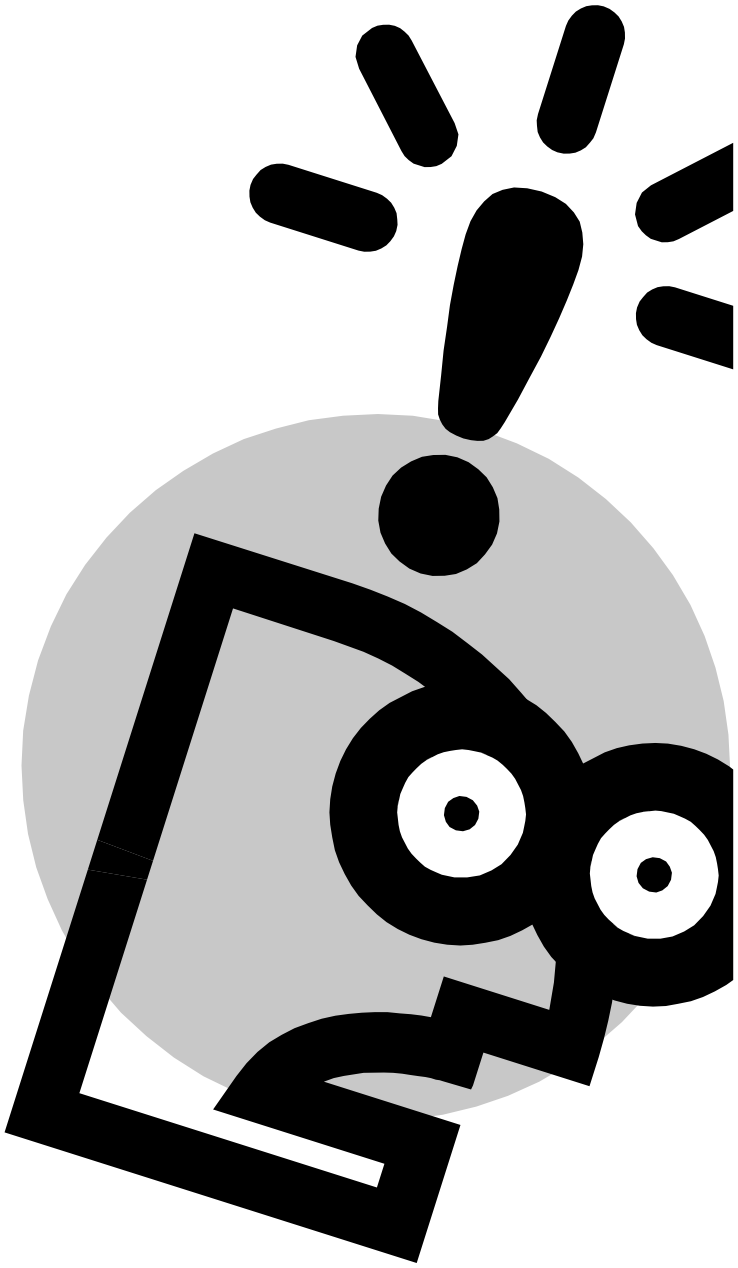
PRIVACY BREACH!

WHAT NEXT?

A four step plan to help you in the event of a privacy breach or possible breach situation



Carleton University

A privacy breach is an incident involving the unauthorized disclosure of personal information in the custody or control of Carleton. This would include personal information being lost, stolen, or accessed by unauthorized persons. This plan outlines the best practices for responding to a privacy breach in four steps:

STEP 1 RESPOND AND CONTAIN
STEP 2 NOTIFY
STEP 3 INVESTIGATE
STEP 4 IMPLEMENT CHANGE

STEP 1 RESPOND AND CONTAIN

There's been a possible breach…what next?

In the event of a possible breach of privacy, the first step is to **respond** to the potential breach. Once you respond and determine whether an actual breach has occurred, **containment** of the situation must follow. In order to accomplish **STEP 1** efficiently, there are five critical actions that need to be taken as soon as possible following the discovery of a possible incident:

REPORT
ASSESS
CONTAIN
DOCUMENT
BRIEF

REPORT

Even if a breach is only suspected and has not yet been verified, it must be **reported** to the appropriate body/bodies upon notification. Notification can come from either an internal source (i.e. a university employee) or an external source (i.e. a third-party contractor).

