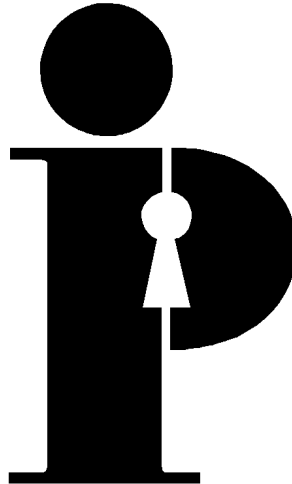


PHIPA BREACH STATISTICS

DRAFT FOR DISCUSSION PURPOSES



**Statistical Report for the
Information and Privacy Commissioner of Ontario**

on

Personal Health Information Privacy Breaches

WORKBOOK AND COMPLETION GUIDE

Introduction

Use this Workbook and Guide as a “how to” tool to complete the annual report for the Information and Privacy Commissioner of Ontario (IPC) about privacy breach statistics, as required by section 6.4 of Ontario Regulation 329/04 made pursuant to the *Personal Health Information Protection Act, 2004 (PHIPA)*. We encourage you to use it to help you complete and submit your questionnaire online, especially if you are unfamiliar with it.

Health privacy breach statistics will be collected through the IPC’s Online Statistics Submission Website from January to March 1 each year. For your convenience this Workbook and Guide is laid out in the same manner as the online questionnaire (section by section).

If there are any questions that have not been answered by this guide, there are two ways to receive additional information from the IPC:

- e-mail statistics.ipc@ipc.on.ca;
- call our main switchboard:
 Local calls 416 326-3333
 Long distance, use our toll-free line: 1-800-387-0073

Please note: Incomplete questionnaires may result in the custodian’s submission being partly or entirely excluded from the statistics generated for the IPC’s annual report.

Health information custodians are required to report statistics on health privacy breaches annually to the IPC.

If no privacy breaches under this Act occurred, **only health information custodians that are also institutions covered by the *Freedom of Information and Protection of Privacy Act (FIPPA)* or the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* must still complete and submit Section 1.**

This workbook and guide is for your use in completing your questionnaire and should not be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. Faxed or mailed copies of this workbook and guide will NOT be accepted. Please submit your questionnaire online at: <https://statistics.ipc.on.ca>.

Note for coroners to whom Ontario Health provides personal health information that is accessible by means of the electronic health record: the requirement to submit a health privacy breach statistics report applies, with any necessary modification, to such coroners as if they were health information custodians.

Thank you for your co-operation!

SECTION 1: Identification

- 1.1 Please clearly indicate the name of the health information custodian, name of the contact person responsible for *PHIPA*, phone/fax numbers, mailing and e-mail addresses, name of the person to contact with any questions about the content of the report.
- 1.2 Are you a coroner to whom the prescribed organization provides personal health information under subsection 55.9.1 (1) of *PHIPA*?
- Yes. (If yes, please skip the next question)
- No. (If no, please continue)
- 1.3 Please indicate the type of health information custodian that is reporting. If the health information custodian is part of an institution under *FIPPA/MFIPPA* that has more than one type of health information custodian, please submit separate reports for each type of health information custodian.
- 1.4

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | If your health information custodian experienced no privacy breaches, PLEASE STOP HERE AND SUBMIT ONLY SECTION 1 OF THE REPORT. |
| <input type="checkbox"/> | If your health information custodian experienced at least 1 privacy breach, PLEASE COMPLETE AND SUBMIT THE REST OF THE REPORT. |

Background

Health information custodians are required to provide the Commissioner with an annual report on privacy breaches occurring during the previous calendar year.

This requirement is found in section 6.4 of Ontario Regulation 329/04 made pursuant to the *Personal Health Information Protection Act, 2004 Act*, as follows:

- (1) On or before March 1 in each year starting in 2019, a health information custodian shall provide the Commissioner with a report setting out the number of times in the previous calendar year that each of the following occurred:
1. Personal health information in the custodian's custody or control was stolen.
 2. Personal health information in the custodian's custody or control was lost.

