

IPC 2011 Triennial Review - Requested Privacy Documentation			
Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
1	Privacy Policy (with respect to PE)		
	<ul style="list-style-type: none"> An overarching privacy policy 	15	✓
	<ul style="list-style-type: none"> Describes the duties of CCO (prescribed entity and registry) 	15	✓
	<ul style="list-style-type: none"> Articulates a commitment to comply with the provisions of the Act 	15	✓
	<ul style="list-style-type: none"> identify others that support the privacy and security program. 	15	✓
	<ul style="list-style-type: none"> accountability framework for ensuring compliance with the Act and CCO's security policies, procedures and practices 	15	✓
	<ul style="list-style-type: none"> delegated day-to-day authority of the privacy and security program 	15	✓
	<ul style="list-style-type: none"> Indicates the Chief Executive Officer or the Executive Director, is accountable for ensuring compliance with the Act 	15	✓
	<ul style="list-style-type: none"> CCO remains responsible for PHI used by its agents and ensures that its agents only collect, use, disclose, retain in compliance with the Act 	16	✓
	<ul style="list-style-type: none"> Identifies the purposes and type PHI is collected, the types of PHI collected and the persons or organizations from which PHI is typically collected. 	16	✓
	<ul style="list-style-type: none"> not collecting PHI if other information will serve the purpose 	16	✓
	<ul style="list-style-type: none"> not collecting more PHI than is reasonably necessary to meet the purpose. 	16	✓
	<ul style="list-style-type: none"> a list of the data holdings of PHI maintained by CCO and where an individual may obtain further information in relation to the purposes of PHI data holdings 	16	✓
	<ul style="list-style-type: none"> Uses of PHI must be identified 	16	✓
	<ul style="list-style-type: none"> Clearly distinguish between the use of PHI for purposes of section 45 of PHIPA and the use of PHI for research purposes 	16	N/A
	<ul style="list-style-type: none"> Clearly distinguish between the use of PHI and the use of de-identified information and the use of personal health information for research purposes 	16	✓
	<ul style="list-style-type: none"> not using PHI or not using more PHI than is reasonably necessary to meet the purpose 	16	✓
	<ul style="list-style-type: none"> the purposes and the circumstances where PHI is disclosed and to whom disclosures are typically made 	16	✓

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	<ul style="list-style-type: none"> the statutory requirements that must be satisfied prior to disclosures. 	16	✓
	<ul style="list-style-type: none"> distinguish when PHI is disclosed and when de-identified and/or aggregate information is disclosed. 	17	✓
	<ul style="list-style-type: none"> Review all de-identified and/or aggregate information prior to its disclosure in order to ensure that it is not reasonably foreseeable in the circumstances that the information could be used, either alone or with other information, to identify an individual 	17	✓
	<ul style="list-style-type: none"> not disclosing PHI or not disclosing more PHI than is reasonably necessary to meet the purpose 	17	✓
	<ul style="list-style-type: none"> address how long records of PHI are retained; whether the records are retained in identifiable form; the secure manner in which they are retained; and the manner in which records of PHI will be securely transferred and disposed of 	17	✓
	<ul style="list-style-type: none"> Secure retention of records of PHI and administrative, technical and physical safeguards to protect the PHI received 	17	✓
	<ul style="list-style-type: none"> contact information where individuals may direct inquiries or complaints related to privacy policies and practices of CCO 	17-18	✓
	<ul style="list-style-type: none"> Privacy Policy Section 5.6: Data Destruction: 	2008 Recom	✓
	<ul style="list-style-type: none"> Include the type of shredding for PHI records in paper format 	2008 Recom	✓
	<ul style="list-style-type: none"> Ensuring the shredding employed is cross-cut or for highly sensitive documents pulverized or incinerated 	2008 Recom	✓
	<ul style="list-style-type: none"> Ensuring electronic records or wireless media are destroyed by either by physical damage or wiping before re-using 	2008 Recom	✓
	<ul style="list-style-type: none"> Note the importance of disposing of documents in a secure manner where it is not reasonably foreseeable to recreate records after they have been disposed of 	2008 Recom	✓
	<ul style="list-style-type: none"> require agents to notify CCO if an agent believes there may have been a breach of this policy or its procedures. 	2008 Recom	✓
2	Policy and Procedures for ongoing review of privacy policies procedures and practices		
	<ul style="list-style-type: none"> Policies and procedures need to be developed and implemented for the ongoing review of the privacy policies, procedures and practices 	18	✓