If reporting internally, a privacy breach or suspected breach needs to be reported to:

(a) the Program Manager/Department Head of the area affected by the breach (or the next available level of management); and

(b) Carleton's Privacy and Access to Information Manager.

Be sure to provide as much information as possible when providing notification. Some points that should be included are: what happened, in which department, when the incident occurred, how the breach was discovered, and whether any corrective action has already been taken. Any additional information you have on the incident should be included (i.e. did you have to involve law enforcement?)

ASSESS

Once you have reported the situation to the appropriate people, an **assessment** of the situation will be carried out to determine whether a privacy breach has indeed occurred. Two important questions are asked during an assessment, so be sure to have as much information available that can help.

1. Is personal information involved?

Not all data in the custody or control of an institution is personal information. Therefore, the first part of your assessment is to identify the type of information affected by the incident in order to determine whether a breach has occurred.

Personal information is recorded information about an identifiable individual (i.e., natural person) and includes, but is not limited to: race, nationality, religion, age, sex, marital status, education, medical or criminal history, financial information, identifying numbers, address, telephone number, fingerprints, blood type, and opinions. This list is not exhaustive – Carleton may have other types of personal information in its custody or control which may include information that is not recorded (e.g., a verbal disclosure). Also, if there is a reasonable expectation that an individual can be identified from the information disclosed (either alone or when combined with other information), such information will likely qualify as personal information.

2. Has an unauthorized disclosure occurred?

Unauthorized disclosure is the defining characteristic of a privacy breach. Whether it is intentional, inadvertent or as a result of criminal activity, an unauthorized disclosure constitutes a privacy breach.

If the answer to both questions is "yes", a privacy breach has occurred and you need to follow the rest of the privacy breach response protocol outlined in this Plan.

CONTAIN

Once it has been determined that a privacy breach has occurred, **containment** must follow. This involves taking corrective action such as retrieving the personal information that has been released if the breach involved a hard copy, or isolating/suspending the activity, process or system if it was an electronic breach, etc. The main goal is to alleviate any consequences for both the individual(s) whose personal information was involved and the university.

DOCUMENT

Documenting the details of a privacy breach and your containment strategy allows the Privacy office to assist with the implementation of correct remedial measures, respond to an investigation by the IPC, and evaluate your response so areas for possible improvement may be identified.

If you find yourself in a breach situation, here are some things you should document:

What happened (e.g., staff disclosed personal information without authority, intruder, third party service provider alert, equipment containing personal information lost or stolen, etc.), when and how the breach was discovered, and what corrective action was taken.

If the breach was identified by an external source (e.g., individual, other institution, or third party service provider), document the information provided, including contact information for follow-ups, and any instructions given to the reporting party (e.g., asking caller to mail back documents sent to wrong address).

If you're the Program Manager/Dept. Head: Ensure details of breach and corrective action are appropriately documented and report them to Carleton's Privacy and Access to Information Manager.

BRIEF

The following information will be included when the Privacy office files their report to the IPC:

> The nature and scope of the privacy breach (e.g., how many people are affected, what type of personal information is involved, the extent to which you have contained the breach) or, if the nature and scope are not known at the time of the briefing, that they are still to be determined.

> What steps you have already taken, or will be taking, to manage the privacy breach.

> Your plans to notify the individuals affected by the privacy breach and, if appropriate, other parties.

> Your timetable for providing senior management with regular updates about the breach and the ongoing management of it.

NO EMPLOYEE NAMES ARE EVER GIVEN TO THE IPC IN BREACH REPORTS
YOUR IDENTITY WILL REMAIN CONFIDENTIAL

STEP 2 NOTIFY

Ok, so we definitely have a breach…now what?

