



South East Toronto

Family Health Team

Privacy Breach Summary Form

Date of privacy breach:	Date reported to Executive Director:
Name of Patient:	Location where breach occurred:
Summary of issue:	
Outline of steps taken to resolve this issue:	
Summary of conversation with patient regarding this breach:	
If employee at fault, summary of conversation with employee, including any discipline taken:	
Summary of final resolution:	
Recommendations to ensure a similar privacy breach does not occur in the future:	
Signature of Executive Director:	Date: