



PRIVACY COMPLAINT FORM

Alleged Breach of Privacy or Security of Personal Information

BRD 6.00 (c)

The purpose of this form is to notify HSA of a possible breach of privacy or security of personal information protected under the *Personal Information Protection Act*. HSA takes measures to ensure that personal information it collects is appropriately safeguarded. However, if you believe there has been a personal information privacy or security breach, please submit your completed form to the attention of the HSA Privacy Officer. HSA will make every reasonable effort to resolve the issue to your satisfaction.

1. Please indicate type of alleged information breach:

- Privacy** Personal information of HSA member(s) or staffer(s) known to be in the hands of a recipient or recipients who may not be legally entitled to receive the information, according to *PIPA* regulations.
- Security** Personal information of HSA member(s) or staffer(s) identifiable as at risk of being seen, copied, overheard or accessed by a person or persons who are not entitled to that information, according to *PIPA* regulations.

2. Whose personal information was allegedly breached?

3. When did the breach or potential breach occur?

Month/Day/Year

Time of Day

4. Where did the alleged breach occur?

(Be very specific, give complete site address and description)

5. Please provide full names, job titles and contact information of individuals who were present and their role in the alleged breach.
(i.e. Witness, unentitled information recipient, information provider, etc. Attach an additional sheet if necessary).

6. What specific personal information was allegedly breached?

7. Please list any individuals who were, or may be, directly or indirectly affected by the alleged breach or potential breach.
(Provide full names, job titles and contact information).

8. Please describe how the specific personal information was allegedly breached.
(Be as thorough as possible. Attach an additional sheet if necessary):

9. What action, if any, has been taken to resolve this issue?

The information in this complaint is truthful to the best of my knowledge and I understand that any personal information provided here is essential in order for HSA to take the necessary steps toward rectifying the alleged breach situation per requirements under the *Personal Information Protection Act*.

Incident Report submitted by:

(Name – Please Print)

(Job Title/Location)

Please provide HSA with your personal contact information for investigation purposes:

Signature **Date (Month/Day/Year)**

Please submit this incident report directly to the attention of the **HSA Privacy Officer** at:

180 East Columbia Street or facsimile: 604-515-8889 / 1-800-663-6119
New Westminster, BC V3L 0G7 email: privacy@hsabc.org

*** Privacy Statement**

The HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information please contact the HSA Privacy Officer.