

**Breach Notification Form**  
**to the Information and Privacy Commissioner**  
pursuant to Section 36 of the  
*Health Information Act, 1988, RSPEI Cap H-1.41*



Please complete and provide the signed document to the Information and Privacy Commissioner at [InfoPrivacy@assembly.pe.ca](mailto:InfoPrivacy@assembly.pe.ca), or deliver it to the Office of the Information and Privacy Commissioner at 149 Kent Street, Suite 301, or by mail to P. O. Box 2000 Charlottetown, PE, C1A 7N8.

Treat the information you collect about a breach as highly confidential. Do not further the breach by disclosing the information more broadly than required.

**A. Name of custodian and contact information (phone and mailing address):**

**B. Date and time of breach:**

**C. Date breach discovered:**

**D. Breach reported by (Please identify the individual by title only):**

**E. Details of breach:**

**F. Personal health information involved in breach including,**

**a) Type (eg. medical record, benefit entitlement info, prescription info); and**

**b) Form (eg. electronic storage, hard copy, storage device)**

**G. Details of notification to individual(s) to whom personal health information relates, including method and date of notification (please identify, under separate cover, affected individuals and their contact information):**

**H. Additional comments:**

Please note that a copy of this Breach Notification Form shall be sent to any person who, in the opinion of the Commissioner, is affected by the breach including the individuals to whom the personal health information relates. The Commissioner may sever any information that the Commissioner considers appropriate beforehand.

**Signature of Custodian or Agent:**

**Date:**