



APSEA

Serving Children and Youth Who are Deaf,
Hard of Hearing/Blind or Visually Impaired

PRIVACY BREACH REPORTING FORM

[ASL translation](#)

If you are aware of a privacy breach or a suspected privacy breach, please review the Privacy Breach Protocol, complete this form, and submit to the Director of Human Resources (Renee_Pothier@apsea.ca)

Date of submission to APSEA:

Contact Information

Name:

Position:

Phone Number:

Email Address:

Incident Description

Date breach occurred:

Date breach was discovered:

Location of breach:

Estimated number of individuals whose information may have been affected/comproised:

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

Child/Student

Parent/Family

Employee

Other:

Describe the breach/suspected breach (please provide as much detail as possible):

Describe the type and extent of personal information involved (e.g., name, address, SIN, medical information, assessments, custody documents, educational data).

Please see a description of personal information from the [Access to Information and Protection of Privacy Act \(ATIPPA\)](#), in Newfoundland and Labrador, the [Right to Information and Protection of Privacy Act \(RTIPPA\)](#) in New Brunswick, the [Freedom of Information and Protection of Privacy Act \(FOIPOP\)](#) in Nova Scotia, and the [Freedom of Information and Protection of Privacy Act \(FOIPOP\)](#) in Prince Edward Island.

