

This form should be used by an OCINet Participant where they suspect a privacy incident or confirm a privacy breach involving personal health information (PHI) that impacts other OCINet Participants in order to notify OCINet and the Impacted Participants, and to facilitate collaboration on incident management activities.

Where a privacy incident or confirmed privacy breach originates from an OCINet Participant, they will be the Lead Organization for incident management and will follow their own privacy breach protocol as well as the Privacy Breach Management Policy in OCINet's Participant Privacy Manual.

**PLEASE DO NOT INCLUDE PHI IN THE FORM BELOW**

<b>Section A: Contact Information for Reporting Participant (Privacy Contact)</b>	
Name:	Title:
Phone:	Email:
Organization Name:	
<b>Section B: Privacy Incident or Breach Information</b>	
Date/Time Incident Occurred (and/or when it was identified):	
Number of Individuals to whom the PHI relates (if known):	
Description of the source of incident or breach (if known) (e.g., staff member, system, other) and how it was discovered:	
Participants impacted by the breach (if known):	
Description of the PHI involved:	
Description of the Nature and Scope of the Incident or Breach:	
<b>Section C: Breach Containment</b>	
Describe containment measures taken to date to prevent any further unauthorized collection, use or disclosure:	
Is support required from OCINet or other HICs to complete containment? Provide details:	