3. Personal health information in the custodian's custody or control was used without authority.
 4. Personal health information in the custodian's custody or control was disclosed without authority.
 5. Personal health information was collected by the custodian by means of the electronic health record without authority. O. Reg. 224/17, s. 1; O. Reg. 534/20, s. 3 (1).
- (2) The report shall be transmitted to the Commissioner by the electronic means and format determined by the Commissioner. O. Reg. 224/17, s. 1.
- (3) A health information custodian that disclosed the information collected by means of the electronic health record without authority is not required to include this disclosure in its annual report. O. Reg. 534/20, s. 3 (2).

The remaining sections of the report ask for counts of privacy breaches that occurred in each of the above five categories. Do not count each incident more than once. If one incident includes more than one of the above categories, choose the one that best fits. For example, if an employee accessed personal health information without authority, and then disclosed the information, count that incident as either a use or a disclosure, but not both.

In completing the report, count a privacy breach in the year it was **discovered**, even if the breach occurred in a previous calendar year.

In this annual statistics report, you must include all thefts, losses, unauthorized uses or disclosures, or unauthorized collections by means of the electronic health record (EHR), even if you were not required to report them to the IPC under section 6.3 or section 18.3¹ of the Regulation.

Custodians will find it easier to provide the IPC with the information required at reporting time if they keep track of these statistics over the course of the preceding calendar year.

¹ Or, for coroners, clause 18.10(4)(b) of the Regulation.

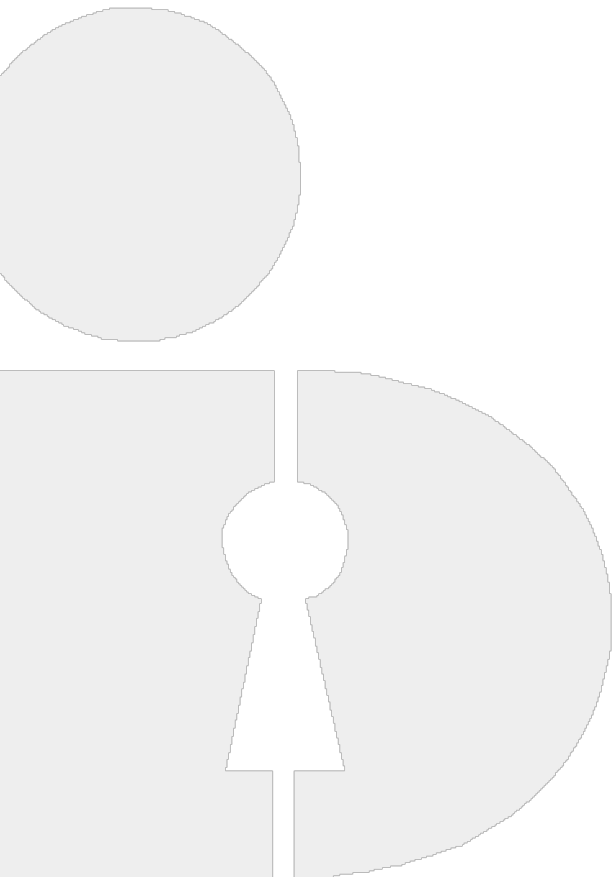
SECTION 2: Total Number of Health Information Privacy Breaches

- 2.1 Enter the **total** number of health information privacy breach incidents experienced during the **reporting year** (January – December).

Enter this number into box 2.1 of the online questionnaire.

PLEASE NOTE:

Do NOT count each incident more than once. If one incident includes more than one of the following five categories (sections 3 through 7), choose the category that it best fits. For example, if an employee accessed personal health information without authority, and then disclosed the information, count that incident as either a use or a disclosure, but not both. The sum of boxes 3.1 + 4.1 + 5.1 + 6.1 + 7.1 must equal box 2.1.



SECTION 3: Stolen Personal Health Information

- 3.1 What was the total number of privacy breach incidents where personal health information **was stolen**?

Enter this number into box 3.1 of the online questionnaire.

