# Privacy Impact Assessment – Health Information Listing Table (PIA Annotated Template - Section C)

# Document Purpose and Overview

A Privacy Impact Assessment (PIA) describes how proposed administrative practices or information systems may affect the privacy of the individuals who are the subjects of the information.

This document is intended to be adapted by the custodian when submitting a PIA in Section C: Health Information Listing Table. This table provides the Office of the Information and Privacy Commissioner (OIPC) with a list and description of the types of health information you will collect, use or disclose. Keep in mind the Health Information Act (HIA) requires that custodians only collect, use and disclose the amount of health information that is essential to meet the intended purpose.

The proper form to use is the PIA Annotated Template. This template is intended to assist community-based custodians in completing PIAs. It can be accessed on this page on the [Alberta Health website](about:blank).

Additional information about each section can be found on the [AMA website](about:blank) and on the annotated template.

# Instructions for use

* Review the attached table carefully and remove or add items as needed
* Once complete, this table can be inserted in the Annotated Template with your clinic specific information in it in Section C – Project Privacy Analysis

# Privacy Training

The Alberta Medical Association offers privacy and security training to any Alberta community-based medical clinic. [Visit the AMA website today to learn more!](https://www.albertadoctors.org/leaders-partners/clinic-patient-privacy/privacy-training)

# Health Information Listing Table

This table lists the common health information collected in a community clinic. Please review it carefully and remove or add items as needed. Cut and paste this document into the Section C of the Project privacy Analysis when completed.

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| --- | --- | --- |
| **Health Information Listing Table** | | |
| **Registration Information** | **Diagnostic, Treatment, and Care Information** | **Scheduling/Billing Information** |
| Patient name\*  Address  Phone number (home)  Phone number (work)  Additional contact numbers (cell, pager)  Gender  Date of birth  Personal Health Number\*  Contact name  Contact relationship  Contact Address  Contact phone numbers (home, work)  Alerts  Pharmacy  Chart Number\* | Family and social history  Past medical history  Immunization history  Medications  Allergies  Lab orders and results  Problem list  Vital Stats  Progress notes  Consults  Diagnostic imaging reports  Health service provider information (physician name, provider ID\*; referring physician name, referring Dr. ID) | Appointment date  Appointment time  Reason for visit  Payer  Amount owing  Units  Provider ID\*  Referring Dr. ID\*  Service facility  Functional centre  Date  Originating facility  Originating location  Hospital admit date  Comments  Pay to entity |

\*Unique Identifier