Health Information

Under section 60.1(2) of the Health Information Act (HIA), a custodian must provide notice to the Minister of any loss of or any unauthorized access to or disclosure of individually identifying health information in the custody or control of the custodian if there is a risk of harm to an individual as a result of the loss or unauthorized access or disclosure. A custodian must use this form when notifying the Minister of a breach of the HIA as per section 8.2(3) of the Health Information Regulation.

**Unless otherwise indicated, all content is mandatory. Fields marked with an asterisk (\*) are optional.**

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| **CONTACT INFORMATION** (Provide the name of the custodian who had custody or control of the information at the time of the loss or unauthorized access or disclosure, and the name and contact information for a person who is able to answer questions on behalf of the custodian about the loss or unauthorized access or disclosure. In some cases, the custodian may be the contact person. If the custodian has an internal reference number, include it for communication purposes.) | | | |
| Name of Custodian: | Click or tap here to enter text. |  |  |
| Name of Contact Person: Click or tap here to enter text. | | | |
| Address: Click or tap here to enter text. | | | |
| Daytime Telephone: Click or tap here to enter text. | | \*Facsimile: Click or tap here to enter text. |  |
| \*Email Address: | Click or tap here to enter text. |  |  |
| \*Custodian's Reference Number: Click or tap here to enter text. | | | |

**Description of Breach** (Describe the circumstances of the loss or unauthorized access or disclosure.)

Click or tap here to enter text.

Health Information

**Type of Information Involved** (Describe the **type** of information that was lost or that was the subject of the unauthorized access or disclosure. **Do not include any information that will identify a specific individual**.)

Click or tap here to enter text.

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| **Description of Risk of Harm** (Describe the risk of harm to an individual as a result of the loss or unauthorized access or  disclosure. Include a description of the type of harm and an explanation of how the risk of harm was assessed. Include the number, or if the number cannot be determined, an estimate of the number, of individuals to whom there is a risk of harm as a result of the loss or unauthorized access or disclosure. **Do not include any identifying information**.) |
| Number of Affected Individuals: Click or tap here to enter text. |
| Click or tap here to enter text. |

**Risk Mitigation** (Describe any steps that the custodian has taken or is intending to take, as of the date of this notice, to reduce the risk of harm to an individual as a result of the loss or unauthorized access or disclosure.)

Click or tap here to enter text.

Health Information

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| **\*Additional Information** (Include any additional information the custodian considers to be relevant.)  Click or tap here to enter text. |

If you have any questions about the Health Information Act or any of its Regulations, contact the HIA Help Desk at 780-427-8089 or [hiahelpdesk@gov.ab.ca](about:blank)

Submit this form by email to [HIABreachReporting@gov.ab.ca,](about:blank) or by mail to:

Alberta Health

Attention: HIA Policy, Privacy and Security Unit PO Box 1360 Station Main

10025 Jasper Avenue Edmonton, AB T5J 2N3