**eCTAS Privacy Breach Reporting Form**

**Do not add a patient’s personal health information (PHI) to this form**

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| Instructions |
| All fields marked with an \* are mandatory   1. In the event of a potential breach of a patient’s personal health information (PHI), immediately contact your hospital’s privacy officer prior to informing CCO. Include your Privacy Officer’s contact details below.   **Privacy Officer Name**\*: Click here to enter text.  **Privacy Officer Email**\*: Click here to enter text. **Privacy Officer Phone**\*: Click here to enter text.   1. Immediately apply a Transfer of Accountability (TOA) to the record(s) in question and ensure the record(s) are no longer on the eCTAS pretriage or triage queues. 2. Email this form to [eCTAS@cancercare.on.ca](mailto:eCTAS@cancercare.on.ca) **AND** call 1-866-681-9846 to report the breach. |

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| Part 1 – Contact Information | | |
| Provide your facility name, and the name of a person who CCO can contact to identify and validate the privacy breach. In most cases this should be the hospital’s designated eCTAS Coordinator. | | |
| Facility name\*: Click here to enter text. | | Date\*: Click here to enter a date. |
| Name\*: Click here to enter text.  Email\*: Click here to enter text. | Business Phone\* *(include ext.)*  Click here to enter text. | |

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| Part 2 – Breach Information | | | |
| Site Where Breach Occurred\*: Click here to enter text. | | | |
| Nurse Name\*:  Click here to enter text. | Date Breach Occurred\*:  Click here to enter text. | | Time Breach Occurred\*:  Click here to enter text. |
| Potential Number of Patients Impacted\*: Click here to enter text. | | | |
| Breach Description\*  Click here to enter description of the privacy breach | | | |
| Episode/eCTAS ID\* (appears on the eCTAS Printout):  Click here to enter text. | | ED Visit Number\* (generated by hospital HIS):  Click here to enter text. | |

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| Part 4 – Actions Taken\* |
| TOA applied to the triage record(s) in question |
| Informed Hospital Privacy Team |
| Informed other facilities involved  Name of other Facility: Click here to enter text.  Name of specific site at other hospital: Click here to enter text. |
| Emailed form to CCO and called to report the breach |
| Informed CCO if patients will be contacted, and provided a sample of communication |