



Privacy Breach / Complaint Reporting Form

Reporting Date (mm/dd/yyyy):	Physician's Name:
Date of Breach/Complaint (mm/dd/yyyy):	Name and Job Title of Person Reporting:
Contact Information (email, phone #, address):	
Please refer to relevant HFHT Privacy Breach Protocol Documents on the HFHT Website. Limit or avoid use of identifying information on this form.	
<u>Description of complaint/breach:</u>	
<u>Extent of complaint/breach (including details of type of information systems):</u>	

Steps taken to manage complaint/breach:

Notification details (i.e. how affected parties were notified, what their reactions were, timeline, etc.):

Other:

Please be sure you have:

- Informed affected individuals that they can file a complaint with the Information and Privacy Commissioner of Ontario (as required under PHIPA) and provided them a link to the IPC's website. <https://www.ipc.on.ca/en>
- Provided contact information for the HFHT Privacy Program (Privacy@hamiltonfht.ca) should the patient have any questions about our Privacy Policy.

Send completed form to: privacy@hamiltonfht.ca

For any **questions or concerns** regarding Privacy, email: privacy@hamiltonfht.ca

For **urgent matters**, contact Tricia Brinn at 905 667-4848 x 122 or
Laurie Fox at 905 667-4848 x 172

Information on HFHT Privacy Policies can be found on
www.hamiltonfht.ca/health-privacy-policy