[**CUSTODIAN SITE NAME AND ADDRESS**]

DATE

Ms. Diane McLeod

Information and Privacy Commissioner

Office of the Information and Privacy Commissioner

#410, 9925 – 109 St. Edmonton, AB T5K 2J8

Dear Ms. McLeod:

**Re: Endorsement of Alberta Health Privacy Impact Assessment (PIA) for the Community Information Integration Initiative and Central Patient Attachment Registry**

I [INSERT NAME OF COMMUNITY PHYSICIAN CUSTODIAN] being a custodian as defined by the *Health Information Act*, have reviewed a synopsis of Alberta Health’s Privacy Impact Assessment covering the Community Information Integration (CII) initiative (Office of the Information and Privacy Commissioner file reference #005962 and #009517) and am aware of the privacy and security provisions being used for the disclosure of information from my electronic medical record to Alberta Health.

My Electronic Medical Record system:

* INSERT NAME OF EMR VENDOR (e.g. Microquest, QHR Technologies, TELUS Health, Ava Industries, OKAKI)
* INSERT NAME OF EMR PRODUCT (e.g. Healthquest, Med Access, PS Suite, CHR, Accuro, AVA, CARE)
* INSERT OIPC FILE REFERENCE NUMBER FOR CUSTODIAN’S ACCEPTED PIA

This system is being integrated with Alberta Health’s Community Information Integration Initiative and the Central Patient Attachment Registry. My EMR has been modified to support automated transmission of selected data elements to CII such as encounters, panels and consults.

I have been provided a more detailed summary of the impacts to my EMR from the changes that are implemented. I have authorized my information manager [INSERT NAME OF EMR VENDOR WHO IS IN THE ROLE OF IM FOR THE CUSTODIAN (e.g. Microquest, QHR Technologies, TELUS Health, Ava Industries, OKAKI)] to make the modifications to my EMR to achieve the integration to disclose and receive information set out in the PIA to Alberta Health.

The EMR changes required to enable these extracts and transmissions have been tested jointly by my EMR vendor and Alberta Health to ensure that the extracted information is complete, accurate and conforms to the Alberta Health specifications. The IT change management has been addressed as follows:

* My EMR vendor has developed data feeds in accordance with Alberta Health specifications.
* Data exchanges have been tested to ensure they function correctly. This testing included internal vendor testing, and the establishment of secure connections between my EMR vendor and Alberta Health data centers.
* In addition, conformance testing, end-to-end testing, and correction and re-testing cycles will be conducted, with participation from Alberta Health, Alberta Health Services and my EMR vendor.

I understand the purposes of the disclosure of health information to Alberta Health to be in accordance with the *Health Information Act* s. 27(1) and (2) and that patient consent is not required. Where a patient has expressed wishes to restrict the disclosure of certain health information, these wishes will be considered, along with other factors I consider important.

Based on my review of the summary of the AH CII PIA, I am satisfied that reasonable steps have been taken to meet the requirements of section 60 of the *Health Information Act* to address risks associated with this change to the EMR software and the disclosure of health information.

I understand that the following risks are present in the integration of my EMR system with CII and have reviewed the summary materials that Alberta Health provided regarding the mitigation of those risks:

* Unauthorized use of health information by internal or authorized parties
  + Technical, physical and administrative access controls are in place to ensure that Alberta Health, its employees and contractors, may only access health information where it is essential to perform their duties to operate CII.
  + My EMR vendor has access controls in place, which are laid out in our Information Manager Agreement.
  + Alberta Health will perform audits to ensure health information has been accessed appropriately.
* Unauthorized collection/use/disclosure of health information by external parties
  + All communications are encrypted to prevent interception and tampering
  + The data centers where CII and CPAR data is stored meet international standards and information security best practices for data protection.
  + As a custodian I maintain technical, physical and administrative safeguards that prevent unauthorized access by external parties.
* Loss of integrity/loss/unauthorized destruction of health information
  + An IT change management process as outlined above has been followed in facilitating the transmission of information from my EMR to CII.
  + Alberta Health and its contractors maintain business continuity and disaster recovery programs.
  + The patient identity information from the EMR extract process is checked against the Provincial Client Registry prior to the information being placed in Alberta Netcare
* [INSERT ANY ADDITIONAL RISKS OR MITIGATIONS THE CUSTODIAN CONSIDERS IMPORTANT]

[ADD THE FOLLOWING IF THERE IS A CUSTODIAN REPRESENTATIVE FOR THE CLINIC]

I will ensure that all current and future participating providers at our clinic:

1. Are aware and agree with the data that will be shared from our EMR and displayed in Alberta Netcare and made available in the Healthcare Data repository
2. Are familiar with the use of confidentiality functions within the EMR
3. Understand and agree that our EMR Vendor may access our EMR to configure CII/CPAR.

[CHOOSE ONE OF THE FOLLOWING*:*

I have reviewed my HIA policies in light of this initiative and have decided to make the following changes/additions to my policies (either list the changes or attach a revised policy document).

-- OR --

I have reviewed my HIA policies in light of this initiative and have determined that no changes or additions to my policies are required, as (explain the reason no updates are required).]

I understand that I am responsible for submitting an amendment to the PIA referenced above to the OIPC if there is a change to my *HIA* policies, administrative practices or systems. I acknowledge that I am solely responsible for PIAs related to any other electronic health records systems in my custody or control.

If you require additional information on any aspect identified in this endorsement, please contact me at [INSERT PHONE NUMBER (XXX) XXX-XXXX].

Sincerely,

CUSTODIAN SIGNATURE

[CUSTODIAN NAME]

[INSERT PROFESSIONAL DESIGNATION]

[If a custodian is signing on behalf of clinic or group of custodians, the letter should be copied to all who are involved. Add participating Custodian names as cc: at bottom of letter]

Cc: Doctor A name

Doctor B name, etc.

**Email a signed copy of this letter to the OIPC at** [**pia@oipc.ab.ca**](mailto:pia@oipc.ab.ca)

**and forward a copy of the letter to the eHealth CII Implementation team**

**via email (**[**ehealthcii-implementation@gov.ab.ca**](mailto:ehealthcii-implementation@gov.ab.ca)**) or fax (1-844-630-0877).**