- 3.2 Of this total indicate the number of privacy breaches where:

Count each incident only once – the total on line 3.2.3 must equal line 3.1.

| | | |
|-------|---|--|
| 3.2.1 | theft was by an internal party (such as an employee, affiliated health practitioner or electronic service provider). | |
| 3.2.2 | theft was by a stranger | |
| 3.2.3 | Total (should equal line 3.1) | |

- 3.3 Of the total on line 3.1 indicate the number of privacy breaches where:

Count each incident only once – the total on line 3.3.6 must equal line 3.1.

| | | |
|-------|--|--|
| 3.3.1 | theft was the result of a ransomware attack | |
| 3.3.2 | theft was the result of another type of a cyberattack | |
| 3.3.3 | unencrypted portable electronic equipment (such as USB keys or laptops) was stolen | |
| 3.3.4 | paper records were stolen | |
| 3.3.5 | theft was a result of something else, by someone else or other items were stolen | |

| | | |
|-------|--|--|
| 3.3.6 | TOTAL INCIDENTS (3.3.1 to 3.3.5 = 3.3.6) Box 3.3.6 must equal Box 3.1 | |
|-------|--|--|

Enter the numbers in the table above into boxes 3.3.1 through 3.3.6 of the online questionnaire.

3.4 Of the total on line 3.1 indicate the number of privacy breaches where:

Count each incident only once – the total on line 3.4.6 must equal line 3.1.

| | | |
|-------|--|--|
| 3.4.1 | one individual was affected | |
| 3.4.2 | 2 to 10 individuals were affected | |
| 3.4.3 | 11 to 50 individuals were affected | |
| 3.4.4 | 51 to 100 individuals were affected | |
| 3.4.5 | over 100 individuals were affected | |
| 3.4.6 | TOTAL INCIDENTS (3.4.1 to 3.4.5 = 3.4.6) Box 3.4.6 must equal Box 3.1 | |

Enter the numbers in the table above into boxes 3.4.1 through 3.4.6 of the online questionnaire.

SECTION 4: Lost Personal Health Information

- 4.1 What was the total number of privacy breach incidents where personal health information **was lost**?

Enter this number into box 4.1 of the online questionnaire.

- 4.2 Of this total indicate the number of privacy breaches where:

Count each incident only once – the total on line 4.2.6 must equal line 4.1.

| | | |
|-------|--|--|
| 4.2.1 | loss was the result of a ransomware attack | |
| 4.2.2 | loss was the result of another type of a cyberattack | |
| 4.2.3 | unencrypted portable electronic equipment (such as USB keys or laptops) was lost | |
| 4.2.4 | paper records were lost | |
| 4.2.5 | loss was a result of something else or other items were lost | |
| 4.2.6 | TOTAL INCIDENTS 4.2.1 to 4.2.4 = 4.2.5 | |

Enter the numbers in the table above into boxes 4.2.1 through 4.2.6 of the online questionnaire.

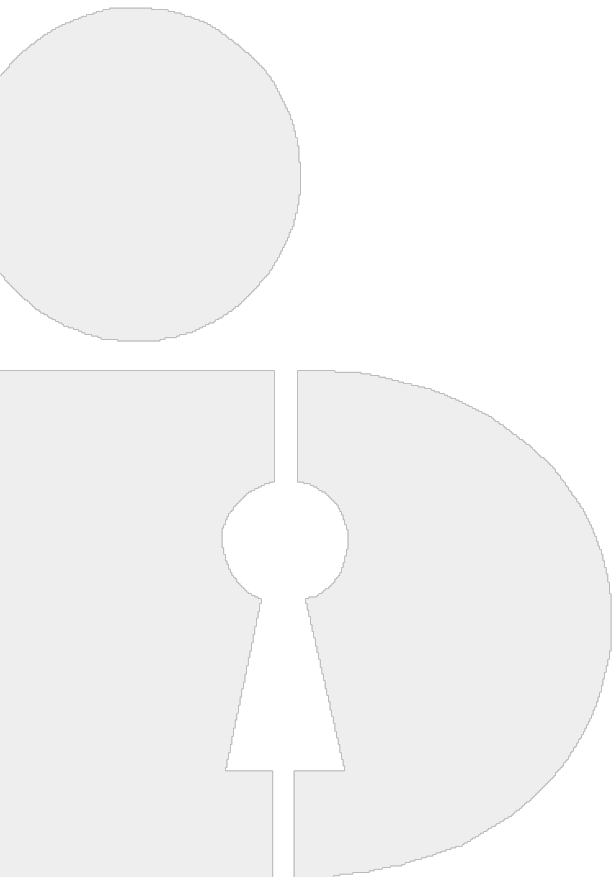
- 4.3 Of the total on line 4.1 indicate the number of privacy breaches where:

Count each incident only once – the total on line 4.3.6 must equal line 4.1.

| | | |
|-------|-----------------------------------|--|
| 4.3.1 | one individual was affected | |
| 4.3.2 | 2 to 10 individuals were affected | |

| | | |
|-------|--|--|
| 4.3.3 | 11 to 50 individuals were affected | |
| 4.3.4 | 51 to 100 individuals were affected | |
| 4.3.5 | over 100 individuals were affected | |
| 4.3.6 | TOTAL INCIDENTS (4.3.1 to 4.3.5 = 4.3.6) Box 4.3.6 must equal Box 4.1 | |

Enter the numbers in the table above into boxes 4.3.1 through 4.3.6 of the online questionnaire.



SECTION 5: Used Without Authority

- 5.1 What was the total number of privacy breach incidents where personal health information **was used (e.g. viewed, handled) without authority**?

Enter this number into box 5.1 of the online questionnaire.

- 5.2 Of this total indicate the number of privacy breaches where:

Count each incident only once – the total on line 5.2.4 must equal line 5.1.

| | | |
|-------|---|--|
| 5.2.1 | unauthorized use was through electronic records | |
| 5.2.2 | unauthorized use was through paper records | |
| 5.2.3 | unauthorized use through other means | |
| 5.2.4 | TOTAL INCIDENTS (5.2.1 + 5.2.2 + 5.2.3 = 5.2.4) Box 5.2.4 must equal Box 5.1 | |

Enter the numbers in the table above into boxes 5.2.1 through 5.2.4 of the online questionnaire.

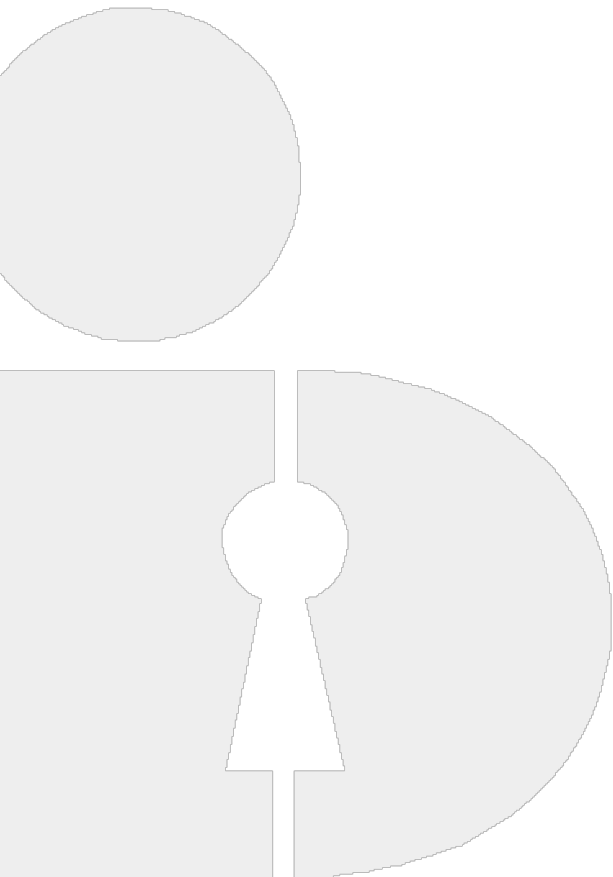
- 5.3 Of the total on line 5.1 indicate the number of privacy breaches where:

Count each incident only once – the total on line 5.3.6 must equal line 5.1.

| | | |
|-------|-------------------------------------|--|
| 5.3.1 | one individual was affected | |
| 5.3.2 | 2 to 10 individuals were affected | |
| 5.3.3 | 11 to 50 individuals were affected | |
| 5.3.4 | 51 to 100 individuals were affected | |
| | | |

| | | |
|-------|--|--|
| 5.3.5 | over 100 individuals were affected | |
| 5.3.6 | TOTAL INCIDENTS (5.3.1 to 5.3.5 = 5.3.6) Box 5.3.6 must equal Box 5.1 | |

Enter the numbers in the table above into boxes 5.3.1 through 5.3.6 of the online questionnaire.



