|  |
| --- |
| Health PEI logo Aling left-color-E-01 |
| [Type the name of your initiative] |
| Privacy Impact Assessment |
|  |
| **Prepared by: [name of preparer]** |
| **[Add the date completed]** |

# Guide to completing a Health PEI PIA….

* Start by reviewing the Health PEI Privacy Impact Assessment Protocol.
* The title of your PIA should accurately reflect the main objective or the tangible, measurable outcome of your initiative/program.
* Start a PIA early to allow for assessment and possible modification to your initiative if required, but not so early in your planning that the questions are not able to be answered (ie. after your Project Charter is approved but before the project details are finalized).
* Complete each section by providing the information as requested about the new initiative or program.
* Keep in mind that not all questions will be relevant to your initiative. If a question is not applicable, answer “Not applicable,” but do not delete the question from the template.
* If there is blue text already provided in one of the sections, note that this is the answer for most initiatives within Health PEI, *however you must review the response to ensure it is appropriate to your initiative.*
* See referenced sections of the legislation or policy noted in this document for your information.
* Attach any relevant documents about your initiative to the PIA as Appendices and ensure they are clearly marked (ie. contracts, data flow charts, policies, etc.)
* Remember your audience for your PIA includes the Information and Privacy Commissioner and others who do not know about your project so make an effort to keep information clear and understandable to a reader who may not have expertise or knowledge of your initiative or program.
* A PIA is intended to be an assessment of privacy issues that may arise from a change to a current program or from a new initiative.
* Avoid jargon and acronyms unless they are explained or written out completely the first time.
* Explain any terms, positions, etc. that are not commonly understood by the general population.
* Although information must be comprehensive, make an effort to only include information that is necessary to understand the new initiative or change and its impacts.
* Keep the scope of the PIA to whatever is new or changing with the initiative. It is not necessary to assess the current state of a program or service that is not changing.

|  |  |
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| **Common Terms** | **Definitions** |
| **Personal Health Information (PHI)** | As defined in the *Health Information Act*, identifying information about  an individual in oral or recorded form that **includes but is not limited to**  information related to:   * the individual’s physical or mental health, family history or genetic information; * the provision of health care to the individual; * a drug, device or product provided to the individual by prescription or other authorization of a health care provider; * payments or eligibility for health care; * donation of any body part or bodily substance; or * the identity of the individual’s substitute decision maker or health care provider. |
| **Collection** | In relation to personal health information, means to gather, acquire, receive or obtain the personal health information by any means from any source; |
| **Use** | In relation to personal health information in the custody of or under the control of a custodian, means to handle or deal with personal health information or to apply the personal health information for a purpose and includes reproducing the personal health information, but does not include disclosing the personal health information |
| **Disclosure** | In relation to personal health information in the custody or under the control of a custodian or a person, means to make the personal health information available or to release it to another custodian or to another person, but does not include using the personal health information |
| **Change** | For the purpose of this guide, is a modification to a program, service, etc. that affects the collection, use, disclosure or retention of personal health information. |

# 

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# Program/Project Sponsor for this Initiative

Program/Project Sponsor:

Title:

Division:

1. **Provide a description of the changes or new proposed initiative and the benefits it will achieve. (Attach a project plan or other documentation as appropriate.)**
2. **Is this initiative (check all that apply):**

**a new or significant change to collection, use or disclosure of personal health information (PHI);**

**a new or significant change to a PHI system or communication technology**

**data matching of PHI**

1. **Are there any other programs currently in use that would be a possible solution? Have other options or possible solutions been considered? Why was this option chosen? (have you considered privacy concerns?)**
2. **When will this new initiative/change be implemented? (Planned start date).**
3. **Describe or include a flow chart showing how PHI will be collected, used, disclosed, stored and destroyed at all points across this initiative, including integration points with other systems.**
4. **Positions involved –** List the staff and/or vendor roles that will have access to PHI through this initiative.

|  |  |  |  |
| --- | --- | --- | --- |
| **Job title/User role** | **# of staff in this role** | **Type of access**  **(read, write, edit)** | **Description of PHI user(s) can access** |
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| PRINCIPLE 1: ACCOUNTABILITY |

*An organization is responsible for PHI in its custody or control and shall designate an individual or individuals who are accountable for the organization’s compliance with the following principles.*

1. **Provide contact information for the person responsible for answering questions about this initiative (i.e. Health PEI Project Lead).**

**Contact Person:**

**Title:**

**Contact information:**

1. **Has this initiative been approved by the Executive Leadership Team (ELT)?**

**Yes Date of approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

1. **Are there vendors or other external parties involved with this initiative?**

**Yes**

**List contracts or agreements that are in place (\*\*Copies must also be attached as appendices to this PIA)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

