



## PRIVACY BREACH FORM

### Information of Organization

Parkland School Division |

Address of Organization:

4603 – 48 Street, Stony Plain, AB

Date of Report:

Organization file number (if applicable)

### Contact information for a person who can answer the questions about the breach

Name

Title/Position

Mailing Address

Telephone

Email

### Breach Description

Date breach occurred:

Date breach ended:

Date breach was discovered:

Total number of individuals affected:

Was the information collected in Alberta?

Yes

\_\_\_\_\_ # of Individuals impacted

No

The breach involved a:

Loss of personal information or individually identifying information

Unauthorized access to personal information

Unauthorized disclosure of personal information

Location of the breach:

Describe the circumstances of the breach and the caused. **Do not** include individually identifying information

Describe how the breach was discovered and who discovered it:

### Third Party Reporting (if applicable)

Name of reporting entity:

Mailing Address:

Contact Person/position

Mailing Address

Telephone Number:

Email:

Fax:

Relationship to the organization  
(e.g. contractor, service provider)

Has the breach been reported to the Parkland School Division FOIP Coordinator?

Yes

No

### Risk Mitigation

Describe the steps taken to reduce the risk of harm to affected individuals.

Describe the steps taken to reduce the risk of a similar event occurring in the future.

### Notice to Affected Individuals

Have affected individuals been notified?

Yes

No

Describe the content of the notice:

Describe the form of the notice (e.g. letter, email):

Copy of the notice is attached. **Do not** included individually identifying information.  
Date when affected individuals were notified:

### Personal Information Involved

List the types of personal information involved. **Do not** include individually identifying information.

### Harm

Describe the possible harms that may occur as a result of the breach. **Do not** include individually identifying information

### Risk Assessment

Provide an assessment of the likelihood that the harm will result. **Do not** include individually identifying information.

### Additional Information

Has your privacy officer for security in your organization been notified of the breach?

Yes

No

If yes, provide the name and contact information of the privacy officer, and the date notified.

Name:

Contact Information:

Date notified:

Have the police or any other authorities or organizations been notified about the breach?

Yes

No

If yes, provide the name and contact information for each entity notified, and the date notified. *(use a separate piece of paper if required)*

Name of organization:

Contact Information:

Date Notified:

Provide the form to Roxanne Genereux, FOIP Coordinator with Parkland School Division.

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Roxanne Genereux, FOIP Coordinator