SECTION 6: Disclosed Without Authority

- 6.1 What was the total number of privacy breach incidents where personal health information **was disclosed without authority**?

Enter this number into box 6.1 of the online questionnaire.

- 6.2 Of this total indicate the number of privacy breaches where:

Count each incident only once – the total on line 6.2.4 must equal line 6.1.

| | | |
|-------|---|--|
| 6.2.1 | unauthorized disclosure was through misdirected faxes | |
| 6.2.2 | unauthorized disclosure was through misdirected emails | |
| 6.2.3 | unauthorized disclosure was through other means | |
| 6.2.4 | TOTAL INCIDENTS (6.2.1 + 6.2.2 + 6.2.3 = 6.2.4) Box 6.2.4 must equal Box 6.1 | |

Enter the numbers in the table above into boxes 6.2.1 through 6.2.4 of the online questionnaire.

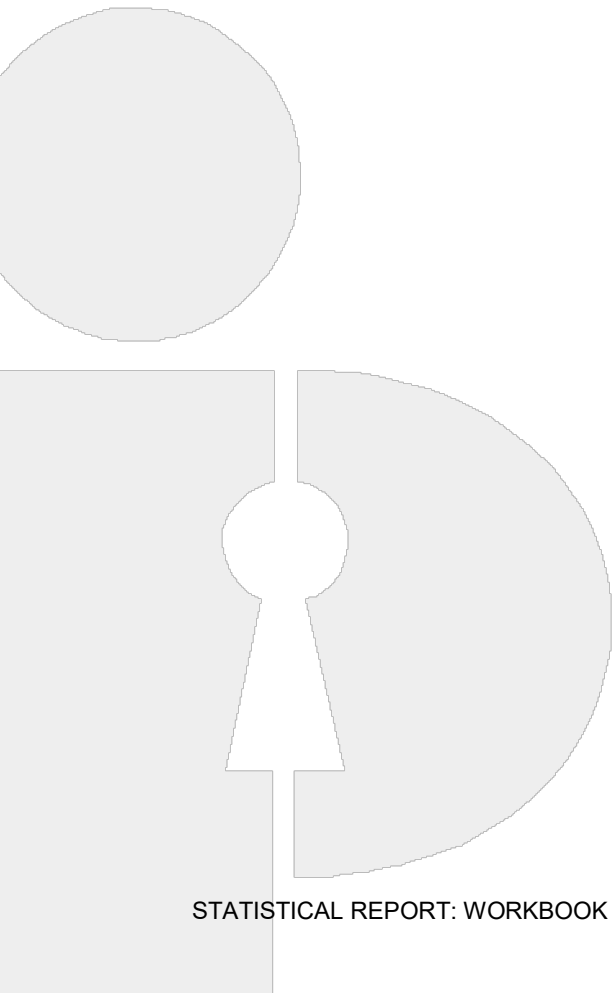
- 6.3 Of the total on line 6.1 indicate the number of privacy breaches where:

Count each incident only once – the total on line 6.3.6 must equal line 6.1.

| | | |
|-------|-------------------------------------|--|
| 6.3.1 | one individual was affected | |
| 6.3.2 | 2 to 10 individuals were affected | |
| 6.3.3 | 11 to 50 individuals were affected | |
| 6.3.4 | 51 to 100 individuals were affected | |

| | | |
|-------|--|--|
| 6.3.5 | over 100 individuals were affected | |
| 6.3.6 | TOTAL INCIDENTS (6.3.1 to 6.3.5 = 6.3.6) Box 6.3.6 must equal Box 6.1 | |

Enter the numbers in the table above into boxes 6.3.1 through 6.3.6 of the online questionnaire.



SECTION 7: Collected Without Authority by means of the EHR

- 7.1 What was the total number of privacy breach incidents where personal health information was **collected by the custodian by means of the EHR without authority**?

