

# eHealth Centre of Excellence Privacy Policy

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## Document Control

The electronic version of this document is recognized as the only valid version.

<b>Document Location:</b>	eCE Organizational Policies and Procedures
<b>Document Contributors:</b>	SCA Privacy Advisory Committee
<b>Document Prime:*</b>	Sylvia Carney, Senior Privacy Analyst
*Enquiries relating to this document should be referred to the Document Prime.	

## Revision History

Version No.	Date	Summary of Change	Revised By
[1]	April 21, 2020	Initial Draft	S. Carney
[2]	May 14, 2020	Incorporate edits from Privacy Advisory Cttee	S. Carney
[3]	June 27, 2020	Incorporate edits from Jane Dargie CS	S.Carney
[4]			
[5]			

## Approval History

Approver	Title	Approved Date
XXXXXX	VP, XXXXXXXXXXX	

## Purpose of Policy

The Privacy Policy establishes the principles and regulatory obligations which will guide the eHealth Centre of Excellence (eCE) related to the collection, use, disclosure and retention of personal health information (PHI). This policy applies to all programs and services of CFFM CI/eCE. Some parts of this policy will apply only in a particular context, contingent on the role which the eCE is fulfilling under provincial privacy law. This policy does not apply to Human Resources-related privacy matters.

## Background

As a Corporation, CFFM CI operating as the eHealth Centre of Excellence (“eCE” or “the Centre”) engages in activities to improve the quality of patient care through the effective and innovative use of enabling technologies. Initially funded by the MOHLTC in 2014, the eCE received ongoing funding for fiscal 2020-2022, in part, to establish a vision, strategy, and critical components for an eServices Program that includes eConsult and eReferral, with a framework for expanding to other eServices.

## Privacy Context of the eCE

The Personal Health Information Protection Act<sup>1</sup> (PHIPA, 2004) establishes a statutory privacy framework for protecting PHI in Ontario. Responsibilities are assigned under PHIPA to health information custodians (“HICs” like clinics and individual physicians), and to “agents”, or those who act on behalf of HIC’s. The Regulations<sup>2</sup> made under PHIPA, specify further requirements for service providers, where those service providers enable HICs to use electronic means to collect, use, modify, disclose, retain or dispose of PHI (“Service Providers”). The Regulations also specify requirements for “health information network providers” (“HINPs”), which are persons or organizations that enable two or more HICs to use electronic means to disclose PHI to each other.<sup>3</sup>

Under PHIPA, eCE in its development, provision and/or deployment of various digital health programs and services, acts variously as:

- an agent of HIC participants in eCE programs and services
- an Electronic Service Provider to HIC’s
- a HINP to HIC participants

According to these roles, eCE is broadly accountable to:

- collect, use, disclose and retain/destroy Personal Health Information (PHI) in accordance with PHIPA
- employ safeguards to protect the PHI entrusted to eCE by Participants in eCE programs and services

The eCE also supplies services to non-health information custodians (non-HIC Participants), and commits to the same privacy accountability for non-HIC’s as for HIC Participants.

The accountability of CFFM CI in its role as a HINP, is set out in the eCE Health Information Network Provider Accountability Statement (Link).

## 1. ACCOUNTABILITY

*An organization is responsible for personal information under its control and shall designate an individual or individuals who are accountable for the organization's compliance with the following principles.*

The eCE has a Privacy Program in which all employees and contract staff play a part. The eCE provides oversight to third-party service providers who are contractually bound to comply with these principles in their support of eCE programs and initiatives.

Key components of this program include:

- annual employee privacy training and awareness which guides personnel in their handling of PI/PHI
- annual signing of confidentiality pledge
- Deployment teams trained to support the Centre's privacy mandate
- Privacy Advisory Committee (PAC) with accountability to Executive team
- privacy training specific to eCE's digital programs and services
- a robust Privacy Guide made available to all Health Information Custodians (HIC's) participating in eCE's digital initiatives
- monitoring and compliance oversight
- security training & awareness program for internal personnel; also made available to participating HIC's and external service providers
- privacy impact assessment on all initiatives involving personal information (PHI or PI)
- developing & maintaining privacy policy & procedure

The eCE commits to periodically reviewing and maturing the Privacy Program and has designated the Senior Privacy Analyst as the privacy contact for the organization.

The Privacy Analyst can be reached at: [Privacy@ehealthce.ca](mailto:Privacy@ehealthce.ca)

## 2. PURPOSE OF COLLECTION

*The purposes for which personal information is collected shall be identified by the organization at or before the time the information is collected.*

The eCE does not directly collect PHI unless, in the course of executing its role as agent, it is required and authorized to do so (ie. end user stories, breach or incident investigation). Any

collection of PHI will be with applicable consent and/or solely for the purpose of providing the service.

### 3. CONSENT

*The knowledge and consent of the individual are required for the collection, use, or disclosure of personal information, except where inappropriate.*

When the eCE is acting as an HIC's agent, it will comply with consent requirements in Section 18 of PHIPA. This means that in connection with any of the eCE's digital offerings, consent related to PHI will be built into the solution or supporting policies and processes, and individuals will be made aware of the purposes for which PI is being collected, used, disclosed and retained. In accordance with Section 19 of PHIPA, eCE will work with contracted third party service providers to define any applicable business requirements such as functionality to record consent as well as to apply consent directives on behalf of the HIC and/or to comply with consent directives previously applied by the HIC.

### 4. LIMITING COLLECTION

*The collection of personal information shall be limited to that which is necessary for the purposes identified by the organization. Information shall be collected by fair and lawful means.*

The eCE does not directly collect PHI unless, in the course of executing its role as agent, or HINP, it is required or permitted to do so (ie. patient stories; breach or incident investigation). Any collection of PHI will be limited to that which is necessary for the purpose of providing the service. Third Party Service Providers will be contractually bound to comply with this principle as they design and implement applicable solutions.

