March 18, 2015

Dear [NIL],

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: OPE/2/2015]

On January 27, 2015 the Office of Public Engagement received your request for access to the following records/information:

All privacy breach reporting forms submitted to the Access to Information and Protection of Privacy Office in fiscal year 2012-13 (April 1, 2012 to March 31, 2013).

On February 23, 2015 we advised you that the 30 day time period for responding to your request had been extended for an additional 30 days, in accordance with subsection 16(1)(d) of the Act, as consultations with other public bodies were required.

I am pleased to inform you that your request for access to these records has been granted in part. In particular, access is granted to the 20 privacy breach reports that were submitted to the ATIPP Office during the requested period with limited information being withheld.

Access to the remaining information contained within the records, has been refused in accordance with the following exceptions to disclosure, as specified in the Access to Information and Protection of Privacy Act (the Act):

30. (1) The head of a public body shall refuse to disclose personal information to an applicant where the disclosure would be an unreasonable invasion of a third party’s personal privacy.

Please note that the responsibility for determining how to document and respond to privacy breaches lies with each public body and the current legislation does not require that public bodies submit privacy breach reports to the ATIPP Office. Therefore, there may be breaches that occurred during the 2012-13 fiscal year where the ATIPP Office did not receive reports.

As required by subsection 7(2) of the Act, we have severed information that is excepted from disclosure and have provided you with as much information as possible. In accordance with your request for a copy of the records, the appropriate copies have been enclosed.

Section 43 of the Act provides that you may ask the Information and Privacy Commissioner to review this partial refusal of access or you may appeal the refusal to the Supreme Court Trial Division. A request to the Information and Privacy Commissioner shall be made in writing within 60 days of the date of this letter or within a longer period that may be allowed by the Commissioner.
The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Str. A
St. John’s, NL A1B 3V8

Telephone: (709) 729-6309
Facsimile: (709) 729-6500

In the event that you choose to appeal to the Trial Division, you must do so within 30 days of the date of this letter. Section 60 of the Act sets out the process to be followed when filing such an appeal.

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Office of Public Engagement’s website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact the ATIPP Coordinator, Sonja El-Gohary, at 709-729-7128, or sonjaelgohary@gov.nl.ca.

Sincerely,

JUDITH HEARN
Deputy Minister

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Privacy Breach Reporting Form

If you are aware of a privacy breach that involves your department or public body, please complete this form and submit it to the Access to Information and Protection of Privacy (ATIPP) Office.

A privacy breach occurs when there is unauthorized collection, use, or disclosure of personal information in contravention of the Access to Information and Protection of Privacy (ATIPP) Act.

The most common privacy breaches involve personal information being lost, stolen, or mistakenly disclosed, such as a laptop containing personal information being stolen or a document with client information being e-mailed to the wrong person.

Please fill out this form in its electronic format (i.e. Microsoft Word). Be sure to complete all sections. You may attach additional pages if necessary. Please indicate if a question does not apply to your situation or if you are not sure how to answer.

Upon completion of this Privacy Breach Reporting Form, please forward via email or fax to your Senior Privacy Analyst in the ATIPP Office. To obtain contact details for your Analyst, please phone the ATIPP Office at 709-729-7072. The Senior Privacy Analyst assigned to your department or public body will contact you upon receipt of this form.

Contact Information

Department / Public Body: Service NL

Division / Program: Motor Registration Division

Contact:

Name: Tom Beckett
Title: Deputy Registrar
Phone: 729-2520
Fax: 729-6955
E-Mail: beckettt@gov.nl.ca
Mailing address: P.O. Box 8710, St. John's, NL A1B 4J5

Date of Submission to the ATIPP Office: April 17, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: Late March, 2012
2. Date the breach was discovered: Mid April, 2012
3. Describe the breach (provide sufficient detail, including cause):
   A Vehicle Registration and sticker belonging to one individual was mailed in the same envelop as a Vehicle Registration and sticker for a different person.
4. Location of the breach:
   Mount Pearl
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): Two - the vehicle is in joint ownership
6. Type(s) of individuals affected (check all that apply):
   - Client / Customer / Patient
   - Employee
   - Student
   - Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc...):
   The Vehicle Registration and sticker mailed in error has been returned to MRD and sent to the correct address. In the absence of a telephone number, MRD will send a letter of apology for the breach to the individuals whose personal information was released and offer the opportunity to obtain new driver licence numbers and/or a new licence plate for the car.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name, full address, driver's licence number, Vehicle Plate Number, Registration Expiry Date, Make/Model/Colour/Mass/Year of the vehicle, Vehicle Serial Number, sticker number

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   n/a
10. Describe the administrative safeguards (policies, procedures, etc...) currently in place to protect the personal information in your custody and control:
All staff received ATIPP training, not only through the online but as in-person training sessions with a representative from the ATIPP office. Staff have been directed to take due care in mailings. ATIPP requirements are discussed at every staff meeting.

11. Describe the technical safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

- [x] Encryption
- [x] Password
- [ ] Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - [x] Identity theft (higher risk if breach involves SIN # or financial information)
   - [ ] physical harm or harassment (e.g. stalking)
   - [ ] emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
   - [ ] financial cost
   - [ ] loss of business or employment opportunities
   - [ ] breach of contract and/or other legal obligations (e.g. from data loss)
   - [ ] future breaches (technical failures)
   - [ ] violation of professional standards or certificate standards
   - [ ] risk to public health or safety
   - [ ] Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - [x] Yes Date Analyst was notified: April 17, 2012
   - [ ] No When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - [ ] Yes Who was notified and when?
   - [x] No Will law enforcement be notified at a later time?
     - [ ] Yes
     - [x] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - [ ] Yes Who was notified and when?
   - [x] No

16. Have other authorities (E.g. professional bodies) been contacted?
   - [ ] Yes Who was notified and when?
   - [x] No Will other authorities be notified at a later time?
     - [ ] Yes
     - [x] No

Important!

You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

http://www.justice.gov.nl.ca/just/civil/atipp/
For Internal Use by the ATIPP Office Only

Date Reporting form received by the ATIPP Office:

IMPORTANT! Upon receipt by the ATIPP Office, please print a copy of the Privacy Breach Reporting form and apply a “Date Received” stamp, in the space provided below. The form must then be immediately forwarded to the Director for review.

Received by:

Signature of ATIPP Office Representative
Privacy Breach Reporting Form

If you are aware of a privacy breach that involves your department or public body, please complete this form and submit it to the Access to Information and Protection of Privacy (ATIPP) Office.

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The most common privacy breaches involve personal information being lost, stolen, or mistakenly disclosed, such as a laptop containing personal information being stolen or a document with client information being e-mailed to the wrong person.

Please fill out this form in its electronic format (i.e. Microsoft Word). Be sure to complete all sections. You may attach additional pages if necessary. Please indicate if a question does not apply to your situation or if you are not sure how to answer.

Upon completion of this Privacy Breach Reporting Form, please forward via email or fax to your Senior Privacy Analyst in the ATIPP Office. To obtain contact details for your Analyst, please phone the ATIPP Office at 709-729-7072. The Senior Privacy Analyst assigned to your department or public body will contact you upon receipt of this form.

**Contact Information**

Department / Public Body:  Service NL

Division / Program:  Motor Registration Division

Contact:

Name:  Phil Hicks
Title:  Manager
Phone:  637-0190
Fax:  637-2615
E-Mail:  hicksp@gov.nl.ca
Mailing address:  Sir Richard Squires Building, Corner Brook, NL A2H 6J8

Date of Submission to the ATIPP Office:  May 4, 2012

*(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)*
Risk Evaluation

Incident Description

1. Date the breach occurred: May 4, 2012
2. Date the breach was discovered: May 4, 2012
3. Describe the breach (provide sufficient detail, including cause):
   The Motor Registration Division clerk was serving an automobile dealer at the counter and transferred a vehicle registration to an incorrect drivers licence number. As a result, a vehicle registration was given to the automobile dealer that was in a third parties name.
4. Location of the breach:
   Corner Brook
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): two
6. Type(s) of individuals affected (check all that apply):
   - Client / Customer / Patient
   - Employee
   - Student
   - Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc…):
   The vehicle registration that was given to the automobile dealer was returned to MRD and the correct name was put on the registration and given back to the dealer. The client affected has been mailed an apology letter and was given an offer to obtain a new driver licence number.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name, full address and driver's licence number

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   N/A
10. Describe the administrative safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:
   All staff have been instructed to complete online ATIPP training. The staff person involved has not completed the training but was instructed to have it completed within one week. Staff have been directed to take due care in issuing documents.
11. Describe the **technical** safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

- [x] Encryption
- [x] Password
- [ ] Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):

☐ Identity theft (higher risk if breach involves SIN # or financial information)
☐ physical harm or harassment (e.g. stalking)
☐ emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
☐ financial cost
☐ loss of business or employment opportunities
☐ breach of contract and/or other legal obligations (e.g. from data loss)
☐ future breaches (technical failures)
☐ violation of professional standards or certificate standards
☐ risk to public health or safety
☐ Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   ☑ Yes Date Analyst was notified: May 4, 2012
   ☐ No When will the Analyst be notified?

14. Have law enforcement officials been notified?
   ☐ Yes Who was notified and when?
   ☑ No Will law enforcement be notified at a later time?
     ☐ Yes
     ☑ No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   ☐ Yes Who was notified and when?
   ☑ No

16. Have other authorities (E.g. professional bodies) been contacted?
   ☐ Yes Who was notified and when?
   ☑ No Will other authorities be notified at a later time?
     ☐ Yes
     ☑ No

Important!

