

Privacy Incident Report Form Freedom of Information &

Protection of Privacy

Part 1: General Information and Incident Description

(i)	Contact information of Head (Chair/Director) of Department/Unit where incident occurred					
Name:		UofG Email:	UofG Email:			
Department:		Title:				
(ii)	Contact information of person filing p	orivacy incident report form	Same as al	oove		
Name:		UofG Email:				
(iii)	Information about the incident					
Date of incident:		Location:				
When and how the incident was discovered:						
Brief description of the incident:						
Part 2: Containment						
(i)	Immediate action					
Have t	he records concerned been retrieved or	r access to them stopped?	Yes	No		
Have computer access codes or authorizations been changed or revoke		ns been changed or revoked?	Yes	No		
		Date changed or revoked:				
If a sy	stem was breached, has the system bee	en shut down?	Yes	No		
		Date shut down:				
(ii)	Follow-up action					
individ	ou confirm that no copies have been ma lual(s) concerned who were not authoriz e contact information of the individual r ne individual, attach details on a separa	zed to retrieve the information? receiving unauthorized access to inf	Yes formation (if r	No more		
Name:	·	Email:				
Phone	: Address:					

(iii)	Preventat	tive a	ction
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Identify and describe any weaknesses in physical and/or electronic security:

Corrective actions recommended:

Part 3: Evaluation of Risks

(i) Personal information involved

What type of personal information was involved? (e.g. name, addresses, IDs, health records, etc.)

Sensitivity of information:

High (e.g. health, financial, student or employment information)

Medium (e.g. opinion material)

Low (e.g. name and address only)

Format of records:

Was the information encrypted, anonymized or otherwise not easily accessible? Yes No

(ii) Cause and extent of incident

Is this incident:

An isolated incident

The result of a systemic problem

Risk of ongoing or further exposure of the information: High Medium Low

Describe possible ongoing risk/exposure:

(iii) Individuals affected by the incident

Number of individuals whose personal information is affected by the incident:

Affected individuals or groups: Students Employees External Other

(iv) Foreseeable harm

Is there foreseeable harm that could result from the incident?

Yes

No

Unsure

If yes, what harm could result from the incident? Check one or more below.

Harm to individuals: Harm to the University of Guelph: Harm to the public:

Risk to physical security Loss of trust in institution Risk to public health

Financial loss Damage to reputation Risk to public safety

Identity theft Legal proceedings

Damage to reputation or

relationships

Financial loss or expenditure

Part 4: Notification

(i) Notify University of Guelph Information Governance & Privacy Office

Has the University's Privacy Officer been notified of the incident?

Yes

Date of notification:

(ii) Notify University of Guelph Information Security (CCS)

Has the Information Security Office been notified of the incident (if necessary)?

Date of notification:

(iii) Notify authorities

Have the police or other authorities been notified of the incident (if necessary)?

Yes

No

No

No

No

Date of notification:

(iv) Notify affected individuals

Have all affected individuals been notified of:

Description of the incident Yes

The specifics of the information accessed, collected, used or disclosed

Yes

No

Steps taken so far to address the incident

Yes

No

Future steps planned to prevent further privacy incidents

Yes

No

Additional information, if required, about how individuals can protect themselves Yes No

Contact information for individual within the University to answer questions or

Yes

No

provide further information

Date(s) of notification:

Form of notification: Email Telephone In person Other

Report completed by: Date: