



<p>Team Name: Health Information Services</p> <p>Team Lead: Regional Privacy &amp; Access Officer</p> <p>Approved by: VP - Corporate Services</p>	<p>Reference Number: ORG.1411.PL.405</p> <p>Program Area: Health Information Services</p> <p>Policy Section: Privacy &amp; Access</p>
<p>Issue Date: January 10, 2017</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Audit of Security Safeguards</p>

**POLICY SUBJECT:**

Audit of Security Safeguards.

**PURPOSE:**

To ensure that the security safeguards to protect personal health information at all stages of its collection, use, disclosure, retention, storage and destruction, are appropriate, complied with and implemented in accordance with The Personal Health Information Act (“PHIA”).

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-02) Treatment of Clients.

**POLICY:**

1. Southern Health-Santé Sud, as a trustee of personal health information under PHIA shall conduct an audit of security safeguards at least every two (2) years.
2. Southern Health-Santé Sud shall document the findings of the audit along with any recommendations to monitor and ensure compliance with PHIA.

**DEFINITIONS:**

ORG.1411.PL.502.SD.01 PHIA Definitions.

**PROCEDURE:**

1. The Regional Privacy and Access Officer shall ensure the implementation of an overall audit of security safeguards related to personal health information and compile a summary report at least every two (2) years.
2. The Regional Director of Information Technology or designate and the Regional Privacy and Access Officer shall ensure the implementation of an audit of electronic security safeguards related to personal health information and together shall compile a summary report at least every two (2) years.
3. The overall audit of security safeguards shall include:
  - Confirmation that a process exists for signing of the Declaration of Confidentiality for employees and Persons Associated with Southern Health-Santé Sud.
  - Review of the restrictions on the collection of personal health information, including electronically.

- Review of the effectiveness of the safeguards in place to protect the confidentiality, integrity and security of personal health information.
- Ensuring appropriate policies and procedures are in place to allow only authorized individuals to download or compile personal health information for authorized purposes.
- Confirmation that occurrence reports are filed, reviewed and acted upon.
- Compilation of reports of breaches of security, corrective procedures implemented and any disciplinary action taken.

**SUPPORTING DOCUMENTS:**

[ORG.1411.PL.502.SD.01](#) PHIA Definitions.

**REFERENCES:**

*The Personal Health Information Act*

*The Personal Health Information Regulations*

WRHA Audit of Security Safeguards, Policy #10.40.060