

PRIVACY IMPACT ASSESSMENT (PIA) TOOL

Name of Project: _____

System Name: _____ **Expected Go-live date:** _____
 YYYY-MM-DD

Trustee: Southern Health-Santé Sud

Vendor Contact Information:

- Vendor: _____
- Contact Name: _____
- Contact Title: _____
- Address: _____
- Phone Number: _____
- Fax Number: _____
- E-mail: _____

Location of server(s): _____

Site(s)/program(s) implemented at go-live: _____

Future implementation

Sites/program(s)/organizations/RHAs (if applicable):

PIA Completed by:

- Name: _____
- Title: _____
- Phone Number: _____
- E-Mail: _____
- Date Submitted: _____

Business Owner:

- Name: _____
- Title: _____
- Phone Number: _____
- E-Mail: _____

Application Administrator:

- Name: _____
- Title: _____
- Phone Number: _____
- E-Mail: _____

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 Southern Health-Santé Sud Regional Privacy & Access Officer**

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Document Version Control

Document Creation Date: October 30, 2015			
Date	Author	Version	Change Description
		0.1	Initial Draft

1.0 Project Summary

(Refer to Section 1.0 in the PIA Guide)

Provide a full description of the proposed project, including its objectives. State why the system must collect, use or disclose personal information and/or personal health information.

2.0 Information Flow Analysis

(Refer to Section 2.0 in the PIA Guide)

Attach the completed Data Element Table as Appendix 1 and the completed Information Flow Diagram as Appendix 2.

3.0 Collection

(Refer to Section 3.0 in the PIA Guide)

A. Type and Extent of Information Collected

Refer to the Data Element Table (Appendix 1)

3.1 The list of data elements and accompanying information (definition, rationale) are accurate and complete.

- Yes
- No. Please explain

3.2 The type of data elements included in the electronic information records system and/or database contains:

- Identifiable personal health information. (PHIA)
- Identifiable personal information (non-health related). (FIPPA)

C. Information Source and Authority

From the following choices, identify **all** sources of the information that apply:

PHIA			
3.4	<input type="checkbox"/>	the information is collected directly from the individual;	PHIA 14(1)

PHIA Exceptions			
3.5	<input type="checkbox"/>	the individual has authorized another method of collection;	PHIA 14(2)(a)
3.6	<input type="checkbox"/>	collection of the information directly from the individual could reasonably be expected to endanger the health or safety of the individual or another person;	PHIA 14(2)(b)
3.7	<input type="checkbox"/>	collection of the information is in the interest of the individual and time or circumstances do not permit collection directly from the individual;	PHIA 14(2)(c)
3.8	<input type="checkbox"/>	the information may be disclosed to the trustee under subsection 22(2);	PHIA 14(2)(c.1)
3.9	<input type="checkbox"/>	collection of the information directly from the individual could reasonably be expected to result in inaccurate information being collected;	PHIA 14(2)(d)
3.10	<input type="checkbox"/>	the information is collected for the purpose of <ul style="list-style-type: none"> (i) compiling an accurate family or genetic health history of the individual, or (ii) determining or verifying the individual's eligibility to participate in a program of or receive a benefit or service from the trustee or from the 	PHIA 14(2)(d.1)

		government, and is collected in the course of processing an application made by or on behalf of the individual; or	
3.11	<input type="checkbox"/>	another method of collection is authorized or required by a court order or an enactment of Manitoba or Canada, Specify:	PHIA 14(2)(e)

FIPPA Manner of Collection			
3.12	<input type="checkbox"/>	Personal information must be collected by or for a public body directly from the individual the information is about unless	FIPPA 37(1)
3.13	<input type="checkbox"/>	another method of collection is authorized by that individual, or by an enactment of Manitoba or Canada;	FIPPA 37(1)(a)
3.14	<input type="checkbox"/>	collection of the information directly from the individual could reasonably be expected to cause harm to the individual or to another person;	FIPPA 37(1)(b)
3.15	<input type="checkbox"/>	collection of the information is in the interest of the individual and time or circumstances do not permit collection directly from the individual;	FIPPA 37(1)(c)
3.16	<input type="checkbox"/>	collection of the information directly from the individual could reasonably be expected to result in inaccurate information being collected;	FIPPA 37(1)(d)
3.17	<input type="checkbox"/>	the information may be disclosed to the public body under Division 3 of this Part;	FIPPA 37(1)(e)
3.18	<input type="checkbox"/>	the information is collected for inclusion in a public registry;	FIPPA 37(1)(f)
3.19	<input type="checkbox"/>	the information is collected for law enforcement purposes or crime prevention;	FIPPA 37(1)(g)
3.20	<input type="checkbox"/>	the information is collected for the purpose of existing or anticipated legal proceedings to which the Government of Manitoba or the public body is a party;	FIPPA 37(1)(h)
3.21	<input type="checkbox"/>	the information is collected for use in providing legal advice or legal services to the Government of Manitoba or the public body;	FIPPA 37(1)(i)
3.22	<input type="checkbox"/>	the information concerns (i) the history, release or supervision of an individual in the custody of or under the control or supervision of a correctional authority, or (ii) the security of a correctional institution;	FIPPA 37(1)(j)
3.23	<input type="checkbox"/>	the information is collected for the purpose of enforcing a maintenance order under <i>The Family Maintenance Act</i> ;	FIPPA 37(1)(k)
3.24	<input type="checkbox"/>	the information is collected for the purpose of informing The Public Trustee or the Vulnerable Persons Commissioner about clients or potential clients;	FIPPA 37(1)(l)
3.25	<input type="checkbox"/>	the information is collected for the purpose of	FIPPA 37(1)(m)

		<p>(i) determining the eligibility of an individual to participate in a program of or receive a benefit or service from the Government of Manitoba or the public body and is collected in the course of processing an application made by or on behalf of the individual the information is about, or</p> <p>(ii) verifying the eligibility of an individual who is participating in a program of or receiving a benefit or service from the Government of Manitoba or the public body;</p>	
3.26	<input type="checkbox"/>	<p>the information is collected for the purpose of</p> <p>(i) determining the amount of or collecting a fine, debt, tax or payment owing to the Government of Manitoba or the public body, or an assignee of either of them, or</p> <p>(ii) making a payment;</p>	FIPPA 37(1)(n)
3.27	<input type="checkbox"/>	the information is collected for the purpose of managing or administering personnel of the Government of Manitoba or the public body;	FIPPA 37(1)(o)
3.28	<input type="checkbox"/>	the information is collected for the purpose of auditing, monitoring or evaluating the activities of the Government of Manitoba or the public body; or	FIPPA 37(1)(p)
3.29	<input type="checkbox"/>	the information is collected for the purpose of determining suitability for an honour or award, including an honorary degree, scholarship, prize or bursary.	FIPPA 37(1)(q)

4.0 Use

(Refer to Section 4.0 in the PIA Guide)

Check all intended uses that apply to the information in the system.

PHIA Restrictions on use of Information			
4.1	<input type="checkbox"/>	For the purpose for which the information was collected or received. (Please specify purpose).	PHIA 21
4.2	<input type="checkbox"/>	For another purpose directly related to the purpose for which the personal health information was collected or received. (Please specify purpose).	PHIA 21(a)
4.3	<input type="checkbox"/>	The individual the personal health information is about has consented to the use.	PHIA 21(b)
4.4	<input type="checkbox"/>	Use of the information is necessary to prevent or lessen a serious and immediate threat to the health or safety of the individual the information is about or another individual.	PHIA 21(c)(i)
4.5	<input type="checkbox"/>	Use of the information is necessary to prevent or lessen a serious and immediate threat to public health or public safety.	PHIA 21(c)(ii)
4.6	<input type="checkbox"/>	The information is demographic information about an individual, or is his or her PHIN, and is used to confirm eligibility for health care or payment for health care.	PHIA 21(c.1)(i)
4.7	<input type="checkbox"/>	The information is demographic information about an individual, or is his or her PHIN, and is used to verify the accuracy of the demographic information or PHIN.	PHIA 21(c.1)(ii)
4.8	<input type="checkbox"/>	The information is demographic information about an individual and is used to collect a debt the individual owes to the trustee, or to the government if the trustee is a department. (This only applies if the trustee does its own debt collection)	PHIA 21(c.2)
4.9	<input type="checkbox"/>	The trustee is a public body or a health care facility and the personal health information is used to deliver, monitor or evaluate a program that relates to the provision of health care or payment for health care by the trustee.	PHIA (21)(d)(i)
4.10	<input type="checkbox"/>	The trustee is a public body or a health care facility and the personal health information is used for research and planning that relates to the provision of health care or payment for health care by the trustee.	PHIA 21(d)(ii)
4.11	<input type="checkbox"/>	The purpose is one for which the information may be disclosed to the trustee under section 22.	PHIA 21(e)
4.12	<input type="checkbox"/>	Use of the information is authorized by an enactment of Manitoba or Canada. Please specify the enactment and the section of it that applies.	PHIA 21(f)

FIPPA Use of personal information			

4.13	<input type="checkbox"/>	For the purpose for which the information was collected or compiled under subsection 36(1) or for a use consistent with that purpose under section 45. (Please specify purpose)	FIPPA 43(a)
4.14	<input type="checkbox"/>	The individual has consented to the use.	FIPPA 43(b)
4.15	<input type="checkbox"/>	The information is used for a purpose for which the information may be disclosed to the public body under section 44, 47 or 48.	FIPPA 43(c)

5.0 Disclosure

(Refer to Section 5.0 in the PIA Guide)

A. Disclosure

5.1	<input type="checkbox"/>	The records are not being disclosed outside the trustee. <i>Please proceed to Section 6.</i>
5.2	<input type="checkbox"/>	The records are being disclosed outside the trustee. <i>Please proceed to B.</i>

B. Type, Extent of Information Disclosed and To Whom

Information identified for disclosure as set out in Appendix 1 is complete and accurate:

5.3	<input type="checkbox"/>	Yes
5.4	<input type="checkbox"/>	No. Please explain

C. Authority to Disclose

Check all intended disclosures that apply to the information in the system.

PHIA		
A trustee may disclose personal health information only if		
5.5	<input type="checkbox"/>	The individual has consented to the disclosure (PHIA 22 (1)(b))

AND/OR

Without consent from the individual, under one or more of the following authorities and for the purpose(s) of:			
5.6	<input type="checkbox"/>	To a person who is or will be providing or has provided health care to the individual, to the extent necessary to provide health care to the individual, unless the individual has instructed the trustee not to make the disclosure.	PHIA 22(2)(a)
5.7	<input type="checkbox"/>	To any person if the trustee reasonably believes that the disclosure is necessary to prevent or lessen a serious and immediate threat to the health and safety of the individual the information is about, or another individual.	PHIA 22(2)(b)(i)
5.8	<input type="checkbox"/>	To any person if the trustee reasonably believes that the disclosure is necessary to prevent or lessen a serious and immediate threat to public health or public safety.	PHIA 22(2)(b)(ii)
5.9	<input type="checkbox"/>	For the purpose of contacting a relative or friend of an individual who is injured, incapacitated or ill.	PHIA 22(2)(c)(i)
5.10	<input type="checkbox"/>	For the purpose of assisting in the identification of a deceased individual.	PHIA 22(2)(c)(ii)
5.11	<input type="checkbox"/>	For the purpose of informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual's death.	PHIA 22(2)(c)(iii)
5.12	<input type="checkbox"/>	To a relative of a deceased individual if the trustee reasonably believes that disclosure is not an unreasonable invasion of the deceased's privacy.	PHIA 22(2)(d)
5.13	<input type="checkbox"/>	Required for the purpose of peer review by health professionals.	PHIA 22(2)(e)(i)
5.14	<input type="checkbox"/>	Required for the purpose of review by a standards committee established to study or evaluate health practice in a health care facility or health services agency	PHIA 22(2)(e)(ii)
5.15	<input type="checkbox"/>	Required for the purpose of a body with statutory responsibility for the discipline of health professionals or for the quality or standards of professional services provided by health professionals	PHIA 22(2)(e)(iii)

5.16	<input type="checkbox"/>	Required for the purpose of a risk management assessment	PHIA 22(2)(e)(iv)
5.17	<input type="checkbox"/>	In accordance with subsection 22(2.2)(disclosure to another government), section 23 (disclosure to patient's family), section 23.1 (disclosure to religious organization), section 23.2 (disclosure for fundraising), section 24 or 24.1 (disclosure for health research) or section 25 (disclosure to an information manager).	PHIA 22(2)(f)
5.18	<input type="checkbox"/>	For the purpose of delivering, evaluating or monitoring a program of the trustee that related to the provision of health care or payment for health care.	PHIA 22(2)(g)(i)
5.19	<input type="checkbox"/>	For research and planning that relates to the provision of health care or payment for health care by the trustee.	PHIA 22(2)(g)(ii)
5.20	<input type="checkbox"/>	To another trustee who requires the information to evaluate or monitor the quality of services the other trustee provides.	PHIA 22(2)(g.1)
5.21	<input type="checkbox"/>	For the purpose of determining or verifying the individual's eligibility for a program, service or benefit, if the information disclosed is limited to the individual's demographic information.	PHIA 22(2)(g.2)
5.22	<input type="checkbox"/>	To another trustee for the purpose of de-identifying the personal health information.	PHIA 22(2)(g.3)
5.23	<input type="checkbox"/>	To a computerized health information network established by a body specified in subsection (2.1), in which personal health information is recorded for the purpose of providing health care	PHIA 22(2)(h) PHIA 22(2)(h)(i)
5.24	<input type="checkbox"/>	To a computerized health information network established by a body specified in subsection (2.1), in which personal health information is recorded for the purpose of facilitating the evaluation or monitoring of a program that relates to the provision of health care or payment for health care, or	PHIA 22(2)(h)(ii)
5.25	<input type="checkbox"/>	To a computerized health information network established by a body specified in subsection (2.1), in which personal health information is recorded for the purpose of facilitating research and planning that relates to the provision of health care or payment for health care.	PHIA 22(2)(h)(iii)
5.26	<input type="checkbox"/>	To the government, another public body, or the government of another jurisdiction or an agency of such a government, to the extent necessary to obtain payment for health care provided to the individual the personal health information is about.	PHIA 22(2)(i)
5.27	<input type="checkbox"/>	For the purpose of collecting a debt owed by the individual to the trustee, or to the government if the trustee is a department, if the information disclosed is limited to demographic information.	PHIA 22(2)(i.1)
5.28	<input type="checkbox"/>	To a person who requires the personal health information to carry out an audit for or provide legal services to a trustee, if the trustee reasonably believes that the person will not use or disclose the personal health information for any other purpose and will take appropriate steps to protect it.	PHIA 22(2)(j)
5.29	<input type="checkbox"/>	Required in anticipation of or for use in a civil or quasi-judicial proceeding to which the trustee is a party, or to which the government is a party if the trustee is a department.	PHIA 22(2)(k)
5.30	<input type="checkbox"/>	Required in anticipation of or for use in the prosecution of an offence.	PHIA 22(2)(k.1)
5.31	<input type="checkbox"/>	Required to comply with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of the personal health information, or with a rule of court concerning the production of the personal health information.	PHIA 22(2)(l)

5.31	<input type="checkbox"/>	Required by police to assist in locating an individual reported as being a missing person, if the information disclosed is limited to demographic information.	PHIA 22(2)(l.1)
5.33	<input type="checkbox"/>	For the purpose of an investigation under or the enforcement of an enactment of Manitoba respecting payment for health care.	PHIA 22(2)(m)(i)
5.34	<input type="checkbox"/>	For the purpose of an investigation or enforcement respecting a fraud relating to payment for health care.	PHIA 22(2)(m)(ii)
5.35	<input type="checkbox"/>	For the purpose of complying with an arrangement or agreement entered into under an enactment of Manitoba or Canada. Please explain.	PHIA 22(2)(n)
5.36	<input type="checkbox"/>	Authorized or required by an enactment of Manitoba or Canada. Please specify the enactment and the section of it that applies.	PHIA 22(2)(o)
5.37	<input type="checkbox"/>	Other, Specify: Insert explanation here.	

