

## 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 ([privacy@ahs.ca](mailto:privacy@ahs.ca)) for review.

Name		Email	
City/Town		Phone Number	
<b>Incident Information</b>			
Date Incident Occurred <i>(dd-Mon-yyyy)</i>		Date Incident Discovered <i>(dd-Mon-yyyy)</i>	
<p><b>Summary of Incident:</b> <i>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.</i></p>			
Other parties at AHS that have been notified of the breach <i>(if applicable)</i>			
AHS Department responsible for the breach <i>(if known)</i>			
Location of AHS facility where breach occurred <i>(if known)</i>			

*Personal information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act ("FOIP"). The information will be used or disclosed by AHS as authorized by FOIP for the purpose of investigating privacy incidents. If you have any questions about the collection or use of your information or the completion of this form please contact AHS Breach Investigation Team by email at [privacy@ahs.ca](mailto:privacy@ahs.ca), or by prepaid letter mail to the attention of Information and Privacy, 5th Floor, North Tower, Seventh Street Plaza, 10030 107 Street NW, Edmonton AB T5J 3E4.*