Enter this number into box 7.1 of the online questionnaire.

- 7.2 Of this total indicate the number of privacy breaches where:

Count each incident only once – the total on line 7.2.6 must equal line 7.1.

| | | |
|-------|--|--|
| 7.2.1 | One individual was affected | |
| 7.2.2 | 2 to 10 individuals were affected | |
| 7.2.3 | 11 to 50 individuals were affected | |
| 7.2.4 | 51 to 100 individuals were affected | |
| 7.2.5 | Over 100 individuals were affected | |
| 7.2.6 | TOTAL INCIDENTS (7.2.1 to 7.2.5 = 7.2.6) Box 7.2.6 must equal Box 7.1 | |

Enter the numbers in the table above into boxes 7.2.1 through 7.2.6 of the online questionnaire.

Completing and Submitting Your Questionnaire

This workbook and guide is for your use in completing your statistical report and should not be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. **Faxed or mailed copies of this workbook and guide will NOT be accepted.** Please submit your statistical report through the online questionnaire at: <https://statistics.ipc.on.ca>

Health Information Custodians

Health information custodians are required to submit an annual statistical report on health privacy breaches to the IPC using the Online Statistical Reporting System at <https://statistics.ipc.on.ca>. You will need a login id, with which you will set a password. Please request them via an email to statistics.ipc@ipc.on.ca and include the following:

- the name of your health information custodian
- the name and e-mail address of the person responsible for the content of the report (the management contact)
- the name, e-mail address, telephone and fax numbers and the mailing address of the person responsible for completing the report (the primary contact)
- your language preference (English or Français)

Health Information Custodians Reporting as Institutions under *FIPPA/MFIPPA*

As a Health Information Custodian who has also been reporting as an institution under *FIPPA/MFIPPA*, you should already have a login ID for the Online Statistical Reporting System.

If you have lost or forgotten it, you may request it via an email to statistics.ipc@ipc.on.ca indicating your institution name. If you have lost your password, you can reset it on the login page.

You have three different options for login and password:

- a single login id and password to submit all of your reports (for *FIPPA/MFIPPA* report, *PHIPA* access report and your *PHIPA* privacy breach statistics report).

Having a single login id and password is convenient if the same person will be submitting all three reports;

- one login id and password for *FIPPA/MFIPPA* and a second login id and password for the two *PHIPA* reports;
- separate logins and passwords for each of the three reports.

The option you choose all depends on your organizational structure. Please indicate whether you want a single login id set or two or three separate ones.

Once you have your login id and have completed this workbook, log on to the Online Statistical Reporting System at <https://statistics.ipc.on.ca> and enter your questionnaire data section by section. You may log off the system at any time and it will remember where you left off when you log on the next time. This means you do not have to complete and submit your questionnaire all in one session as long as you do complete and submit it before the deadline date. **The Online Statistical Reporting System will not be available after the deadline date.**

When you have completed entering your questionnaire, the system allows you to review your answers and make any necessary corrections before confirming and submitting your questionnaire. Once you have confirmed and submitted your questionnaire you are done, but should you discover that a correction is necessary after you have confirmed and submitted your questionnaire, you may log on to the Online Statistical Reporting System at any time before the deadline date and make the correction as needed. You will need to re-confirm your questionnaire and submit it again in order for the correction to be applied.

Changes to the type of questionnaire submitted may be made in the same manner. If, for example, you originally submitted a questionnaire stating that you had experienced no personal health information privacy breaches (a “zero report”), but then discovered that you indeed had experienced one or more such breaches, you may log on to the Online Statistical Reporting System at any time before the deadline date and simply change the questionnaire type selection on line 1.3 of Section 1. The system will take care of the rest and will take you to the appropriate sections of the questionnaire so you may complete them. Again, you will need to re-confirm your completed questionnaire and submit it again in order for the correction to be applied.

If you have specific questions that are not answered by this workbook and guide, please read our [frequently asked questions](#), email statistics.ipc@ipc.on.ca or call the Information and Privacy Commissioner of Ontario’s main switchboard **416-326-3333**. If you are calling long distance, use our toll-free line: **1-800-387-0073**.