FIPPA			
A public body may disclose personal information			
5.38	<input type="checkbox"/>	For the purpose for which the information was collected or compiled under subsection 36(1) or for a use consistent with that purpose under section 45.	FIPPA 44(1)(a)
5.39	<input type="checkbox"/>	If the individual the information is about has consented to its disclosure.	FIPPA 44(1)(b)
5.40	<input type="checkbox"/>	In accordance with Part 2 (Individual's request for access).	FIPPA 44(1)(c)
5.41		For the purpose of complying with an enactment of Manitoba or Canada, or with a treaty, arrangement or agreement entered into under an enactment of Manitoba or Canada.	FIPPA 44(1)(d)
5.42	<input type="checkbox"/>	In accordance with an enactment of Manitoba or Canada that authorizes or requires the disclosure. Please specify the enactment and the section of it that applies.	FIPPA 44(1)(e)
5.43	<input type="checkbox"/>	To a minister or an elected official of the public body, if the information is necessary to carry out his or her responsibilities.	FIPPA 44(1)(f)
5.44	<input type="checkbox"/>	For the purpose of managing or administering personnel of the Government of Manitoba or the public body.	FIPPA 44(1)(g)
5.45	<input type="checkbox"/>	To the Auditor General or any other person or body for audit purposes.	FIPPA 44(1)(h)
5.46	<input type="checkbox"/>	To the Government of Canada in order to facilitate the monitoring, evaluation or auditing of shared cost programs or services.	FIPPA 44(1)(i)
5.47	<input type="checkbox"/>	For the purpose of determining or verifying an individual's suitability or eligibility for a program, service or benefit.	FIPPA 44(1)(j)
5.48	<input type="checkbox"/>	For the purpose of enforcing a maintenance order under <i>The Family Maintenance Act</i> .	FIPPA 44(1)(k)
5.49	<input type="checkbox"/>	Where necessary to protect the mental or physical health or the safety of any individual or group of individuals.	FIPPA 44(1)(l)
5.50	<input type="checkbox"/>	For the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information or with a rule of court that relates to the production of information.	FIPPA 44(1)(m)

5.51	<input type="checkbox"/>	For use in providing legal advice or legal services to the Government of Manitoba or the public body.	FIPPA 44(1)(n)
5.52	<input type="checkbox"/>	For the purpose of enforcing a legal right that the Government of Manitoba or the public body has against any person.	FIPPA 44(1)(o)
5.53	<input type="checkbox"/>	For the purpose of determining the amount of or collecting a fine, debt, tax or payment owing by an individual to the Government of Manitoba or to the public body, or to an assignee of either of them.	FIPPA 44(1)(p)(i)
5.54	<input type="checkbox"/>	For the purpose of making a payment.	FIPPA 44(1)(p)(ii)
5.55	<input type="checkbox"/>	For use in existing or anticipated legal proceedings to which the Government of Manitoba or the public body is a party.	FIPPA 44(1)(q)
5.56	<input type="checkbox"/>	For law enforcement purposes or crime prevention.	FIPPA 44(1)(r)
5.57	<input type="checkbox"/>	By transfer to the Archives of Manitoba or to the archives of the public body for records management or archival purposes.	FIPPA 44(1)(v)
5.58	<input type="checkbox"/>	To an officer of the Legislature, if the information is necessary for the performance of the duties of that officer.	FIPPA 44(1)(w)
5.59	<input type="checkbox"/>	To an expert for the purposes of clause 24(b).	FIPPA 44(1)(x)
5.60	<input type="checkbox"/>	For the purpose of contacting a relative or friend of an individual who is injured, incapacitated or ill.	FIPPA 44(1)(y)(i)
5.61	<input type="checkbox"/>	For the purpose of assisting in identifying a deceased individual.	FIPPA 44(1)(y)(ii)
5.62	<input type="checkbox"/>	For the purpose of informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual's death.	FIPPA 44(1)(y)(iii)
5.63	<input type="checkbox"/>	To a relative of a deceased individual if the head of the public body reasonably believes that disclosure is not an unreasonable invasion of the deceased's privacy.	FIPPA 44(1)(z)
5.64	<input type="checkbox"/>	Subject to subsection (2), to a person providing information technology services to or for the public body.	FIPPA 44(1)(aa)
5.65	<input type="checkbox"/>	When the information is available to the public.	FIPPA 44(1)(bb)
5.66	<input type="checkbox"/>	In accordance with sections 47 or 48.	FIPPA 44(1)(cc)

6.0

Requirement Compliance

(Refer to Section 6.0 in the PIA Guide)

A. PERSONAL NOTIFICATION AND ACCESS		Yes	In Progress	No	N/A	Enclosed Reference
A1	Method to inform individuals about why their information is collected and of their right to access their information.	√				√
A2	Method that provides individuals with access to their own records contained in the system (e.g. printed copy).	√				√
A3	Method that provides individuals with the ability to request corrections to their own records, and to file a statement of disagreement if the proposed corrections are not made.	√				√
A4	When practicable, a method to notify any other public body or third party to whom the records have been disclosed, in the preceding 12 months, of corrections being made or a statement of disagreement filed.	√				√

Explanation/Risk Identification

A1 Method to inform individuals about why the information is collected and of their right to access their information. PHIA 15(1) and 9.1

PHIA

Southern Health-Santé Sud PHIA Notice and Southern Health-Santé Sud Policy Collection of Personal Health Information.

PHIA Booklets/Brochures/Pamphlets

FIPPA

Southern Health-Santé Sud Policy Privacy of Personal Information under the Freedom of Information and Protection of Privacy Act.

A2 Method to provide individuals with access to their own records contained in the system (e.g. printed copy).

PHIA

Southern Health-Santé Sud Policy Access to Personal Health Information – subject to completion of relevant form.

- 1) Request to Access Personal Health Information

FIPPA

Southern Health-Santé Sud Policy Access to Personal Information under the Freedom of Information and Protection of Privacy Act.

A3 Method to provide individuals with the ability to request corrections to their own records, and how a statement of disagreement is managed if the requested corrections are not made.

A3 & A4

PHIA

Southern Health-Santé Sud Policy Correction Of Personal Health Information – subject to completion of relevant form

- 1) Request to Correct Personal Health Information

Southern Health-Santé Sud Policy Access To, Disclosure Of And Corrections To The Clinical Record Under *The Mental Health Act*

FIPPA

Southern Health-Santé Sud Policy Correction of Personal Information under the Freedom of Information and Protection of Privacy Act

A4 When practicable, a method to notify any other public body or third party to whom the records have been disclosed, in the preceding 12 months, of corrections being made or a statement of disagreement filed.

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B. INFORMATION ACCURACY AND INTEGRITY		Yes	In Progress	No	N/A	Enclosed Reference
B1	Method to ensure the information in the system is accurate, up to date, complete and not misleading prior to use or disclosure.	√				

Explanation/Risk Identification

B1 Information Accuracy and Integrity

Describe the business and/or technical processes to ensure information accuracy and integrity.

Collected:

Stored:

Processed:

Transmitted:

Southern Health-Santé Sud policy and procedure Transmission of Personal Health Information Via Facsimile ("FAX").

C. DISCLOSURE		Yes	In Progress	No	N/A	Enclosed Reference
C1	Method to ensure an individual's instruction not to disclose their information is recorded.	√				
C2	There is a written Agreement between the trustee and an Information Manager in accordance with the requirements of the Act.					

Explanation/Risk Identification

C1 Method to ensure an individual's instruction not to disclose their information is recorded.

Disclosure Chart

	Disclosed to	How	Frequency	Security
PHI (PHIA)				
PI (FIPPA)				

C2 There is a written **Southern Health-Santé Sud Privacy and Confidentiality Agreement** between the trustee and an Information Manager in accordance with the requirements of the Act.

D. AUDIT OF USER ACTIVITY		Yes	In Progress	No	N/A	Enclosed Reference
D1	Ability to create and maintain a record of user activity (Include a de-identified copy of the Record of User Activity)	√				
D2	There is an organizational audit plan. (Include a copy)	√				
D3	Access to the audit logs is restricted to a limited number of persons who require this access to do their job.	√				

Explanation/Risk Identification

D1 Ability to create and maintain a record of user activity report. Please refer to Appendix 5 – Ministerial Guidelines – Record of User Activity (RoUA).

D2 There is an organizational audit plan.

D3 Access to the audit logs is restricted to a limited number of persons who require this access to do their job.

E. SECURITY SAFEGUARDS

		Yes	In Progress	No	N/A	Enclosed	Reference
E1	ACCESS CONTROL a. Method to establish who is authorized to access the system (need to know principle) and what level of access is required (e.g. demographics only, medications only – minimum amount principle) and what permissions are granted (e.g. read only, add, change, update, modify).	√					
	b. Method for managing user accounts that includes provisioning, modifying and de-provisioning.	√					
	c. Method for controlling access by users and vendors.	√					
E2	NOTIFICATION TO USERS The system notifies users of the sensitivity/confidential nature of the records and their responsibilities for safeguarding the records (e.g. “splash screen” or similar method).	√					
E3	SAFEGUARDS There are reasonable administrative, technical and physical safeguards in place that ensure the confidentiality, security, accuracy and integrity of the information maintained in the system.	√					
E4	THREAT RISK ASSESSMENT (TRA) A Threat Risk Assessment (TRA) has been or will be done before the system goes live.	√					
E5	PORTABLE ELECTRONIC DEVICES Portable Electronic Devices and Removable Electronic Storage Media have appropriate security safeguards in place. (Refer to Section E5 in the PIA Guide)				√		
E6	AUDIT OF SECURITY SAFEGUARDS An audit of security safeguards is conducted at least every two years. (Refer to Section E7 in the PIA Guide)	√					

Explanation/Risk Identification

E1 Access Control

E2 Notification to Users

PHIA - Southern Health-Santé Sud Policy Confidentiality – Personal Health Information Policy

FIPPA – Southern Health-Santé Sud Policy Privacy of Personal Information under the Freedom of Information and Protection of Privacy Act

E3 Safeguards

E4 Threat Risk Assessment (TRA)
If privacy risks are identified, complete section 7.0

E5 Portable Electronic Devices and Removable Electronic Storage Media

E6 An Audit of Security Safeguards is conducted at least every two years.