You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

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__________________________________________
Signature of ATIPP Office Representative
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Contact Information

Department / Public Body: Service NL

Division / Program: Motor Registration Division

Contact:

Name: Tom Beckett
Title: Deputy Registrar
Phone: 729-2520
Fax: 729-6955
E-Mail: beckettt@gov.nl.ca
Mailing address: P.O. Box 8710, St. John's, NL A1B 4J5

Date of Submission to the ATIPP Office: May 17, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: May 2, 2012
2. Date the breach was discovered: May 16, 2012
3. Describe the breach (provide sufficient detail, including cause):
   A Vehicle Registration belonging to one individual, a cheque belonging to a second individual, and a note to the second individual from MRD indicating the cheque was insufficient to transfer the vehicle and cover taxes was mailed to the wrong individual.
4. Location of the breach: Mount Pearl
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): Two
6. Type(s) of individuals affected (check all that apply):
   - [x] Client / Customer / Patient
   - [ ] Employee
   - [ ] Student
   - [ ] Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc…):
   The Vehicle Registration, cheque, and note have been returned to MRD. They will be processed and mailed to the correct person. In the absence of a telephone number, MRD will send a letter of apology for the breach to the individual whose personal information on the vehicle registration form was released and offer the opportunity to obtain a new driver licence number. For the individual whose name and address were released an apology has been left on their telephone message manager. This will be followed up by a verbal apology when they call back to the MRD toll free number and by a letter of apology.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name, full address, driver's licence number, Vehicle Plate Number, Make/Model/Colour/Year of the vehicle, and Vehicle Serial Number for one individual and name and address for a second individual.

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   n/a
10. Describe the **administrative** safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:

   All staff received ATIPP training, not only through the online but as in-person training sessions with a representative from the ATIPP office. Staff have been directed to take due care in mailings. ATIPP requirements are discussed at every staff meeting.

   This breach was discussed with the Clerk who prepared the note, however, the individual who placed the material in the envelop with the wrong label is unknown.

11. Describe the **technical** safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

   ☑ Encryption
   ☑ Password
   ☐ Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - ☒ Identity theft (higher risk if breach involves SIN # or financial information)
   - ☐ physical harm or harassment (e.g. stalking)
   - ☐ emotional harm, humiliation or damage to reputation (e.g. disclosure of mental health records)
   - ☐ financial cost
   - ☐ loss of business or employment opportunities
   - ☐ breach of contract and/or other legal obligations (e.g. from data loss)
   - ☐ future breaches (technical failures)
   - ☐ violation of professional standards or certificate standards
   - ☐ risk to public health or safety
   - ☐ Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - ☒ Yes Date Analyst was notified: May 17, 2012
   - ☐ No When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - ☐ Yes Who was notified and when?
   - ☒ No Will law enforcement be notified at a later time?
     - ☐ Yes
     - ☒ No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - ☐ Yes Who was notified and when?
   - ☒ No

16. Have other authorities (E.g. professional bodies) been contacted?
   - ☐ Yes Who was notified and when?
   - ☒ No Will other authorities be notified at a later time?
     - ☐ Yes
     - ☒ No

Important!

You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

http://www.justice.gov.nl.ca/just/civil/atipp/
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Date Reporting form received by the ATIPP Office:

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Contact Information

Department / Public Body: Service NL

Division / Program: Motor Registration Division

Contact:

Name: Tom Beckett
Title: Deputy Registrar
Phone: 729-2520
Fax: 729-6955
E-Mail: beckett@gov.nl.ca
Mailing address: P.O. Box 8710, St. John's, NL A1B 4J5

Date of Submission to the ATIPP Office: May 22, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: May 15, 2012
2. Date the breach was discovered: May 17, 2012
3. Describe the breach (provide sufficient detail, including cause):
   A bundle of Vehicle Registrations belonging to 39 individuals, including two licence plates, was mailed to the wrong individual.
4. Location of the breach:
   Mount Pearl
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): Thirty nine
6. Type(s) of individuals affected (check all that apply):
   □ Client / Customer / Patient
   □ Employee
   □ Student
   □ Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc…):
   The Vehicle Registrations and licence plates were picked up by highway enforcement staff and returned to MRD. They have been processed and mailed to the correct person. Where telephone numbers are available, an apology will be issued verbally and an offer made to replace their driver licence number and their licence plate. MRD will send a letter of apology for the breach to each individual whose personal information on the vehicle registration form was released and offer the opportunity to obtain a new driver licence number and licence plate. This will be followed up by a verbal apology should they call back to the MRD toll free number.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name, full address, driver's licence number, Vehicle Plate Number, Sticker Number, Make/Model/Mass/Colour/Year of the vehicle, Fee Paid, and Vehicle Serial Number for each of the 39 individuals.

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   n/a
10. Describe the **administrative** safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:

   All staff received ATIPP training, not only through the online but as in-person training sessions with a representative from the ATIPP office. Staff have been directed to take due care in mailings. ATIPP requirements are discussed at every staff meeting.

   The following procedures were put in place on May 17. The supervisor of the processing area will select batches of envelopes randomly on a daily basis and check the contents to ensure the correctness of each envelop in the batch. The Clerk who admits the mail delivery person will check the outgoing mail to ensure all documents are properly bundled and there are no documents loose. This Clerk will then sign a roster indicating the day and time they assisted the mail delivery person. Where Clerks process mail and generate a letter or form to be returned to the customer, the same Clerk will be responsible for preparing the label and stuffing the envelop with the correct documents. All Clerks will affix their Clerk Number to the outside of each envelop they stuff.

11. Describe the **technical** safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

   - Encryption
   - Password
   - Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - [x] Identity theft (higher risk if breach involves SIN # or financial information)
   - [ ] physical harm or harassment (e.g. stalking)
   - [ ] emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
   - [ ] financial cost
   - [ ] loss of business or employment opportunities
   - [ ] breach of contract and/or other legal obligations (e.g. from data loss)
   - [ ] future breaches (technical failures)
   - [ ] violation of professional standards or certificate standards
   - [ ] risk to public health or safety
   - [ ] Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - [x] Yes Date Analyst was notified: May 22, 2012
   - [ ] No When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - [ ] Yes Who was notified and when?
   - [x] No Will law enforcement be notified at a later time?
     - [ ] Yes
     - [x] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - [ ] Yes Who was notified and when?
   - [x] No

16. Have other authorities (E.g. professional bodies) been contacted?
   - [ ] Yes Who was notified and when?
   - [x] No Will other authorities be notified at a later time?
     - [ ] Yes
     - [x] No

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The most common privacy breaches involve personal information being lost, stolen, or mistakenly disclosed, such as a laptop containing personal information being stolen or a document with client information being e-mailed to the wrong person.

Please fill out this form in its electronic format (i.e. Microsoft Word). Be sure to complete all sections. You may attach additional pages if necessary. Please indicate if a question does not apply to your situation or if you are not sure how to answer.

Upon completion of this Privacy Breach Reporting Form, please forward via email or fax to your Senior Privacy Analyst in the ATIPP Office. To obtain contact details for your Analyst, please phone the ATIPP Office at 709-729-7072. The Senior Privacy Analyst assigned to your department or public body will contact you upon receipt of this form.

Contact Information

Department / Public Body: Service NL

Division / Program: Motor Registration Division

Contact:

Name: Lenora Taylor
Title: Supervisor of Driver Records
Phone: 729-0105
Fax: 729-7616
E-Mail: ltaylor@gov.nl.ca
Mailing address: P.O. Box 8710, St. John's, NL A1B 4J5

Date of Submission to the ATIPP Office: June 1, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: May 31, 2012
2. Date the breach was discovered: June 1, 2012
3. Describe the breach (provide sufficient detail, including cause):
   The Motor Registration Division faxed an individual's driver abstract to the wrong person.
4. Location of the breach:
   Mount Pearl
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): One
6. Type(s) of individuals affected (check all that apply):
   - Client / Customer / Patient
   - Employee
   - Student
   - Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc...):
   The individual who received the wrong driver's abstract advised Driver Records they have destroyed this abstract. The individual affected will be contacted and offered a new driver licence number if they so wish - along with our apologies for the release of their personal information.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name, driver's licence number, date of birth, class of licence, endorsements, expiry date of the driver licence.

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   Card Lock doors to work area
10. Describe the administrative safeguards (policies, procedures, etc...) currently in place to protect the personal information in your custody and control:
    A meeting was held with staff on May 18, 2012, to emphasize the ATIPP requirements. All staff have been advised by email on May 23, 2012, that they are to complete the ATIPP online training again. Staff have been directed to cross check information given out.
11. Describe the technical safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

- Encryption
- Password
- Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - ☒ Identity theft (higher risk if breach involves SIN # or financial information)
   - ☐ physical harm or harassment (e.g. stalking)
   - ☐ emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
   - ☐ financial cost
   - ☐ loss of business or employment opportunities
   - ☐ breach of contract and/or other legal obligations (e.g. from data loss)
   - ☐ future breaches (technical failures)
   - ☐ violation of professional standards or certificate standards
   - ☐ risk to public health or safety
   - ☐ Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - ☒ Yes  Date Analyst was notified: June 1, 2012
   - ☐ No

14. Have law enforcement officials been notified?
   - ☐ Yes  Who was notified and when?
   - ☒ No  Will law enforcement be notified at a later time?
     - ☐ Yes
     - ☒ No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - ☐ Yes  Who was notified and when?
   - ☒ No

16. Have other authorities (E.g. professional bodies) been contacted?
   - ☐ Yes  Who was notified and when?
   - ☒ No  Will other authorities be notified at a later time?
     - ☐ Yes
     - ☒ No

Important!