### 5. LIMITING USE, DISCLOSURE AND RETENTION

*Personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal information shall be retained only as long as necessary for the fulfillment of those purposes.*

Use, disclosure and retention of PHI by the eCE will be limited to the purposes required and permitted for execution of its role in various electronic/digital offerings. When the eCE is acting as an agent, use and disclosure of PHI would only be as authorized by the relevant HIC. When acting as a HINP or service provider, the eCE does not use nor disclose PHI.

PHI will be securely retained only as required to fulfill the purpose, and in accordance with PHIPA and any applicable agreements addressing retention parameters.

## 6. ACCURACY

*Personal information shall be as accurate, complete, and up-to-date as is necessary for the purposes for which it is to be used.*

The eCE will make reasonable efforts to ensure the accuracy of any PHI which is collected, used or disclosed in the fulfilment of its role as an agent of a HIC. When operating in its capacity as a HINP or service provider, the primary obligation relating to accuracy lies with the participating HIC's/non-HIC's who have custody and control of the PHI. The eCE has mechanisms in place to support participants as they meet their obligations under PHIPA.

## 7. SAFEGUARDS

*Personal information shall be protected by safeguards appropriate to the sensitivity of the information.*

The eCE abides by the following additional privacy & security guidelines:

### **I. ADMINISTRATIVE**

1. The eCE in its various roles under PHIPA, 2004, will enter into written agreement with Participants in the eReferral program or similar eService offerings.
2. Organizational policies and procedures for privacy and security management have been developed, implemented and are monitored and enforced. A mechanism is in place for reviewing and updating the policies and procedures. Employees, contract staff, students and volunteers are required to comply with these policies as a condition of their employment or applicable relationship with eCE.
3. Service providers are required to comply with eCE's organizational policies and procedures for privacy and security management.
4. Confidentiality and /or non-disclosure agreements (as applicable) are in place for all employees, contract staff, students, volunteers and service providers. These agreements contain appropriate measures for breach of privacy, confidentiality, or security, up to and including dismissal or termination of the contract or agreement, as appropriate.
5. Mandatory and ongoing privacy, confidentiality, and security awareness training is conducted for all employees, contract staff, students and volunteers. Service Providers are required to complete eCE privacy & security awareness training or agree in writing to providing substantially similar content to their personnel.
6. eCE employees and consultants generally have no ability or permission to access personal health information (PHI). If access to PHI is required in the course of providing an eCE service, our employees and consultants are required to adhere to eCE policies

and are prohibited from using or disclosing such information for any purpose other than the provision of the service.

7. A Privacy/Security Breach protocol with respect to the privacy and security of personal information and/or business confidential Information has been developed and implemented.

## **II. TECHNICAL**

8. Access control mechanisms, including authorization and authentication measures (such as computer password protection and unique log-on identification) have been implemented to ensure that only authorized personnel can access the eCE environment.
9. Authorized individuals are granted access based on role. Principles of least privilege and need-to-know are employed when provisioning access.
10. The eCE maintains audit logs of user activities and system administrator activities. eCE shall audit and monitor such logs.
11. Remote electronic access to the eCE environment is provided via Virtual Private Network.
12. Virus-protection and firewalls have been implemented and are maintained.

## **III. PHYSICAL**

13. The eCE takes reasonable measures to ensure that only authorized individuals have access to physical locations and assets critical to the organization, such as corporate offices, computing equipment and data centres. Environmental controls further address risks to the physical locations and safety of employees, such as fire, water, electrical surges, power outages, corporate espionage, and other dangers.

## **8. OPENNESS**

*An organization shall make readily available to individuals, specific information about its policies and practices relating to the management of personal information.*

This privacy policy shall be made publicly available on the eCE website: <http://ehealthce.ca/>

The eCE HINP Accountability Statement with Safeguards is available here:

<http://systemcoordinatedaccess.ca/>

## **9. INDIVIDUAL ACCESS**

*Upon request, an individual shall be informed of the existence, use, and disclosure of his or her personal information and shall be given access to that information. An individual shall be able to*

*challenge the accuracy and completeness of the information and have it amended as appropriate.*

Any inquiries relating to the existence, use or disclosure of PHI by the eCE or its agents, should be directed to the Privacy Office at [Privacy@ehealthce.ca](mailto:Privacy@ehealthce.ca). Challenges to the accuracy and completeness of personal information will be reviewed in the context of the role held by the eCE. Generally, individual access to, or correction of, PHI will be re-directed to the responsible HIC.

## 10. CHALLENGING COMPLIANCE

*An individual shall be able to address a challenge concerning compliance with the above principles to the designated individual or individuals accountable for the organization's compliance.*

The eCE has a Privacy/Security Breach protocol with respect to the privacy and security of personal information. A complaint and/or feedback related to the eCE's privacy, data protection or information management practices, or the Centre's compliance with legislative or regulatory requirements may be submitted to:

The eHealth Centre of Excellence  
235 The Boardwalk, Suite 301  
Kitchener, ON N2N 0B1  
Att'n: Privacy Office

Or by email to: [Privacy@eHealthce.ca](mailto:Privacy@eHealthce.ca)  
Please do not include PHI in email to the eCE.

A complaint may also be made to the Information Privacy Commissioner at:

Information Privacy Commissioner of Ontario  
2 Bloor Street East, Suite 1400  
Toronto, ON M4W 1A8

## REFERENCE DOCUMENTS:

1. [Personal Health Information Protection Act \(PHIPA, 2004\)](#)