F. BREACH REPORTING AND MANAGEMENT	Yes	In Progress	No	N/A	Enclosed Reference
F1 There is an organizational policy and applicable procedures for reporting and management of breaches.					

Explanation/Risk Identification

F1 There is an organizational policy and applicable procedures for reporting and management of breaches.

PHIA - Southern Health-Santé Sud Policy Reporting Of Security Breaches Related To Personal Health Information And The Corrective Procedures To Be Followed

Security breaches will be identified via the audit process and will be reported according to Southern Health-Santé Sud policy. Breaches will be reported verbally to management, the Regional Privacy & Access Officer, and the Southern Health-Santé Sud Regional Privacy & Access Officer, including breach of self or by others. The patient/client might also bring breaches to Southern Health-Santé Sud’s attention. Privacy/audit staff and managers will work with Human Resources to determine remedial action.

G. RETENTION AND DESTRUCTION	Yes	In Progress	No	N/A	Enclosed Reference
G1 There is a policy and applicable procedures respecting the retention and destruction of personal health information maintained electronically.					

Explanation/Risk Identification

G1 There is a policy and applicable procedures respecting the retention and destruction of personal health information.

PHIA - Southern Health-Santé Sud Policy Disposal of Confidential Material, Including Personal Health Information

7.0 Identified Privacy Risks

(Refer to Section 7.0 in the PIA Guide)

7. IDENTIFIED PRIVACY RISKS		Yes	In Progress	No	N/A	Enclosed Reference
7.1	Specific privacy risks have been identified for this project (See Appendix 4)					
7.2	There is a process for transferring unresolved project privacy risks to the business owner on completion of the project					

7.1 Specific privacy risks have been identified for this project

7.2 There is a process for transferring unresolved project privacy risks to the business owner on completion of the project

8.0

PIA Review and Revisions

(Refer to Section 8.0 in the PIA Guide)

8. PIA REVIEW AND REVISION	Yes	In Progress	No	N/A	Enclosed Reference
8.1 There is a person or a position identified to maintain the PIA?					
8.2 There is a plan to review and revise the PIA as necessary.					

8.1 There is a person or a position identified to maintain the PIA?

8.2 There is a plan to review and revise the PIA as necessary.

9.0

Sign Off

(Refer to Section 9.0 in the PIA Guide)

SIGN-OFF

- The PIA is complete. The electronic information records system and/or database **does not** contain identifiable personal health information and/or identifiable personal information.
- The PIA is complete. The electronic information records system and/or database **does** contain identifiable personal health and/or identifiable person information.

Include additional signatures as required.

Business Lead

Signature

Date

Approved by:

Kathy Kowalchuk
Regional Privacy & Access
Officer
Southern Health-Santé Sud

Signature

Date

Appendix 1 – Data Elements Table

Record (Data Element)	Definition	Rationale	Disclosed To (if applicable)	Information Source
(Part 2)	(Part 2)	(Part 2)	(Part 2)	(Part 3)
First Name	First Name of Patient	Identify patient, Provide health care to patient	Patient's general practitioner, other jurisdiction (if patient from out of province)	Patient Referral Form Intake Form

Appendix 2 – Information Flow Diagram

Refer to Appendix 2 in the PIA Guide.

Appendix 3 – User Roles (Refer to Section 6.0, B1 in the PIA Guide)

Role Name	User Title	Functionality Assigned to User			
		Read/View	Add	Delete	Modify

Appendix 4 – Issues / Follow-up Identification Sheet

Issues/Concerns	Legislation	Policy	SOUTHERN HEALTH-SANTÉ SUD Response	Update
Follow-up				

Appendix 5 – Ministerial Guidelines – Record of User Activity (RoUA).

Please see <http://www.gov.mb.ca/health/phia/docs/gfroua.pdf> for details.