

## Provincial Reportable Incident Response Process

Version 1.05

## **Purpose:**

To allow individuals to report Privacy and Security incidents or suspected incidents so that Alberta Health responsibilities related to the protection of privacy and security are fulfilled, and to assist Alberta Health in determining the cause of the actual or suspected incidents so that necessary changes are made to prevent future occurrences.

If you have any questions or prefer to report an incident by phone call Alberta Health Customer Service Centre at 1.877.931.1638 or 780.412.6778 or contact the Security team at 780-643-9343; or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this form and email it to <a href="https://doi.org/10.412.6778">https://doi.org/10.412.6778</a> or complete this fo

Subject to any overriding legal obligations, all information on this form is protected. You may be contacted by the HIA Policy, Privacy, and Security Unit during Incidence Response.

Incident Information		
Incidence Reference Number:	Incident Name:	
Incident Short Description:		
Incident Initially Detected By:		Location of Incident:
Date (DD/MMM/YYYY):	Program / Business Area Affect	
Asset or Information Affected:		
Affected Number of Individuals:		Risk Rating Assigned to This Incident by Program / Business Area (High, Medium, Low):
Incident Contact Person		
First Name:	Last Name:	
Job Title:	Business Fax:	Business Phone:
Business E-mail:		
Incident Details		
Incident Details:		
Immediate Incident Containment:		
Mitigation:		
Additional Comments /		

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