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| PRINCIPLE 2: IDENTIFYING PURPOSES |

*The purposes for which PHI is collected shall be identified by the organization at or before the time the information is collected.*

1. **As a custodian under the *Health Information Act* (the Act), Health PEI collects, uses and discloses PHI as permitted by the Act;**

for providing or assisting in the provision of health care,

planning and management of the health system

other purposes permitted by the Act (please specify, see sections 22, 23 and/or 24 of HIA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Health PEI informs individuals of the primary purposes for collection of PHI on its website and by posting or sharing information at health care facilities. Is there any other more specific messaging that will be provided in relation to this initiative?**

**Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

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| PRINCIPLE 3: CONSENT |

*The knowledge and consent of individuals is required for the collection, use, or disclosure of PHI except where it is inappropriate.*

1. **How will consent be obtained from individuals?**
2. **What type of consent will be used?**

**implied**

**express**

As permitted by sub section 13 (4) of the Act, Health PEI generally relies on implied consent for the collection, use and disclosure of PHI for the purposes of providing or assisting in the provision of health care and for planning and management of the health system.

1. **Can an individual withdraw and/or place limitations on consent regarding the collection, use and disclosure of PHI within this initiative?**

**Yes (please explain how) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

# PRINCIPLE 4: LIMITING COLLECTION

*The collection of PHI shall be limited to that which is necessary for the purposes identified by the organization. Information shall be collected by fair and lawful means.*

1. **Complete the table or attach a list of all PHI data elements that will be collected for this initiative and the rationale/need for collection, include comments as required.**

|  |  |  |
| --- | --- | --- |
| **Data elements being collected (ie. Name, DOB, etc)** | **Reason/purpose for collection** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **How will PHI be collected in this initiative?**

**directly from the individual**

**indirectly from secondary sources (i.e. family member, healthcare provider, charts, etc.)**

**other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Is PHI being collected indirectly?**

**Yes**

**If yes, what is the legislated authority to do so? (see section 18 HIA)**

**The individual has authorized it**

**The individual is unable to provide the information**

**It is being used to determine eligibility for services**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

# PRINCIPLE 5: LIMITING USE, DISCLOSURE, AND RETENTION

*Personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal information shall be retained only as long as necessary for the fulfillment of those purposes.*

**Limiting Use:**

1. **Are any future uses of the PHI anticipated or planned, other than what has been described above? (see Principle 2: Identifying Purpose)**

**Yes explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

1. **If the PHI will be used for other purposes, what is the legislative authority for these uses?**

**Limiting Disclosure:**

1. **Will PHI be disclosed outside of Health PEI for purposes of this initiative?**

**Yes**

* + 1. **What will be disclosed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
    2. **To whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

1. **Will disclosure occur regularly with any third parties?**

**Yes**

1. **has a data sharing agreement been signed?**

**Yes**

**No**

**No**

1. **Are there plans to disclose PHI from this initiative for research purposes? If so, indicate the process and plan for research data requests.**
2. **Will PHI be processed, stored, transmitted or accessed from outside of Canada?**

**Yes**

1. **Describe the rationale/need and any relevant contractual agreements in place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

**Limiting Retention:**

1. **How long will the PHI be considered active and semi-active? (Check your retention schedule and/or discuss with your RIM Coordinator, if needed)**
2. **What will be the final disposition of the PHI? (i.e. what happens to the PHI after it has reached the end of its retention period)?**

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| PRINCIPLE 6: ACCURACY |

*Personal information shall be as accurate, complete and up-to-date as is necessary for the purpose for which it is used.*

1. **How is PHI verified to ensure that it is accurate, up-to-date and complete?**

Health PEI physicians and staff are subject to various professional standards for charting and documentation. Where possible, electronic health information systems are integrated with a provincial Client Registry to ensure accuracy in demographic information. Additionally, mechanisms to promote accuracy are incorporated into data collection processes where possible, including but not limited to the use of drop-down lists and formatted data entry fields.

* Does the information above apply to your initiative?  **Yes  No**

(if No, please change to appropriate information for your initiative)

(if No, please change to appropriate information for your initiative)

1. **Does the information system prevent the deletion, overwriting or modification of a record or information?**

**Yes**

**No**

1. **If the system allows for corrections, are there indicators to show the changes/edits?**

**Yes**

**No**

|  |
| --- |
| PRINCIPLE 7: SAFEGUARDS |

*PHI shall be as protected by security safeguards appropriate to the sensitivity of the information.*

1. **Describe any new policies, procedures and protocols that will be put in place regarding privacy and security of PHI specific to this initiative.**
2. **Is there an evaluation plan to monitor the ongoing effectiveness of new safeguards put in place for this initiative?**
3. **What form will PHI be stored in for this initiative?**