You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

http://www.justice.gov.nl.ca/just/civil/atipp/
For Internal Use by the ATIPP Office Only

Date Reporting form received by the ATIPP Office:

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Received by:

________________________________________
Signature of ATIPP Office Representative
Privacy Breach Reporting Form

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Contact Information

Department / Public Body:  Service NL

Division / Program:  Motor Registration Division

Contact:

Name:  Tom Beckett
Title:  Deputy Registrar
Phone:  729-2520
Fax:  729-6955
E-Mail:  beckett@gov.nl.ca
Mailing address:  P.O. Box 8710, St. John's, NL A1B 4J5

Date of Submission to the ATIPP Office:  June 6, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: May 30, 2012
2. Date the breach was discovered: June 5, 2012
3. Describe the breach (provide sufficient detail, including cause):

   The Motor Registration Division generated a tax receipt for an individual at the front counter. Inadvertently, the alpha character for the receipt had an W transposed for an H on the MRD system with the result the tax receipt was credited to a different person whose personal information was printed on the receipt. This receipt was then given to the person at the counter.

4. Location of the breach:
   Mount Pearl

5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): One

6. Type(s) of individuals affected (check all that apply):
   - Client / Customer / Patient
   - Employee
   - Student
   - Other (please specify):

7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc...):

   The person given the erroneous tax receipt telephoned MRD and will return the receipt he was given for shredding. The MRD system has been corrected such that the tax payment is credited to the correct individual and a new tax receipt awaits this individual when he returns. The individual whose personal information was released is not available by telephone. He will be contacted by letter with an apology and an offer of a new driver licence number.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:

   Name, driver's licence number, address

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:

   N/A

10. Describe the administrative safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:
All staff received ATIPP training, not only through the online but as in-person training sessions with a representative from the ATIPP office. Staff have been directed to cross check information given out. Meetings with staff were held on January 14, 2011, to emphasize the need for due care in mailings. Ongoing reminders have been issued and spoken about the sensitivity of information. An ATIPP discussion is a portion of each staff meeting.

The following procedures were put in place on May 17, 2012. The supervisor of the processing area will select batches of envelopes randomly on a daily basis and check the contents to ensure the correctness of each envelop in the batch. The Clerk who admits the mail delivery person will check the outgoing mail to ensure all documents are properly bundled and there are no documents loose. This Clerk will then sign a roster indicating the day and time they assisted the mail delivery person. Where Clerks process mail and generate a letter or form to be returned to the customer, the same Clerk will be responsible for preparing the label and stuffing the envelop with the correct documents. All Clerks will affix their Clerk Number to the outside of each envelop they stuff.

The clerk who mis-keyed the tax receipt was spoken to directly on this matter by the Deputy Registrar and the Manager of processing with the attendance of the Shop Stewart. The Clerk will complete the on-line ATIPP today.

11. Describe the technical safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

- [x] Encryption
- [x] Password
- [ ] Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - [x] Identity theft (higher risk if breach involves SIN # or financial information)
   - [ ] physical harm or harassment (e.g. stalking)
   - [ ] emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
   - [ ] financial cost
   - [ ] loss of business or employment opportunities
   - [ ] breach of contract and/or other legal obligations (e.g. from data loss)
   - [ ] future breaches (technical failures)
   - [ ] violation of professional standards or certificate standards
   - [ ] risk to public health or safety
   - [ ] Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - [x] Yes    Date Analyst was notified: June 6, 2012
   - [ ] No     When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - [ ] Yes    Who was notified and when?
   - [x] No     Will law enforcement be notified at a later time?
     - [ ] Yes
     - [x] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - [ ] Yes    Who was notified and when?
   - [x] No

16. Have other authorities (E.g. professional bodies) been contacted?
   - [ ] Yes    Who was notified and when?
   - [x] No     Will other authorities be notified at a later time?
     - [ ] Yes
     - [x] No

Important!

You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

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Date Reporting form received by the ATIPP Office:

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___________________________________________
Signature of ATIPP Office Representative
Privacy Breach Reporting Form

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Contact Information

Department / Public Body: Service NL

Division / Program: Motor Registration Division

Contact:

Name: Tom Beckett
Title: Deputy Registrar
Phone: 729-2520
Fax: 729-6955
E-Mail: beckettt@gov.nl.ca
Mailing address: P.O. Box 8710, St. John's, NL A1B 4J5

Date of Submission to the ATIPP Office: June 12, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: June 6, 2012
2. Date the breach was discovered: June 8, 2012
3. Describe the breach (provide sufficient detail, including cause):
   A Vehicle Registration belonging to one individual was mailed in the same envelop as a Vehicle Registration and sticker for a different person.
4. Location of the breach:
   Mount Pearl
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): One
6. Type(s) of individuals affected (check all that apply):
   - [x] Client / Customer / Patient
   - [ ] Employee
   - [ ] Student
   - [ ] Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc...):
   The Vehicle Registration mailed in error has been returned to MRD and sent to the correct address. In the absence of a telephone number, MRD will send a letter of apology for the breach to the individual whose personal information was released and offer the opportunity to obtain new driver licence numbers and/or a new licence plate for the car.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name, full address, driver's licence number, Vehicle Plate Number, Registration Expiry Date, Make/Model/Colour/Mass/Year of the vehicle, Fee Paid, Vehicle Serial Number, sticker number

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   n/a
10. Describe the administrative safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:
All staff received ATIPP training, not only through the online but as in-person training sessions with a representative from the ATIPP office. Staff have been directed to take due care in mailings. ATIPP requirements are discussed at every staff meeting.

The following procedures were put in place on May 17, 2012. The supervisor of the processing area will select batches of envelopes randomly on a daily basis and check the contents to ensure the correctness of each envelop in the batch. The Clerk who admits the mail delivery person will check the outgoing mail to ensure all documents are properly bundled and there are no documents loose. This Clerk will then sign a roster indicating the day and time they assisted the mail delivery person. Where Clerks process mail and generate a letter or form to be returned to the customer, the same Clerk will be responsible for preparing the label and stuffing the envelop with the correct documents. All Clerks will affix their Clerk Number to the outside of each envelop they stuff.

The clerk who placed the second registration in the envelop was identified by the Clerk Number on the envelop. She was spoken to directly on this matter by the Deputy Registrar and the Manager of Processing with the attendance of the Shop Steward. The Clerk completed the on-line ATIPP on Friday June 8.

11. Describe the technical safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

- Encryption
- Password
- Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):

☐ Identity theft (higher risk if breach involves SIN # or financial information)
☐ physical harm or harassment (e.g. stalking)
☐ emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
☐ financial cost
☐ loss of business or employment opportunities
☐ breach of contract and/or other legal obligations (e.g. from data loss)
☐ future breaches (technical failures)
☐ violation of professional standards or certificate standards
☐ risk to public health or safety
☐ Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?

☐ Yes  Date Analyst was notified: June 8, 2012
☐ No  When will the Analyst be notified?

14. Have law enforcement officials been notified?

☐ Yes  Who was notified and when?
☐ No  Will law enforcement be notified at a later time?

☐ Yes
☐ No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?

☐ Yes  Who was notified and when?
☐ No

16. Have other authorities (E.g. professional bodies) been contacted?

☐ Yes  Who was notified and when?
☐ No  Will other authorities be notified at a later time?

☐ Yes
☐ No

Important!

You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

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Date Reporting form received by the ATIPP Office:

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Received by:

Signature of ATIPP Office Representative
Privacy Breach Reporting Form

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Contact Information

Department / Public Body: Service NL

Division / Program: Motor Registration Division

Contact:

Name: Debby Power
Title: Manager of Business Practices
Phone: 729-4953
Fax: 729-6955
E-Mail: DAPower@gov.nl.ca
Mailing address: PO Box 8710, St John's NL A1B 4J5

Date of Submission to the ATIPP Office: August 3, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: August 2, 2012
2. Date the breach was discovered: August 2, 2012
3. Describe the breach (provide sufficient detail, including cause):
   While processing a vehicle transfer at the counter, the incorrect drivers licence number was keyed on the system. Resulting in the incorrect name, address & drivers licence number printing on the registration. The customer at the counter was given a vehicle registration with someone else's information.
4. Location of the breach:
   Motor Registration Division counter in Mount Pearl
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): 1
6. Type(s) of individuals affected (check all that apply):
   ☑ Client / Customer / Patient
   ☐ Employee
   ☐ Student
   ☐ Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc…):
   The customer contacted me by phone to report this breach, the day it occurred and returned the incorrect vehicle registration to the office on August 3, 2012.
   Today I mailed a letter to the individual whose personal information was released, describing the breach, apologizing and gave contact information where he could obtain a new drivers licence number if he so wishes.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name, address and drivers licence number.

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   Secure system with password protection
10. Describe the administrative safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:

    All staff have received ATIPP training, both online and in person. Staff have also been reminded to cross check all documentation before passing over the counter, to ensure the correct information is given to the correct client.

11. Describe the technical safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

    - Encryption
    - Password
    - Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - [x] Identity theft (higher risk if breach involves SIN # or financial information)
   - [ ] physical harm or harassment (e.g. stalking)
   - [ ] emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
   - [ ] financial cost
   - [ ] loss of business or employment opportunities
   - [ ] breach of contract and/or other legal obligations (e.g. from data loss)
   - [ ] future breaches (technical failures)
   - [ ] violation of professional standards or certificate standards
   - [ ] risk to public health or safety
   - [ ] Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - [x] Yes   Date Analyst was notified: August 3, 2012
   - [ ] No   When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - [ ] Yes   Who was notified and when?
   - [x] No   Will law enforcement be notified at a later time?
     - [ ] Yes
     - [x] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - [ ] Yes   Who was notified and when?
   - [x] No

16. Have other authorities (E.g. professional bodies) been contacted?
   - [ ] Yes   Who was notified and when?
   - [x] No   Will other authorities be notified at a later time?
     - [ ] Yes
     - [x] No

Important!

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**Received by:**

________________________________________

Signature of ATIPP Office Representative
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Contact Information

Department / Public Body: Service NL

Division / Program: Motor Registration Division

Contact:

Name: Debby Power
Title: Manager of Business Practices
Phone: 729-4953
Fax: 729-6955
E-Mail: DAPower@gov.nl.ca
Mailing address: PO Box 8710, St John's NL A1B 4J5

Date of Submission to the ATIPP Office: August 14, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: Transaction processed July 31, 2012 and mailed early August 2012
2. Date the breach was discovered: August 13, 2012
3. Describe the breach (provide sufficient detail, including cause):
   A customer in Marystown received his registration and inside the envelope were 2 other registrations belonging to 2 different people. These registrations were mailed from the Mount Pearl office in early August, 2012 as the transactions were processed on July 31, 2012.
4. Location of the breach:
   Motor Registration Division ,Mount Pearl
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): 2
6. Type(s) of individuals affected (check all that apply):
   ☑ Client / Customer / Patient
   □ Employee
   □ Student
   □ Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc…):
   The customer visited our office in Marystown August 13, 2012 to report this breach and to return the 2 vehicle registrations that were not belonging to him.
   On August 14, 2012 I mailed a letter to the individuals whose personal information was released, describing the breach, apologizing and gave contact information where they could obtain a new drivers licence number if they wish.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name, address and drivers licence number.

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   Secure system with password protection
10. Describe the **administrative** safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:

   All staff have received ATIPP training, both online and in person. Staff have also been reminded to cross check all documentation before placing into an envelope to ensure the contents are correct.

11. Describe the **technical** safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

   - Encryption
   - Password
   - Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):

- [x] Identity theft (higher risk if breach involves SIN # or financial information)
- [ ] physical harm or harassment (e.g. stalking)
- [ ] emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
- [ ] financial cost
- [ ] loss of business or employment opportunities
- [ ] breach of contract and/or other legal obligations (e.g. from data loss)
- [ ] future breaches (technical failures)
- [ ] violation of professional standards or certificate standards
- [ ] risk to public health or safety
- [ ] Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?

- [x] Yes  Date Analyst was notified: August 14, 2012
- [ ] No  When will the Analyst be notified?

14. Have law enforcement officials been notified?

- [ ] Yes  Who was notified and when?
- [x] No  Will law enforcement be notified at a later time?

- [ ] Yes
- [x] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?

- [ ] Yes  Who was notified and when?
- [x] No

16. Have other authorities (E.g. professional bodies) been contacted?

- [ ] Yes  Who was notified and when?
- [x] No  Will other authorities be notified at a later time?

- [ ] Yes
- [x] No

Important!

You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

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The most common privacy breaches involve personal information being lost, stolen, or mistakenly disclosed, such as a laptop containing personal information being stolen or a document with client information being e-mailed to the wrong person.

Please fill out this form in its electronic format (i.e. Microsoft Word). Be sure to complete all sections. You may attach additional pages if necessary. Please indicate if a question does not apply to your situation or if you are not sure how to answer.

Upon completion of this Privacy Breach Reporting Form, please forward via email or fax to your Senior Privacy Analyst in the ATIPP Office. To obtain contact details for your Analyst, please phone the ATIPP Office at 709-729-7072. The Senior Privacy Analyst assigned to your department or public body will contact you upon receipt of this form.

Contact Information

Department / Public Body: Service NL

Division / Program: Government Service Centre, Mews Place - Operations

Contact:

  Name: Sharon Williams
  Title: Manager of Operations-Environmental Health
  Phone: 729-0248
  Fax: 729-3980
  E-Mail: williams@gov.nl.ca
  Mailing address: 5 Mews Place, P.O. Box 8700, St. John’s, NL A1B 4J6

Date of Submission to the ATIPP Office: October 17, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: October 5, 2012
2. Date the breach was discovered: October 12, 2012
3. Describe the breach (provide sufficient detail, including cause):
   Letters sent to wrong person
4. Location of the breach:
   Witless Bay
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): 3
6. Type(s) of individuals affected (check all that apply):
   ☒ Client / Customer / Patient
   ☐ Employee
   ☐ Student
   ☒ Other (please specify): copy of letter to Approved Designer for client
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc…):
   Information was returned to this office

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name and address of client, name of Approved Designer, location of site approved for building of residence

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   n/a
10. Describe the administrative safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:
    Administrative staff verify that name and address is accurate before mailing out correspondence
11. Describe the technical safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:
    ☐ Encryption
    ☒ Password
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - [ ] Identity theft (higher risk if breach involves SIN # or financial information)
   - [ ] physical harm or harassment (e.g. stalking)
   - [ ] emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
   - [ ] financial cost
   - [ ] loss of business or employment opportunities
   - [ ] breach of contract and/or other legal obligations (e.g. from data loss)
   - [ ] future breaches (technical failures)
   - [ ] violation of professional standards or certificate standards
   - [ ] risk to public health or safety
   - [ ] Other (please specify):  information about personal building/approvals

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - [X] Yes  Date Analyst was notified:  October 15, 2012
   - [ ] No  When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - [ ] Yes  Who was notified and when?
   - [X] No  Will law enforcement be notified at a later time?
     - [ ] Yes
     - [X] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - [ ] Yes  Who was notified and when?
   - [X] No

16. Have other authorities (E.g. professional bodies) been contacted?
   - [ ] Yes  Who was notified and when?
   - [X] No  Will other authorities be notified at a later time?
     - [ ] Yes
     - [X] No

17. Have the following internal organizations been contacted?
   - [ ] Department Communications
   - [ ] Department Executive
     - [X] Assistant Deputy Minister
18. Will the affected individuals be notified of the privacy breach?

☐ Yes  How will they be notified and when? By mail on 2012-10-17

☐ No

**Important!**

You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the [Notification Assessment Tool](http://www.justice.gov.nl.ca/just/civil/atipp/) that is available from the ATIPP Office website:

http://www.justice.gov.nl.ca/just/civil/atipp/

**For Internal Use by the ATIPP Office Only**

Date Reporting form received by the ATIPP Office:

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---

**Received by:**

**Signature of ATIPP Office Representative**
Privacy Breach Reporting Form

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The most common privacy breaches involve personal information being lost, stolen, or mistakenly disclosed, such as a laptop containing personal information being stolen or a document with client information being e-mailed to the wrong person.

Please fill out this form in its electronic format (i.e. Microsoft Word). Be sure to complete all sections. You may attach additional pages if necessary. Please indicate if a question does not apply to your situation or if you are not sure how to answer.

Upon completion of this Privacy Breach Reporting Form, please forward via email or fax to your Senior Privacy Analyst in the ATIPP Office. To obtain contact details for your Analyst, please phone the ATIPP Office at 709-729-7072. The Senior Privacy Analyst assigned to your department or public body will contact you upon receipt of this form.

Contact Information

Department / Public Body: SERVICE NL

Division / Program: EASTERN REGION - MARYSTOWN OFFICE

Contact:

Name: ROBERT GROVES
Title: MANAGER OF OPERATIONS
Phone: 466-4064
Fax: 466-5674
E-Mail: rgroves@gov.nl.ca
Mailing address: 8 Myer's Avenue, Clarenville, NL A5A 1T5

Date of Submission to the ATIPP Office: 2012.11.02

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: 2012.11.02
2. Date the breach was discovered: 2012.11.02
3. Describe the breach (provide sufficient detail, including cause):
   On November 02, 2012 electrical contractor X returned a Certificate of Electrical Inspection to the Service NL office Clarenville belonging to contractor Y. both Contractor X and Contractor Y had the same first name (this is not a common name)
4. Location of the breach:
   Clarenville
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): 1
6. Type(s) of individuals affected (check all that apply):
   □ Client / Customer / Patient
   □ Employee
   □ Student
   □ Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc…):
   The person receiving it returned the certificate to the office. The certificate has now been sent to the correct contractor. The person impacted will be contacted and advised of the breach

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name, Address and telephone Number of Contractor Y’s client.

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   Safe, Alarmed Building and Locking Drawers
10. Describe the administrative safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:
    All staff are trained in the protection of privacy, measures are in place to protect documents by using secured storage
11. Describe the technical safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:
☐ Encryption
☒ Password
☐ Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - [ ] Identity theft (higher risk if breach involves SIN # or financial information)
   - [ ] Physical harm or harassment (e.g. stalking)
   - [ ] Emotional harm, humiliation or damage to reputation (e.g. disclosure of mental health records)
   - [ ] Financial cost
   - [ ] Loss of business or employment opportunities
   - [ ] Breach of contract and/or other legal obligations (e.g. from data loss)
   - [ ] Future breaches (technical failures)
   - [ ] Violation of professional standards or certificate standards
   - [ ] Risk to public health or safety
   - [x] Other (please specify): release of a Name, Address and Phone number

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - [x] Yes  Date Analyst was notified: 2012.09.14
   - [ ] No  When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - [ ] Yes  Who was notified and when?
   - [x] No  Will law enforcement be notified at a later time?
     - [ ] Yes
     - [x] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - [ ] Yes  Who was notified and when?
   - [x] No

16. Have other authorities (e.g. professional bodies) been contacted?
   - [ ] Yes  Who was notified and when?
   - [x] No  Will other authorities be notified at a later time?
     - [ ] Yes
     - [ ] No

Important!

