

Privacy Roles and Responsibilities Policy

Details

Creation Date: _____

Revision Date: _____

Applies to: All Employees and Contractors

Approved by: _____

Purpose

This policy details the specific obligations of custodians, privacy officers, and staff (affiliates) with respect to Alberta's Health Information Act (HIA).

Custodians

According to Alberta's Health Information Act, Custodians of health information have the following obligations (HIA, s60(1)):

- Protect the confidentiality of health information that is in its custody or under its control and the privacy of the individuals who are the subjects of that information,
- Protect the confidentiality of health information that is to be stored or used in a jurisdiction outside Alberta or that is to be disclosed by the custodian to a person in a jurisdiction outside Alberta and the privacy of the individuals who are the subjects of that information,
- Protect against any reasonably anticipated
 - threat or hazard to the security or integrity of the health information or of loss of the health information, or
 - unauthorized use, disclosure or modification of the health information or unauthorized access to the health information, and
- Otherwise ensure compliance with this Act by the custodian and its affiliates.

Clinic Privacy Officer

The HIA s62.1 requires custodians to identify a contact person who is responsible for ensuring compliance with the Act. _____ is designated as the privacy officer for the purposes of the HIA. The responsibilities of the Clinic Privacy Officer include:

Accountability / Management

Ensuring that:

- The clinic's health privacy and security policies and procedures are developed and maintained as necessary.
- All privacy policies are communicated to staff and fully implemented.
- Clinic staff and contractors are aware of their responsibilities and duties under the HIA.

- A privacy impact assessment (PIA) is completed and submitted to the Office of the Information and Privacy Commissioner of Alberta (OIPC).
- The clinic is represented in dealings with third parties and the OIPC.
- Advice on and interpretation of the HIA within the clinic is provided.
- Staff have completed all privacy training requirements.

Notice

Ensuring that:

- The clinic provides notice about its privacy policies and practices and that the notice identifies the purposes for which health information is collected.
- The notice is regularly reviewed and revised as necessary.
- The privacy officers contact information is listed for any questions that individuals have about the collection of their health information.

Consent

Ensuring that

- The clinic obtains consent with respect to the disclosure of health information where required.
- The clinic has a consent form for the disclosure of individually identifying health information that meets the consent provisions set out in the HIA [s34(2)].

Collection

Ensuring that the clinic only collects health information for the purposes outlined in the notice as per HIA [s27(1)] or as expressly authorized by an enactment of Alberta or Canada.

Use, retention, and disposal

Ensuring that:

- The clinic limits the use of health information to the purposes outlined in the notice as per the HIA [s27(1)] or as expressly authorized by an enactment of Alberta or Canada.
- The clinic retains health information as required by the College of Physicians and Surgeons (CPSA) record retention guidelines, or for as long as necessary to fulfill the stated purpose (whichever is longer).
- All paper copies of health information are disposed of by shredding or secure storage.

Disclosure

Ensuring that health information is only disclosed per the HIA. Any third-party disclosure requires an individual's written consent, unless otherwise permitted by the HIA or another enactment of Alberta or Canada.

Access

- Ensuring individuals have the right of access to information about themselves that is in the custody or control of the Clinic, in compliance with and subject to the limited and specific exceptions set out in the HIA [s7 and 11].
- Responding to requests for access to or correction of health information in the clinic EMR.

Safeguards

Ensuring that:

- The overall security and protection of health information in the custody or control of the clinic per HIA [s60].
- Clinic staff or affiliates sign a Confidentiality Oath and review the clinic's privacy and security policies and procedures at time of hire, annually, upon a change to a job position involving greater health information access or responsibility, or after an incident/breach at the clinic.
- Contractors are given a copy of the clinic's privacy and security policies and procedures (on request), as per the vendor non-disclosure agreement (VNDA) or information manager agreement (IMA), and that they sign a declaration that they have received these documents.

Quality

Overseeing reasonable efforts of the clinic to ensure that the health information in its custody or under its control is accurate and complete, as per the HIA [s61].

Monitoring and enforcement

- Promptly investigating all instances of privacy complaints and breaches using the clinic's Privacy Breach Management procedure and taking appropriate remedial measures for substantiated complaints, including where appropriate, amending existing policies and practices.
- Ensuring the clinic's PIA is updated periodically to reflect any physical, technical, or administrative changes that may affect the collection, use, or disclosure of health information in the custodian's care or control, as per the HIA. This may require submitting a PIA amendment to the OIPC and should be done within a reasonable time following the changes.
- Responding to requests for access to or correction of health information in the clinic EMR.

All Staff and Contractors (Affiliates)

The responsibilities of all staff and contractors include:

- Responding to routine requests for access to health information, release of health information, or to correct or amend personal information, where there is no requirement or need to withhold information or deny a request for correction under the HIA.
- Identifying privacy breaches and responding in line with the Privacy Breach Management Procedure.
- Ensuring the overall security and protection of the health information in the custody or control of the custodians in the clinic.
- Adhering to all clinic privacy policies.

Management Structure Table

Position/Clinic Role	Job Responsibility	Reports to	Number of Individuals in the Role
Lead Clinic Custodian			
Privacy Officer			
Receptionist			
Clinic Manager			
RN			
LPN			
Physicians			
IT Support/Third party vendors			