Following a full response and containment of the situation as outlined in **STEP 1**, you must now notify the individual(s) whose personal information was affected by the privacy breach, except in situations when notice is not appropriate or possible (e.g. identities of individuals affected by the breach are unknown, contact information is unavailable, or if notice would interfere with a law enforcement investigation).

The purpose of providing notice of a privacy breach to the affected individual(s) is to provide them with sufficient information about:

> what happened and when;

> if possible, a generic description of the types of personal information involved in the breach, including whether any unique identifiers or sensitive personal information were involved in the breach;

> the nature of potential or actual risks of harm;

> what action we have taken to address the situation; and

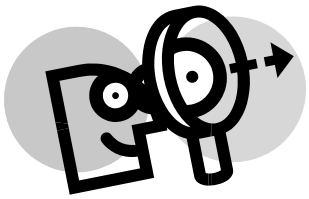
> what appropriate action the individual(s) should take to protect themselves against harm (i.e. tracking credit cards, monitoring bank accounts, etc.)

Try and notify the individual(s) as soon as reasonably possible. During the notification process, there are many factors and details to be considered, some of which will be situation specific. Examples include;

- ensuring that you only provide notification when the facts of the situation have been confirmed and well documented to avoid passing on faulty information and making the situation worse;
- making sure notice is being provided to the right person;
- determining if a personal representative or other authorized parties need to be notified if the individual(s) in question cannot receive the notification for any reason (capacity, age, language, etc.);
- if notifying by telephone create a script so the same information is always given ensuring accuracy and consistency and be sure to clearly identify the university and contact information (toll-free number, website address, postal, etc.); or
- if notifying in writing, make the letter clear and concise, use the university's letter head and envelopes, and send by mail to the last known mailing address, deliver it personally, or send by means that can prove receipt of mail such as requiring a "signature upon receipt"

By keeping the individual(s) affected by the breach aware of the situation by notifying them, the purposes of FIPPA are fulfilled along with our collective responsibility to protect the privacy of individuals with respect to personal information. Be sure to advise the individual(s) of their right under FIPPA to complain to the IPC about the university's handling of their information and provide contact information for the IPC should they wish to pursue matters.

STEP 3 INVESTIGATE



What went wrong?

After you've responded to and contained the breach, an investigation is the next step. In most circumstances Carleton will be responsible for investigating its own privacy breaches. An internal investigation must:

- **identify and analyze** the events that led to the privacy breach;
- **evaluate** what you did to contain it; and
- **recommend** remedial action to help prevent future breaches.

The Privacy office will handle the documentation at this point. Any assistance you can give during the investigation to help fulfill the above requirements should be provided to the Privacy and Access to Information Manager.

There are instances in which Carleton may not be responsible for the investigation and an external inquiry will be carried out. In these cases the IPC will be conducting the process. In the event that the IPC chooses to publicly report and investigate your privacy breach, cooperate fully with their efforts and provide all relevant information.

STEP 4 IMPLEMENT CHANGE

We know what went wrong…now how can we fix it?

The most vital outcome of any privacy breach should be an understanding of what went wrong and how to prevent and avoid breaches in the future. The Privacy Manager for Carleton will take part in this process.

A meeting with all parties involved in the breach process will follow any breach once it has been fully contained, documented, and investigated. This will help the FIPPA Coordinator evaluate your existing privacy/security measures and your incident-handling process, while identifying areas and conduct needing change and improvement.

When determining what changes and remedial action needs to be implemented, some improvements may require you to:

- review your relevant information management systems to enhance compliance with FIPPA;
- amend or reinforce your existing policies and practices for managing and safeguarding personal information;
- develop and implement new security or privacy measures;
- train your staff on legislative requirements, security and privacy policies, practices and procedures to reduce the potential of future breaches; or
- test and evaluate remedial actions to determine if they have been implemented correctly, and if your policies and practices need to be modified.

In addition, whether the notice provided to the affected individual(s) was effective will also be evaluated. The FIPPA Coordinator will discuss whether the notice was done in a reasonably timely manner, whether the tone and content of the notice was appropriate, and if there was sufficient support provided to data subjects.

Carleton University FIPPA Officer

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