**Paper**

**Electronic**

**both**

**other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Technical Safeguards - (\*\*consult with ITSS for this section.)**

(*if PHI will* ***not*** *be collected, used or disclosed in* ***electronic format****, skip to Physical Safeguard section below)*

1. **Have you reviewed this initiative with ITSS staff?**

**Yes**

**No**

1. **Did the ITSS staff determine that at Threat Risk Assessment (TRA)would be required?**

**Yes**

**No**

1. **Has a TRA been completed for this new electronic system?**

**Yes**

**No**

1. **If a TRA has been recommended but has not yet been completed, what is the estimated timeline for completion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **If a TRA was completed for this initiative were there risks identified?**

**Yes (have these risks been mitigated?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

1. **Will remote access to electronic files be used?**

**Yes (describe security measures in place) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

1. **Are laptops and/or mobile devices being used?**

**Yes**

1. **Are devices;**

**encrypted,**

**password protected**

1. **Is a secure tracking device installed?**

**Yes**

**No**

**No**

1. **What type of data will be used for training purposes?**

**live production data**

**training/testing data**

**other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**User Access and Password Requirements/Information System Administration**

1. **Are user access rights for this initiative limited to information required for the performance of the user’s job duties (i.e. the need-to-know principle)?**

**Yes**

**No**

1. **Who is responsible for account administration (i.e. activating new user accounts and de-activating user accounts that are no longer required) for this initiative/project?**

**Information System Auditing**

1. **Does the information system maintain an audit log?**

**Yes**

1. **List all data elements recorded in the log; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

1. **How will a record of accesses be maintained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Does the information system prevent the deletion, overwriting or modification of audit logs?**

**Yes**

**No**

1. **Does the information system maintain the audit logs for a prescribed time period and/or provide a mechanism for audit log archiving?**

**Yes**

**No**

1. **Does the information system provide a method to export the audit data?**

**Yes**

**No**

**Physical Safeguards**

1. **What physical security measures are in place in relation to this initiative?**

**Secure access building**

**Video surveillance**

**Locked filing cabinets**

**Locked file storage rooms**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What process will be followed when/if employment is terminated for someone with access to information through this initiative? (i.e. revocation of access privileges, retrieval of keys, etc.)**
2. **Will PHI in paper format be in transit as part of this initiative? (i.e. by mail, courier, transported by staff, etc.)**

**Yes**

1. **Describe the measures in place to protect the PHI in transit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

**Administrative Safeguards:**

1. **Have any new policies been developed or implemented specifically related to this initiative?**

**Yes**

1. **Please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

1. **Have all internal and external users signed a Confidentiality Agreement?**

**Yes**

**No**

1. **Are they advised that their access will be monitored?**

**Yes**

**No**

1. **What education is provided to users to familiarize them with the privacy and security policies and procedures specific to this initiative? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| PRINCIPLE 8: OPENNESS |

*An organization shall make readily available to individuals, specific information about its policies and practices relating to the management of personal information.*

1. **How are privacy policies and practices specific to this initiative made available to the public?**
2. **Has a communication plan been developed to explain this initiative and how it will collect, use, disclose, modify, retain, destroy or dispose of PHI?**

**Yes (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

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| PRINCIPLE 9: INDIVIDUAL ACCESS |

*Upon request, an individual shall be informed of the existence, use, and disclosure of his or her personal information, and shall be given access to that information. An individual shall be able to challenge the accuracy and completeness of the information and have it amended as appropriate.*

1. **Is the system designed to allow direct access by individuals to their personal health information? (i.e. a patient portal)**

**Yes (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

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| PRINCIPLE 10: CHALLENGING COMPLIANCE |

*An individual shall be able to address a challenge concerning compliance with the above principles to the designated individual or individuals accountable for the organization’s compliance.*

1. **Have you included Health PEI privacy statements on the following**;

**all applicable forms**

**webpages**

**brochures**

**other information related to this initiative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **\*\*\* Next Section To Be Completed After Initial Submission** |
| RISK ASSESSMENT AND RECOMMENDATIONS |

***(This section will be completed by the Privacy Officer)***

|  |  |  |  |
| --- | --- | --- | --- |
| Risk | Likelihood | Impact | Recommendation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| RISK MITIGATION ACTION PLAN |

***(This section is to be completed by the Project team, after the risks have been identified above.)***

|  |  |  |  |
| --- | --- | --- | --- |
| Recommendation | Resources | Decision | Status |
|  |  |  |  |
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| SIGN OFF |  |

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| --- | --- |
| **Privacy Impact Assessment Sign-Off** | |
| Program/Project Sponsor |  |
| Date |  |
| Privacy Officer |  |
| Date |  |