		
<input type="checkbox"/> STUDENT <input type="checkbox"/> PARENT/FAMILY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER _____		
Describe the breach (please provide as much detail as possible)		
Describe the type and extent of personal information involved (e.g. name, address, SIN, medical information, assessments, custody documents, educational data). Please see description of personal information from the Access to Information and Protection of Privacy Act (ATIPPA) at bottom of form. *		
Has the principal and/or Senior Education Officer been notified? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If the breach is electronic in nature, has your IT Support Person been notified? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have the police been notified? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Have the affected individuals/parents/guardians been contacted?* <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>*Please contact the ATIPP Coordinator to discuss notification protocol.</i>		
<b>*Form must be completed as soon as possible and submitted to Jackie Crane, NLESD ATIPP Coordinator by email: <a href="mailto:jackiecrane@nlesd.ca">jackiecrane@nlesd.ca</a> or by fax: 758-2706</b>		

*\*Personal information as defined in ATIPPA means recorded information about an identifiable individual, including name, address or telephone number; race, national or ethnic origin, colour, or religious or political beliefs or associations; age, sex, sexual orientation, marital status or family status; identifying number, symbol or other particular assigned; fingerprints, blood type or inheritable characteristics; health care status or history, including a physical or mental disability; information about educational, financial, criminal or employment status or history; opinions of a person about an individual; and the individual’s personal views or opinions (except where they are about someone else).*