You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

http://www.justice.gov.nl.ca/just/civil/atipp/
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Date Reporting form received by the ATIPP Office:

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Received by:

__________________________________________
Signature of ATIPP Office Representative
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1. Contact Information

Department / Public Body: AES

Division / Program: Income Support

Breach Number (this fiscal NN/YYYY): 

Contact:

Name: Roxie Wheaton
Title: ADM
Phone: 709-729-3594
Fax:
E-Mail: roxiewheaton@gov.nl.ca
Mailing address: Advanced Education and Skills, 3rd Floor West Block, Confederation Building, St. John's, NL A0M 1C0
2. Risk Evaluation

Incident Description

1. Date the breach occurred: May 31, 2012
2. Date the breach was discovered: Sept. 5, 2012
3. Description of Breach (cause, extent, result and how it was discovered)

On Sept. 5, the Department of AES received a complaint from Client H that her confidentiality had been breached within the Department. She claimed Employee B had accessed her file without a business reason.

Employee B was removed from the workplace on Sept. 5 with pay while an investigation was completed.

On Sept. 18, Employee B was given a letter of dismissal from the Department for violating a client's right to privacy. Employee B filed a grievance with the Union at this stage.

A hearing with an Arbitrator was held Oct. 22, 2012 in which both the Union, Department and Employee stated their case.

A decision was made Nov. 5, 2012 by the Arbitrator that Employee B be given a two month suspension without pay or benefits and be reinstated into her previous position on Nov. 17, 2012.

4. Location of the breach:
   Regatta Plaza

5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): 1

6. Type(s) of individuals affected (check all that apply):
   ☑ Client / Customer / Patient
   ☑ Employee
   ☐ Student
   ☐ Other (please specify):

7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc…):

   An investigation was completed and a new directive was issued to all employees of the Department requiring ATIPPA training. A list was developed of all individuals who
required training and a "Train the Trainer" is in place to ensure all current and future employees are trained.

**Personal Information Involved**

8. List the personal information involved (e.g. name, address, SIN #, financial information or medical history). **Do not include or send us the identifiable personal information:**

First and Last Name, Address - the Department is not fully aware of all the information that may have been accessed.

**Safeguards**

9. Describe what safeguards, policies or protocols failed in this circumstance, causing the breach to occur:

NA

**Potential Harm**

10. Identify any harm that may result from the breach (check all that apply):

- [ ] Identity theft (higher risk if breach involves SIN # or financial information)
- [x] physical harm or harassment (e.g. stalking)
- [x] emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
- [ ] financial cost
- [ ] loss of business or employment opportunities
- [ ] breach of contract and/or other legal obligations (e.g. from data loss)
- [ ] future breaches (technical failures)
- [ ] violation of professional standards or certificate standards
- [ ] risk to public health or safety
- [ ] Other (please specify):

**Risk Level**

11. The overall risk level to the individual(s) whose information was breached, is:

- [ ] Low
- [x] Medium
- [ ] High

Reasoning behind risk level:

**3. Notification**

12. Has your Senior Privacy Analyst in the ATIPP Office been notified?

- [x] Yes Date Analyst was notified: Sept. 18, 2012
- [ ] No When will the Analyst be notified?
13. Have law enforcement officials been notified?
   □ Yes   Who was notified and when?
   ☒ No   Will law enforcement be notified at a later time?
          □ Yes
          ☒ No

14. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   □ Yes   Who was notified and when?
   ☒ No

15. Have other authorities (E.g. professional bodies) been contacted?
    ☒ Yes   Who was notified and when?  Union. Sept 2012
    □ No   Will other authorities be notified at a later time?
            □ Yes
            ☒ No

17. Have the following internal organizations been contacted?
    ☒ Department Communications
    ☒ Department Executive
    □ Assistant Deputy Minister
    □ Deputy Minister
    □ Minister
    □ Executive Council- Cabinet Secretariat

18. Will the affected individuals be notified of the privacy breach? Discuss with ATIPP Office if unsure.
    ☒ Yes   How will they be notified and when?
    □ No

For Internal Use by the ATIPP Office Only

Date Reporting form received by the ATIPP Office:

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Received by:

__________________________
Signature of ATIPP Office Representative
Privacy Breach Reporting Form

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Contact Information

Department / Public Body: Service NL

Division / Program: Program and Support Services

Contact:

Name: Rick Curran
Title: Director of Program and Support Services
Phone: 729-4875
Fax: 729-5710
E-Mail: rickcurran@gov.nl.ca
Mailing address: 2nd Floor, West Block, Confederation Building, P.O. Box 8700, St. John's, NL, A1B 4J3

Date of Submission to the ATIPP Office: November 23, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: November 22, 2012
2. Date the breach was discovered: November 22, 2012
3. Describe the breach (provide sufficient detail, including cause):
   Restaurant inspections were posted on the government website. The owner's name was attached to the restaurant name which was not removed/corrected before posting occurred.
4. Location of the breach:
   Government website.
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): 5
6. Type(s) of individuals affected (check all that apply):
   - [ ] Client / Customer / Patient
   - [ ] Employee
   - [ ] Student
   - [x] Other (please specify): person whose public premises require inspection
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc...):
   IT shutdown and correction made

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:
   Name of Owner

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   Correction made and screening safeguard to be implemented
10. Describe the administrative safeguards (policies, procedures, etc...) currently in place to protect the personal information in your custody and control:
    Data-entry personnel will be provided guidance as to prevent this error from re-occurring
11. Describe the technical safeguards (access controls, audit controls, etc...) currently in place to protect the personal information in your custody and control:
    - [ ] Encryption
    - [ ] Password
☑ Other (please specify): None required
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):

- [ ] Identity theft (higher risk if breach involves SIN # or financial information)
- [x] physical harm or harassment (e.g. stalking)
- [x] emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
- [ ] financial cost
- [ ] loss of business or employment opportunities
- [ ] breach of contract and/or other legal obligations (e.g. from data loss)
- [ ] future breaches (technical failures)
- [ ] violation of professional standards or certificate standards
- [ ] risk to public health or safety
- [ ] Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?

- [x] Yes Date Analyst was notified: November 23, 2012
- [ ] No When will the Analyst be notified?

14. Have law enforcement officials been notified?

- [x] Yes Who was notified and when?
- [ ] No Will law enforcement be notified at a later time?
  - [ ] Yes
  - [x] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?

- [ ] Yes Who was notified and when?
- [x] No

16. Have other authorities (E.g. professional bodies) been contacted?

- [ ] Yes Who was notified and when?
- [x] No Will other authorities be notified at a later time?
  - [ ] Yes
  - [x] No

Important!

You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

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Date Reporting form received by the ATIPP Office:

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Received by:

Signature of ATIPP Office Representative
Privacy Breach Reporting Form

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Contact Information

Department / Public Body: Service NL

Division / Program: Motor Registration Division

Contact:

Name: Debby Power
Title: Manager of Business Practices
Phone: 729-4953
Fax: 729-6955
E-Mail: DAPower@gov.nl.ca
Mailing address: PO Box 8710, St John's NL A1B 4J5

Date of Submission to the ATIPP Office: December 18, 2012

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: December 18, 2012
2. Date the breach was discovered: December 18, 2012
3. Describe the breach (provide sufficient detail, including cause):
   
   While processing a road test receipt at the counter, the incorrect drivers licence number was keyed on the system. Resulting in the incorrect name, address & drivers licence number printing on the receipt. The customer at the counter was given a road test receipt with someone else's information.

4. Location of the breach:
   
   Motor Registration Division counter in Mount Pearl

5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): 1

6. Type(s) of individuals affected (check all that apply):
   
   ☑ Client / Customer / Patient
   ☐ Employee
   ☐ Student
   ☐ Other (please specify):

7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc…):
   
   The customer who was given the incorrect receipt was taken for a road test, passed then proceeded back to the counter too have the licence updated, at this time the breach was discovered & the incorrect road test receipt passed in to another cashier.

   Today the individual whose personal information was released was mailed a letter, describing the breach, apologizing and gave contact information where he could obtain a new drivers licence number if he so wishes.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information:

   Name, address and drivers licence number.

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:

   Secure system with password protection
10. Describe the **administrative** safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:

   All staff have received ATIPP training, both online and in person. Staff have also been reminded to cross check all documentation before passing over the counter, to ensure the correct information is given to the correct client. The Manager of the front counter will speak to the cashier who committed the breach & the cashier will be required to do the online ATIPP training and attain a minimum of 75%.

11. Describe the **technical** safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

   - Encryption
   - Password
   - Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):

- [x] Identity theft (higher risk if breach involves SIN # or financial information)
- [ ] physical harm or harassment (e.g. stalking)
- [ ] emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
- [ ] financial cost
- [ ] loss of business or employment opportunities
- [ ] breach of contract and/or other legal obligations (e.g. from data loss)
- [ ] future breaches (technical failures)
- [ ] violation of professional standards or certificate standards
- [ ] risk to public health or safety
- [ ] Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
- [x] Yes  Date Analyst was notified: December 18, 2012
- [ ] No  When will the Analyst be notified?

