

## Northeastern Catholic District School Board

383 Birch Street North, Timmins, ON P4N 6E8 705.265.7443 or 877.422.9322 Fax: 705.267.3590 www.ncdsb.on.ca

## PRIVACY BREACH REPORT

TO BE COMPLETED BY THE PRINCIPAL OR MANAGER 1. REPORT AND ASSESS Name of Person reporting suspected breach (please print): Job Title/Work Location: **Contact Number: Supervisor: Date/Time Incident Discovered:** What happened? Where? When? How was it discovered? Action taken, if any? Was personal information involved? yes ☐ no ☐ Has an unauthorized breach occurred? yes ☐ no ☐ If you answer yes to both questions, follow the procedure and complete the form. If not, no further action is required. 2. CONTAINMENT (describe any actions taken to limit or contain the breach, for example "shut down system". By Whom? Date/Time: 3. INVESTIGATE Who was affected, staff, students, contractors? **How Many?** Describe the events that lead to the breach and what form the breach took. How was the information breached?

Who should be notified (determined by the breach)?    affected individuals   description of the incident and timing   description of the information involved   nature of potential or actual risks or harm   description of mitigating actions taken   appropriate action for individuals to take to protect themselves against harm   a contact person for questions or to provide further information   other departments or staff   contact information for the information and Privacy Commissioner   privacy Commissioner (if required)    Notification Provided by:  When/How:  5. PREVENTION OF FUTURE BREACHES (to be completed by the Principal or Manager)	4. NOTIFICATIONS (consult the Privacy Information Officer or your Superintendent to confirm who should be notified and when.)	
affected individuals police (if theft or other crime is suspected) insurers or others information and Privacy Commissioner credit card companies, financial institutions third party contractors or other parties affected other departments or staff union or employee bargaining groups  description of the information involved nature of potential or actual risks or harm description of mitigating actions taken appropriate action for individuals to take to protect themselves against harm a contact person for questions or to provide further information contact information for the information and Privacy Commissioner (if required)  Notification Provided by:  When/How:	Who should be notified (determined by the	Notification to affected individuals shall include:
<ul> <li>police (if theft or other crime is suspected)</li> <li>insurers or others</li> <li>information and Privacy Commissioner</li> <li>credit card companies, financial institutions</li> <li>third party contractors or other parties affected</li> <li>other departments or staff</li> <li>union or employee bargaining groups</li> <li>nature of potential or actual risks or harm</li> <li>description of mitigating actions taken</li> <li>appropriate action for individuals to take to protect themselves against harm</li> <li>a contact person for questions or to provide further information</li> <li>contact information for the information and Privacy Commissioner (if required)</li> </ul> Notification Provided by:	breach)?	<ul> <li>description of the incident and timing</li> </ul>
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affected further information other departments or staff contact information for the information and privacy Commissioner (if required)  Notification Provided by:  When/How:	<ul> <li>credit card companies, financial institutions</li> </ul>	protect themselves against harm
□ other departments or staff □ union or employee bargaining groups  Notification Provided by:  When/How:  □ contact information for the information and Privacy Commissioner (if required)	<ul> <li>third party contractors or other parties</li> </ul>	☐ a contact person for questions or to provide
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When/How:	<ul> <li>union or employee bargaining groups</li> </ul>	Privacy Commissioner (if required)
	Notification Provided by:	
5. PREVENTION OF FUTURE BREACHES (to be completed by the Principal or Manager)	When/How:	
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Report Completed by (please print): Signature:		by the Principal or Manager)
Superintendent (please print): Signature:	5. PREVENTION OF FUTURE BREACHES (to be completed	
Date: Director of Education:	5. PREVENTION OF FUTURE BREACHES (to be completed  Report Completed by (please print):	Signature:
	5. PREVENTION OF FUTURE BREACHES (to be completed  Report Completed by (please print):  Superintendent (please print):	Signature: Signature:
Forward completed report to the Superintendent at the Catholic Education Center.	5. PREVENTION OF FUTURE BREACHES (to be completed  Report Completed by (please print):  Superintendent (please print):  Date:	Signature: Signature: Director of Education: