Alberta Health Services

Report a Privacy Breach/Incident
For Public Use Only

This form is to only be used for reporting breaches of personal and/or health information. If you believe your personal or health information has been improperly collected, used, accessed, lost, and/or disclosed by an employee or medical staff working at Alberta Health Services (AHS), describe your concern on this form and submit it to AHS Privacy by email to *(privacy@ahs.ca)* or by mail to 5th Floor, North Tower, Seventh Street Plaza, 10030 107 Street NW, Edmonton AB T5J 3E4 for review.

Name	Email
City/Town	Phone Number

Incident Information	
Date Incident Occurred *(dd-Mon-yyyy)*	Date Incident Discovered *(dd-Mon-yyyy)*

Summary of Incident: *Provide a detailed description (who, what, when, why, where, and how) of the incident that occurred. For security purposes, please do not include identifying health information such as personal health number(s) or copies of care documents.*

Other parties at AHS that have been notified of the breach *(if applicable)*

AHS Department responsible for the breach *(if known)*

Location of AHS facility where breach occurred *(if known)*