14. Have law enforcement officials been notified?
- [ ] Yes  Who was notified and when?
- [x] No  Will law enforcement be notified at a later time?
  - [ ] Yes
  - [x] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
- [ ] Yes  Who was notified and when?
- [x] No

16. Have other authorities (E.g. professional bodies) been contacted?
- [ ] Yes  Who was notified and when?
- [x] No  Will other authorities be notified at a later time?
  - [ ] Yes
  - [x] No

Important!

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Contact Information

Department / Public Body: Advanced Education and Skills

Division / Program: Income Support - Avalon Region

Contact:

Name: Brad Winsor
Title: Client Services Manager
Phone: 729-7881
Fax: 729-1177
E-Mail: bradwinsor@gov.nl.ca
Mailing address: P. O. Box 8700, Metro Place, St. John's, NL A1B 4J6

Date of Submission to the ATIPP Office: January 2, 2013

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: December 21, 2012
2. Date the breach was discovered: January 2, 2013
3. Describe the breach (provide sufficient detail, including cause):
   WebAOBlink document for Client A was inadvertently attached to Mailback Form mailed to
   Client B on Dec 21, 2012.
4. Location of the breach:
   Metro Place, St. John's
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal
   information has been compromised): 1
6. Type(s) of individuals affected (check all that apply):
   - Client / Customer / Patient
   - Employee
   - Student
   - Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of
   breached information; replacement of locks; shut down of IT systems, etc…):
   Document was retrieved by a Client Services Officer and back in the office in an hour. We
   became aware at 9:30am and the document was in the office by 10:30am. Client
   was contacted immediately and notified of the Breach

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information
   or medical history). Do not include or send us the identifiable personal information:
   Client name, address, Social Insurance Number and information about the last
   Employment Insurance client received.

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect
   the personal information in your custody and control:
   Office is closed to the public and OCIO have internal safe guards with respect to client
   information on Departmental client database.
10. Describe the administrative safeguards (policies, procedures, etc…) currently in place to
    protect the personal information in your custody and control:
    Mail is only sent out by Admin staff.
11. Describe the technical safeguards (access controls, audit controls, etc…) currently in place to
    protect the personal information in your custody and control:
Encryption
Password
Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - [x] Identity theft (higher risk if breach involves SIN # or financial information)
   - [ ] physical harm or harassment (e.g. stalking)
   - [ ] emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
   - [ ] financial cost
   - [ ] loss of business or employment opportunities
   - [ ] breach of contract and/or other legal obligations (e.g. from data loss)
   - [ ] future breaches (technical failures)
   - [ ] violation of professional standards or certificate standards
   - [ ] risk to public health or safety
   - [ ] Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - [x] Yes  Date Analyst was notified: January 2, 2013
   - [ ] No  When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - [ ] Yes  Who was notified and when?
   - [x] No  Will law enforcement be notified at a later time?
     - [ ] Yes
     - [x] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - [ ] Yes  Who was notified and when?
   - [x] No

16. Have other authorities (E.g. professional bodies) been contacted?
   - [ ] Yes  Who was notified and when?
   - [x] No  Will other authorities be notified at a later time?
     - [ ] Yes
     - [x] No

Important!
You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

http://www.justice.gov.nl.ca/just/civil/atipp/
For Internal Use by the ATIPP Office Only

Date Reporting form received by the ATIPP Office:

IMPORTANT! Upon receipt by the ATIPP Office, please print a copy of the Privacy Breach Reporting form and apply a “Date Received” stamp, in the space provided below. The form must then be immediately forwarded to the Director for review.

Received by:

________________________________________
Signature of ATIPP Office Representative
Privacy Breach Reporting Form

If you are aware of a privacy breach that involves your department or public body, please complete this form and submit it to the Access to Information and Protection of Privacy (ATIPP) Office.

A privacy breach occurs when there is unauthorized collection, use, or disclosure of personal information in contravention of the Access to Information and Protection of Privacy (ATIPP) Act.

The most common privacy breaches involve personal information being lost, stolen, or mistakenly disclosed, such as a laptop containing personal information being stolen or a document with client information being e-mailed to the wrong person.

Please fill out this form in its electronic format (i.e. Microsoft Word). Be sure to complete all sections. You may attach additional pages if necessary. Please indicate if a question does not apply to your situation or if you are not sure how to answer.

Upon completion of this Privacy Breach Reporting Form, please forward via email or fax to your Senior Privacy Analyst in the ATIPP Office. To obtain contact details for your Analyst, please phone the ATIPP Office at 709-729-7072. The Senior Privacy Analyst assigned to your department or public body will contact you upon receipt of this form.

Contact Information

Department / Public Body: Service NL

Division / Program: Motor Registration Division

Contact:

Name: Phil Hicks
Title: Manager
Phone: 637-0190
Fax: 637-2615
E-Mail: hicksp@gov.nl.ca
Mailing address: Sir Richard Squires Building, Corner Brook, NL A2H 6J8

Date of Submission to the ATIPP Office: January 22, 2013

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: January 18, 2013
2. Date the breach was discovered: January 22, 2013
3. Describe the breach (provide sufficient detail, including cause):
   The Motor Registration Division clerk was serving a customer at the counter and
   transferred a vehicle registration to an incorrect drivers licence number. As a result, a
   vehicle registration was given to that customer who was not the subject named.
4. Location of the breach:
   Corner Brook
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal
   information has been compromised): two
6. Type(s) of individuals affected (check all that apply):
   - Client / Customer / Patient
   - Employee
   - Student
   - Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of
   breached information; replacement of locks; shut down of IT systems, etc...):
   The vehicle registration that was given to the customer was returned to MRD and the
   correct name was put on the registration and given to the correct owner. The client
   affected has been mailed an apology letter and was given an offer to obtain a new
   driver licence number.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information
   or medical history). Do not include or send us the identifiable personal information:
   Name, full address and driver's licence number

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect
   the personal information in your custody and control:
   , N/A
10. Describe the administrative safeguards (policies, procedures, etc...) currently in place to
    protect the personal information in your custody and control:
    The staff person involved has completed online ATIPP training. The staff person involved
    will be instructed to take due care in issuing documents.
11. Describe the **technical** safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

- [X] Encryption
- [X] Password
- [ ] Other (please specify):
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - Identity theft (higher risk if breach involves SIN # or financial information)
   - Physical harm or harassment (e.g. stalking)
   - Emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
   - Financial cost
   - Loss of business or employment opportunities
   - Breach of contract and/or other legal obligations (e.g. from data loss)
   - Future breaches (technical failures)
   - Violation of professional standards or certificate standards
   - Risk to public health or safety
   - Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - Yes  Date Analyst was notified: January 22, 2013
   - No  When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - Yes  Who was notified and when?
   - No  Will law enforcement be notified at a later time?
      - Yes
      - No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - Yes  Who was notified and when?
   - No

16. Have other authorities (E.g. professional bodies) been contacted?
   - Yes  Who was notified and when?
   - No  Will other authorities be notified at a later time?
      - Yes
      - No

Important!
You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:
http://www.justice.gov.nl.ca/just/civil/atipp/
For Internal Use by the ATIPP Office Only

Date Reporting form received by the ATIPP Office:

**IMPORTANT!** Upon receipt by the ATIPP Office, please print a copy of the Privacy Breach Reporting form and apply a “Date Received” stamp, in the space provided below. The form must then be immediately forwarded to the Director for review.

Received by:

______________________________
Signature of ATIPP Office Representative
Privacy Breach Reporting Form

If you are aware of a privacy breach that involves your department or public body, please complete this form and submit it to the Access to Information and Protection of Privacy (ATIPP) Office.

A privacy breach occurs when there is unauthorized collection, use, or disclosure of personal information in contravention of the Access to Information and Protection of Privacy (ATIPP) Act.

The most common privacy breaches involve personal information being lost, stolen, or mistakenly disclosed, such as a laptop containing personal information being stolen or a document with client information being e-mailed to the wrong person.

Please fill out this form in its electronic format (i.e. Microsoft Word). Be sure to complete all sections. You may attach additional pages if necessary. Please indicate if a question does not apply to your situation or if you are not sure how to answer.

Upon completion of this Privacy Breach Reporting Form, please forward via email or fax to your Senior Privacy Analyst in the ATIPP Office. To obtain contact details for your Analyst, please phone the ATIPP Office at 709-729-7072. The Senior Privacy Analyst assigned to your department or public body will contact you upon receipt of this form.

