

441-543-7748

[www.privacy.bm](http://www.privacy.bm)

[investigations@privacy.bm](mailto:investigations@privacy.bm)

Maxwell Roberts Building, 4th Floor 1 Church Street, Hamilton, HM11, Bermuda



**Breach of Security Notification Form**

**What is a breach of security?**

A breach of security (personal information breach) is the accidental, or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal information. This includes breaches that are the result of both accidental and deliberate causes.

**When do we need to notify individuals about a breach?**

If a personal information breach is likely to adversely affect an individual, PIPA says you must inform the Commissioner and those concerned directly and without undue delay.

**When should notification occur?**

Notification should occur as soon as possible (without undue delay) following a breach.

**How should notification occur?**

The preferred method of notification is by letter or email to the affected individuals.

In scenarios where this is not applicable – website information, posted notices, or social media may be acceptable, however it generally should only happen where “direct” notification could cause further harm, is prohibitive in cost, or contact information is lacking. Using multiple methods of notification in certain cases may be the most effective approach.

**For more information, please visit our website**: [Breach of security | PrivComBermuda](https://www.privacy.bm/beach-of-security)

**This form is only for use by an organisation when notifying the Office of the Privacy Commissioner for Bermuda (PrivCom) of a breach of security (personal information breach).**

If an organisation has any questions or assistance completing this notification form, please contact our office at: 543-7748. Once completed, this notification form can be emailed to: [investigations@privacy.bm](mailto:investigations@privacy.bm)

**This form is not intended for use by individuals.** If you have any concerns relating to a possible breach of security (personal information breach), please contact our office at: 543-7748 or [investigations@privacy.bm](mailto:investigations@privacy.bm)

**If any question(s) do not apply to your situation, write "N/A." If you do not know the answer, write "unknown."** **Any sections of this form that are documented as “unknown” may result in follow-up inquiries to ensure that the management of the reported breach is adequate.**

**Details**

1. **Organisation Affected:** Click or tap here to enter text.

**Sector:  Finance  Legal  Healthcare**

**Government Department/Agency  Other:** Click or tap here to enter text.

1. **Date that the organisation became aware of the breach:** Click or tap to enter a date.
2. **How did you become aware?** Click or tap here to enter text.
3. **Date of the breach**: Click or tap to enter a date.
4. **Approximate time that the breach occurred:** Click or tap here to enter text.
5. **Location of where the breach occurred**: Click or tap here to enter text.

(For example, what technical system was affected by the breach?)

1. **Describe the personal information breach:**

Click or tap here to enter text.

1. **The estimated number of individuals adversely affected:** Click or tap here to enter text.

**If unknown, provide an estimate:** Click or tap here to enter text.

1. **The type of individuals who may be affected**:

**Client/Customer**

**Patient**

**Employee**

**Student**

**Children <14**

**Individuals in other jurisdictions**

**Which Jurisdiction:** Click or tap here to enter text.

**Other:** Click or tap here to enter text.

1. **Has any individual been or likely to have been adversely affected? If so, please explain the effect.**

Click or tap here to enter text.

1. **(a) Has your organisation provided notification to all adversely affected individuals?**

(An organisation must inform the Commissioner and those concerned directly and without undue delay.)

Yes ***(Please include a copy in your submission to PrivCom)***

No (***Please explain why notification has not yet occurred)***

Click or tap here to enter text.

**(b) If yes, how did you provide notification to the adversely affected individuals?**

(An organisation must provide notification to any individual adversely affected by the breach)

Click or tap here to enter text.

**(c) If no, when do you anticipate notification will be complete?**

Click or tap to enter a date.

1. **Describe the categories of personal information involved (e.g. name, address, SIN, financial, medical)** (Do not include or send us identifiable personal information)

Name  Date of Birth  Address  Medical  Financial

Social Insurance Number  Biometric Other:Click or tap here to enter text.

1. **Describe your relevant security measures:**

**Physical security (locks, alarm systems etc.)**

Click or tap here to enter text.

**Technical security (Firewalls, encryption, authenticators):**

Click or tap here to enter text.

**Organisational security (security clearances, policies, role-based access):**

Click or tap here to enter text.

1. **If personal information was used, disclosed, or shared, has the personal information been retrieved to minimize the risk?**

**Yes**

Click or tap here to enter text.

**No**

Click or tap here to enter text.

**N/A**

1. **Have any other regulatory bodies been involved? (i.e. Police)**

**Yes, which regulator:** Click or tap here to enter text.

**No**

**Measures Taken**

1. **Describe the measures taken (or to be taken) to contain and reduce the harm of the breach:** (Ex. locks changed, computer access codes changed or revoked, computer systems shut down)

Click or tap here to enter text.

1. **Describe the measures (or to be taken) to correct the situation**:

(Ex. staff training, policy development, privacy and security audit, contractor supervision strategies, improved technical security architecture, improved physical security)

Click or tap here to enter text.

**Any additional Information**:

Click or tap here to enter text.

**Privacy Officer:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

|  |  |
| --- | --- |
| **FOR PRIVCOM USE ONLY** | |
| **DATE RECEIVED:** |  |
| **RECEIVED BY:** |  |

**PERSONAL INFORMATION BREACH – CHECKLIST**

**FOR EXTERNAL ORGANISATIONAL USE**

(Please refer to this checklist when notifying PrivCom)

**We have notified without undue delay:**

The Office of the Privacy Commissioner for Bermuda

Any individual that has been adversely affected

**Notification to Commissioner - We have used PrivCom’s notification form or emailed them and included the following details:**

The name of the organisation involved

Privacy Officer details

The date, approximate time, and location of the breach

The date the organisation became aware of the breach

Estimated number of individuals adversely affected

The type of individual(s) affected

Description of the categories of personal information involved

Potential Harm caused by the breach

Description of relevant security measures

Has the personal information been retrieved (if applicable)

Have other regulatory bodies been involved

The measures taken (or to be taken) to contain and reduce the harm of the breach

The measures taken (or to be taken) to correct the situation

Additional information (if applicable)

**Notification to Individual(s) - We have included the following details:**

The name and contact details of any data privacy officer you have, or other contact point where

more information can be obtained

Number of individuals adversely affected

Type of individuals affected (Client/Customer, Patient, Employee, Student, Children, Individuals in

other jurisdictions, Other)

A description of the likely consequences of the personal information breach; and

Adescription of the measures taken or proposed to deal with the Personal Information Breach

and, where appropriate, a description of the measures taken to mitigate any possible adverse

effects.

Steps the affected individual(s) can take to further mitigate the risk