Contact Information

Department / Public Body: Service NL
Division / Program: Program and Support Services
Contact:

Name: Rick Curran
Title: Director of Program and Support Services
Phone: 729-4875
Fax: 729-5710
E-Mail: rickcurran@gov.nl.ca
Mailing address: 2nd Floor, West Block, Confederation Building, P.O. Box 8700, St. John's, NL, A1B 4J3

Date of Submission to the ATIPP Office: January 22, 2013

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)
Risk Evaluation

Incident Description

1. Date the breach occurred: January 21, 2013
2. Date the breach was discovered: January 21, 2013
3. Describe the breach (provide sufficient detail, including cause):
   Vehicle window broken out & brief case stolen containing diary which may have contained
   staff contact numbers including home numbers & GNL camera with photos of government
   inspections.
4. Location of the breach:
   Briefcase stolen from locked vehicle during breakin of vehicle while parked at Field House
   lot at Memorial University.
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal
   information has been compromised): 50+
6. Type(s) of individuals affected (check all that apply):
   - Client / Customer / Patient
   - Employee
   - Student
   - Other (please specify): personal contacts whose contact numbers may have been in the diary
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached
   information; replacement of locks; shut down of IT systems, etc…):
   Contacting by phone as many of the individuals who I can remember to inform them that
   there personal number may have been released

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information
   or medical history). Do not include or send us the identifiable personal information:
   Name and home phone number, some addresses

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect
   the personal information in your custody and control:
   Not applicable
10. Describe the administrative safeguards (policies, procedures, etc…) currently in place to
    protect the personal information in your custody and control:
    Not applicable
11. Describe the technical safeguards (access controls, audit controls, etc…) currently in place to
    protect the personal information in your custody and control:
☐ Encryption
☐ Password
☒ Other (please specify): None required
Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - [ ] Identity theft (higher risk if breach involves SIN # or financial information)
   - [ ] Physical harm or harassment (e.g. stalking)
   - [ ] Emotional harm, humiliation or damage to reputation (e.g. disclosure of mental health records)
   - [ ] Financial cost
   - [ ] Loss of business or employment opportunities
   - [ ] Breach of contract and/or other legal obligations (e.g. from data loss)
   - [ ] Future breaches (technical failures)
   - [ ] Violation of professional standards or certificate standards
   - [ ] Risk to public health or safety
   - [ ] Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - [x] Yes  Date Analyst was notified: January 22, 2013
   - [ ] No  When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - [x] Yes  Who was notified and when?  RNC and MUN campus police as soon as occurrence was discovered January 21, 2013
   - [ ] No  Will law enforcement be notified at a later time?
       - [ ] Yes
       - [x] No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - [ ] Yes  Who was notified and when?
   - [x] No

16. Have other authorities (e.g. professional bodies) been contacted?
   - [ ] Yes  Who was notified and when?
   - [x] No  Will other authorities be notified at a later time?
       - [ ] Yes
       - [x] No

Important!
You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

http://www.justice.gov.nl.ca/just/civil/atipp/
For Internal Use by the ATIPP Office Only

Date Reporting form received by the ATIPP Office:

IMPORTANT! Upon receipt by the ATIPP Office, please print a copy of the Privacy Breach Reporting form and apply a “Date Received” stamp, in the space provided below. The form must then be immediately forwarded to the Director for review.

Received by:

Signature of ATIPP Office Representative
Privacy Breach Reporting Form

If you are aware of a privacy breach that involves your department or public body, please complete this form and submit it to the Access to Information and Protection of Privacy (ATIPP) Office.

A privacy breach occurs when there is unauthorized collection, use, or disclosure of personal information in contravention of the Access to Information and Protection of Privacy (ATIPP) Act.

The most common privacy breaches involve personal information being lost, stolen, or mistakenly disclosed, such as a laptop containing personal information being stolen or a document with client information being e-mailed to the wrong person.

Please fill out this form in its electronic format (i.e. Microsoft Word). Be sure to complete all sections. You may attach additional pages if necessary. Please indicate if a question does not apply to your situation or if you are not sure how to answer.

Upon completion of this Privacy Breach Reporting Form, please forward via email or fax to your Senior Privacy Analyst in the ATIPP Office. To obtain contact details for your Analyst, please phone the ATIPP Office at 709-729-7072. The Senior Privacy Analyst assigned to your department or public body will contact you upon receipt of this form.

Contact Information

Department / Public Body: Service NL

Division / Program: Motor Registration Division

Contact:

Name: Philip Hicks
Title: Manager
Phone: 637-2200
Fax: 637-2615
E-Mail: hicksp@gov.nl.ca

Mailing address: P.O. Box 2006, Corner Brook, NL A2H 6J8

Date of Submission to the ATIPP Office: February 12, 2013

(Please indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)


Risk Evaluation

Incident Description

1. Date the breach occurred: February 11, 2013
2. Date the breach was discovered: February 12, 2013
3. Describe the breach (provide sufficient detail, including cause):
   The Motor Registration clerk keyed the wrong driver's licence when issuing a driver's abstract. As a result, an abstract was given to the customer who was not the owner. The clerk stated she must have keyed the wrong initial of the drivers licence number.
4. Location of the breach: Corner Brook
5. Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised): Two
6. Type(s) of individuals affected (check all that apply):
   □ Client / Customer / Patient
   □ Employee
   □ Student
   □ Other (please specify):
7. Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replacement of locks; shut down of IT systems, etc…):
   The individual who received the driver abstract in error advised MRD the next day. He brought the incorrect abstract back to our office the next day when he noticed the error. We have received the original document back and it has now been destroyed. A letter advising of the privacy breach and offering a new driver licence number was sent to the individual whose personal information was released. We have also advised in that letter that the original document has been returned and has since been destroyed.

Personal Information Involved

8. Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). **Do not include or send us the identifiable personal information**:
   Name, driver's licence number, driver class, date of birth, expiry date of driver licence, number of demerit points

Safeguards

9. Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:
   N/A
10. Describe the **administrative** safeguards (policies, procedures, etc…) currently in place to protect the personal information in your custody and control:

Staff have been directed to cross check information given out. A meeting was held with the staff person responsible to emphasize the importance of personal information and to emphasize the need for due care in giving material. The individual stated she most always double checks the information given over the counter but she must have neglected to do so in this case. She agreed to check the documents just prior to giving them to customers or faxing and to keep her work organized such that documents do not become intermixed. The employee has completed online ATIPP training a couple of years ago.

11. Describe the **technical** safeguards (access controls, audit controls, etc…) currently in place to protect the personal information in your custody and control:

- [ ] Encryption
- [x] Password
- [ ] Other (please specify):

Potential Harm

12. Identify any harm that may result from the breach (check all that apply):
   - ☒ Identity theft (higher risk if breach involves SIN # or financial information)
   - ☐ physical harm or harassment (e.g. stalking)
   - ☐ emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
   - ☐ financial cost
   - ☐ loss of business or employment opportunities
   - ☐ breach of contract and/or other legal obligations (e.g. from data loss)
   - ☐ future breaches (technical failures)
   - ☐ violation of professional standards or certificate standards
   - ☐ risk to public health or safety
   - ☐ Other (please specify):

Notification

13. Has your Senior Privacy Analyst in the ATIPP Office been notified?
   - ☒ Yes Date Analyst was notified: February 12, 2013
   - ☐ No When will the Analyst be notified?

14. Have law enforcement officials been notified?
   - ☐ Yes Who was notified and when?
   - ☒ No Will law enforcement be notified at a later time?
     - ☐ Yes
     - ☒ No

15. Have you contacted your solicitor to discuss contractual and/or other legal obligations?
   - ☐ Yes Who was notified and when?
   - ☒ No

16. Have other authorities (E.g. professional bodies) been contacted?
   - ☐ Yes Who was notified and when?
   - ☒ No Will other authorities be notified at a later time?
     - ☐ Yes
     - ☒ No

Important!
You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the Notification Assessment Tool that is available from the ATIPP Office website:

http://www.justice.gov.nl.ca/just/civil/atipp/
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Date Reporting form received by the ATIPP Office:

**IMPORTANT!** Upon receipt by the ATIPP Office, please print a copy of the Privacy Breach Reporting form and apply a “DateReceived” stamp, in the space provided below. The form must then be immediately forwarded to the Director for review.

**Received by:**

__________
Signature of ATIPP Office Representative
Privacy Breach Reporting Form

Date of Submission: February 28, 2013

Breach Number: (B-Public Body/nn/yyyy)

If you are aware of a privacy breach that involves your department or public body, please complete this form and submit it to the Access to Information and Protection of Privacy (ATIPP) Office.

A privacy breach occurs when there is unauthorized collection, use, or disclosure of personal information in contravention of the Access to Information and Protection of Privacy (ATIPP) Act.

The most common privacy breaches involve personal information being lost, stolen, or mistakenly disclosed, such as a laptop containing personal information being stolen or a document with client information being e-mailed to the wrong person.

Please fill out this form in its electronic format (i.e. Microsoft Word). Be sure to complete all sections. You may attach additional pages if necessary. Please indicate if a question does not apply to your situation or if you are not sure how to answer.

Upon completion of this Privacy Breach Reporting Form, please forward via email or fax to your Senior Privacy Analyst in the ATIPP Office. To obtain contact details for your Analyst, please phone the ATIPP Office at 709-729-7072. The Senior Privacy Analyst assigned to your department or public body will contact you upon receipt of this form.

1. Contact Information

Department / Public Body: Service NL
Division / Program: Government Service Centre
Name: Ken Russell
Title: Manager of Operations
Phone: 709 896 5471
Fax: 709 896 7940
Email Address: krussell@gov.nl.ca
Mailing Address: PO Box 3014, Station B, Happy Valley-Goose Bay, NL, A0P 1E0

Date of Submission of Reporting Form to ATIPP Office: February 28, 2013
(Indicate the date the Privacy Breach Reporting form is completed, not the date in which the privacy breach occurred.)

2. Risk Evaluation

Incident Description: Completed vital statistics forms mailed to wrong address.

Date the breach Occurred: February 21, 2013
Date the Breach was discovered: February 27, 2013
**Describe the breach** (provide sufficient detail, including cause):

| A Birth Registration Form and Application for Birth Certificate for a newborn were sent to a local repair garage. An incorrect mailing label was applied to the envelope. |

**Location of the breach:**

| Government Service Centre, Happy Valley-Goose Bay, NL |

**Estimated number of individuals directly affected by the privacy breach** (i.e. whose personal information has been compromised):

| 3 (Parents and son) |

**Type(s) of individuals affected** (check all that apply):

- ☑ Client / Customer / Patient
- □ Employee
- □ Student
- □ Other (please specify):

**Describe any immediate steps taken to reduce the harm of the breach** (e.g. retrieval of breached information; replace of locks; shut down of IT systems, etc.):

The breached information was retrieved on the date we became aware of the breach (February 27, 2013).

---

**3. Personal Information Involved**

Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). Do not include or send us the identifiable personal information.

Parents - Names, mailing address, phone number, e-mail address, signatures, place of birth, date of birth, SIN for mother, age, mother's MCP number

Child - Name, date of birth, place of birth, sex, type of birth (single, twin, etc), whether result of artificial or not insemination

---

**4. Safeguards**

Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:

The Government Service Centre in Happy Valley-Goose Bay is a building that is secured with a burglar alarm. This alarm is set at the end of every date. All filing cabinets in the building are locked at the end of the day.
Describe the **administrative** safeguards (policies, procedures, etc.) currently in place to protect the personal information in your custody and control:

All staff involved in mailing documents with personal information will be reminded to double check the mailing address and documents in order to ensure that the documents are being sent to the correct mailing address.

Describe the **technical** safeguards (access controls, audit controls, etc.) currently in place to protect the personal information in your custody and control:

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<tbody>
<tr>
<td>Encryption</td>
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<tr>
<td>✔️ Password</td>
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<tr>
<td>Other (please specify):</td>
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### 5. Potential Harm

Identify any harm that may result from the breach (check all that apply):

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<tbody>
<tr>
<td>✔️ Identity theft (higher risk if breach involves SIN # or financial information)</td>
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<tr>
<td>✔️ Physical harm or harassment (e.g. stalking)</td>
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<td></td>
<td>Future breaches (technical failures)</td>
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<td>Violation of professional standards or certificate standards</td>
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<td>Other (please specify):</td>
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### 6. Notification

Has your Senior Privacy Analyst in the ATIPP Office been notified?

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<tr>
<td>✔️ Yes</td>
<td>Date Analyst was notified: February 27, 2013</td>
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<td>When will the Analyst be notified?</td>
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<td>Have law enforcement officials been notified?</td>
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<td>---------------------------------------------</td>
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</tr>
<tr>
<td>☐ Yes</td>
<td>Who was notified and when:</td>
</tr>
<tr>
<td>✔ No</td>
<td>Will law enforcement be notified at a later time?</td>
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<td>☐ Yes</td>
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<td></td>
<td>✔ No</td>
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<tr>
<th>Have you contacted your solicitor to discuss contractual and/or other legal obligations?</th>
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<tr>
<td>☐ Yes</td>
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<tr>
<td>✔ No</td>
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<tr>
<th>Have other authorities (e.g. professional bodies) been contacted?</th>
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<td>☐ Yes</td>
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<td>✔ No</td>
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<th>Have the following internal organizations been contacted?</th>
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<tbody>
<tr>
<td>☐ Departmental Communications</td>
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<td>☑ Departmental Executive</td>
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<tr>
<td>☑ Assistant Deputy Minister</td>
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<td>☑ Deputy Minister</td>
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<tr>
<td>☐ Minister</td>
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<tr>
<td>☐ Executive Council – Cabinet Secretariat</td>
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<th>Will the affected individuals be notified of the privacy breach?</th>
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<td>☑ Yes</td>
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<td></td>
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<tr>
<td>☐ No</td>
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</table>

**Important!**
You must contact your Senior Privacy Analyst in the ATIPP Office to discuss notification of individuals affected by the privacy breach. Please review the *Privacy Breach Protocol* that is available from the ATIPP Office website:

[www.gov.nl.ca/ATIPP](http://www.gov.nl.ca/ATIPP)
IMPORTANT! Upon receipt by the ATIPP Office, please print a copy of the Privacy Breach Reporting form and apply a “Date Received” stamp, in the space provided below. The form must then be immediately forwarded to the Director for review.

Senior Privacy Analyst: _______________________________ Date Received: ____________
**Privacy Breach Reporting Form**

Date of Submission:

Breach Number: (B-Public Body/mn/yyyy)

If you are aware of a privacy breach that involves your department or public body, please complete this form and submit it to the Access to Information and Protection of Privacy (ATIPP) Office.

A privacy breach occurs when there is unauthorized collection, use, or disclosure of personal information in contravention of the Access to Information and Protection of Privacy (ATIPP) Act.

The most common privacy breaches involve personal information being lost, stolen, or mistakenly disclosed, such as a laptop containing personal information being stolen or a document with client information being e-mailed to the wrong person.

Please fill out this form in its electronic format (i.e. Microsoft Word). Be sure to complete all sections. You may attach additional pages if necessary. Please indicate if a question does not apply to your situation or if you are not sure how to answer.

Upon completion of this Privacy Breach Reporting Form, please forward via email or fax to your Senior Privacy Analyst in the ATIPP Office. To obtain contact details for your Analyst, please phone the ATIPP Office at 709-729-7072. The Senior Privacy Analyst assigned to your department or public body will contact you upon receipt of this form.

### 1. Contact Information

<table>
<thead>
<tr>
<th>Department / Public Body</th>
<th>SNL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division / Program</td>
<td>SHRM</td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>HR Consultant</td>
</tr>
<tr>
<td>Phone</td>
<td>729-</td>
</tr>
<tr>
<td>Fax</td>
<td>729-6661</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>PO Box 8700, St. John's, NL - West Block, 2nd Floor</td>
</tr>
</tbody>
</table>

Date of Submission of Reporting Form to ATIPP Office: March 12, 2013

### 2. Risk Evaluation

Incident Description

Date the breach Occurred: March 12, 2013

Date the Breach was discovered: March 12, 2013
Describe the breach (provide sufficient detail, including cause):

I received a call from [redacted] in Harbour Grace with SNL, requesting a copy of her temporary appointment letter. While I was on the phone with [redacted], I forwarded her an email which I thought was her letter, but it was actually the recommendation package. This package contained resumes and interview scores of the recommended candidates, and the secondary evaluation. I realized my error and asked her to immediately delete the email and I forwarded her the correct letter. Once I was off the phone, I

<table>
<thead>
<tr>
<th>Location of the breach:</th>
<th>Confederation Blg, West Block, 2nd floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of individuals directly affected by the privacy breach (i.e. whose personal information has been compromised):</td>
<td>2</td>
</tr>
<tr>
<td>Type(s) of individuals affected (check all that apply):</td>
<td>Employee</td>
</tr>
</tbody>
</table>

Describe any immediate steps taken to reduce the harm of the breach (e.g. retrieval of breached information; replace of locks; shut down of IT systems, etc.):

1. I asked the recipient of the email to delete it immediately.
2. I attempted to recall, but it had failed as the email had already been opened.

3. Personal Information Involved

Describe the personal information involved (e.g. name, address, SIN #, financial information or medical history). *Do not include or send us the identifiable personal information:*

- Resumes, which included name, address, contact information (phone numbers and emails), and employment history.
- Matrix, which included interview score and a breakdown of that score.
- Secondary evaluation, which indicates ranking of the top 3 candidates of the competition

4. Safeguards

Describe the physical safeguards (e.g. locks, alarm systems, etc.) currently in place to protect the personal information in your custody and control:

- The information is contained on TRIM

The remaining text reads "I forwarded her the correct letter. Once I was off the phone, I informed my direct manager, Steve Snow, ER Manager, and Susanna Duke, Director of Information Management, what I had done. I also informed my Director, Barbara Brenton." - Office of Public Engagement
Describe the **administrative** safeguards (policies, procedures, etc.) currently in place to protect the personal information in your custody and control:

N/A

Describe the **technical** safeguards (access controls, audit controls, etc.) currently in place to protect the personal information in your custody and control:

- Encryption
- Password
- Other (please specify):

- ✓ The TRIM folders are only accessible by approved SHRM employees.

### 5. Potential Harm

Identify any harm that may result from the breach (check all that apply):

- Identity theft (higher risk if breach involves SIN # or financial information)
- Physical harm or harassment (e.g. stalking)
- Emotional harm, humiliation or damage to reputation (ex. disclosure of mental health records)
- Financial cost
- Loss of business or employment opportunities
- Breach of contract and/or other legal obligations (e.g. from data loss)
- Future breaches (technical failures)
- Violation of professional standards or certificate standards
- Other (please specify):

### 6. Notification

Has your Senior Privacy Analyst in the ATIPP Office been notified?

- Yes  Date Analyst was notified: March 12, 2013
- No  When will the Analyst be notified?
### Have law enforcement officials been notified?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

Who was notified and when: [ ]

Will law enforcement be notified at a later time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✔</td>
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</table>

### Have you contacted your solicitor to discuss contractual and/or other legal obligations?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td></td>
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</tbody>
</table>

Who was notified and when: [ ]

### Have other authorities (e.g. professional bodies) been contacted?

<table>
<thead>
<tr>
<th>Yes</th>
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Who was notified and when: [ ]

Will other authorities be notified at a later time?

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</table>

### Have the following internal organizations been contacted?

- ✔ Departmental Communications
- ✔ Departmental Executive
- ✔ Executive Council – Cabinet Secretariat

### Will the affected individuals be notified of the privacy breach?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>✔</td>
<td></td>
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How will they be notified and when?

By letter during the week of March 11, 2013.

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