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	o Must Identify: the frequency of the review, the agent(s) responsible for undertaking the review, the procedure to be followed in undertaking the review, the time frame in which the review will be undertaken	18	✓
	• identify the agent(s) responsible and the procedure to be followed in reviewing, amending and/or drafting new privacy policies, procedures and practices	18	✓
	• When reviewing if new privacy policies, procedures and practices are necessary, or amendments are required CCO must have regard to:	18	✓
	o orders, guidelines, fact sheets and best practices issued by the Information and Privacy Commissioner of Ontario	18	✓
	o evolving industry privacy standards and best practices	18	✓
	o amendments to the Act and its regulation relevant to CCO	18	✓
	o recommendations arising from privacy and security audits, privacy impact assessments and investigations into privacy complaints, privacy breaches and information security breaches.	18	✓
	• privacy policies, procedures and practices of CCO continue to be consistent with its actual practices	18	✓
	• This policy may be a stand-alone document or be combined with the <i>Policy and Procedures for Ongoing Review of Security Policies, Procedures and Practices</i> .	19	✓
	• stipulate that compliance will be audited in accordance with the <i>Policy and Procedures In Respect of Privacy Audits</i>	19	✓
	• identify the agent(s) responsible and the procedure to be followed when communicating amended or new privacy policies, procedures and practices	19	✓
	• identify the agent(s) responsible and the procedure to be followed when reviewing and amending the communication materials available to the public when amendments or new policies are created	19	✓
	• require agents to comply with the policy and its procedures	19	✓
3	Policy on the transparency of privacy policies, procedures and practices		

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	<ul style="list-style-type: none"> identifies information made available to the public and other stakeholders relating to privacy at CCO 	19	✓
	<ul style="list-style-type: none"> Policy must make the following information available: 	19	
	<ul style="list-style-type: none"> o Its Privacy Policy 	19	✓
	<ul style="list-style-type: none"> o Brochures or FAQs related to the privacy policies, procedures and practices implemented by CCO 	19	✓
	<ul style="list-style-type: none"> o Documentation related to the review by the IPC of the policies, procedures and practices implemented by CCO to protect the privacy and confidentiality of PHI received 	19	✓
	<ul style="list-style-type: none"> o A list of the data holdings of personal health information maintained by CCO 	19	✓
	<ul style="list-style-type: none"> o contact information of an agent(s) where individuals may direct inquiries or complaints related to privacy 	19	✓
	<ul style="list-style-type: none"> PIAs and summary of the PIAs conducted be made available 	20	✓
	<ul style="list-style-type: none"> brochures or frequently asked questions provide contact information where individuals may direct inquiries related to privacy 	20	✓
	<ul style="list-style-type: none"> the brochures or frequently asked questions must describe the status of CCO under the Act 	20	✓
	<ul style="list-style-type: none"> o The types of PHI collected and the persons or organizations from which this PHI is typically collected; 	20	✓
	<ul style="list-style-type: none"> o The purposes for which PHI is collected; 	20	✓
	<ul style="list-style-type: none"> o The purposes for which PHI is used, and if identifiable information is not routinely used, the nature of the information that is used; 	20	✓
	<ul style="list-style-type: none"> o The circumstances in which and the purposes for which PHI is disclosed and the persons or organizations to which it is typically disclosed. 	20	✓
	<ul style="list-style-type: none"> o The administrative, technical and physical safeguards implemented to protect the PHI it receives 	20	✓
4	Policy and Procedures for the collection of PHI		
	<ul style="list-style-type: none"> Must be developed and implemented to: 	20	

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	○ identify the purposes for which PHI will be collected by CCO	20	✓
	○ the nature of the PHI that will be collected	20	✓
	○ from whom the PHI will typically be collected	20	✓
	○ the secure manner in which PHI will be collected.	20	✓
	• must articulate a commitment by CCO	20	
	○ not to collect PHI unless the collection is permitted by the <i>Act</i> and its regulation, if other information will serve the purpose.	20	✓
	○ not to collect more PHI than is reasonably necessary to meet the purpose.	20	✓
	• require agents to comply with the policy and its procedures and stipulate compliance will be audited	21	✓
	• notifying CCO if there may have been a breach of this policy or its procedures.	21	✓
	• identify the agent(s) responsible for reviewing and determining whether to approve the collection of PHI, the process that must be followed and the requirements that must be satisfied	21	✓
	• set out the criteria that must be considered by the agent(s) responsible for determining whether to approve the collection of PHI	21	✓
	• the criteria must require the agent(s) responsible for determining whether to approve the collection of PHI to ensure that: the collection is permitted by the Act and its regulation, other information, namely de-identified and/or aggregate information, will not serve the identified purpose	21	✓
	• set out the manner in which the decision approving or denying the collection of PHI and the reasons for the decision are documented; the method by which and the format in which the decision will be communicated; and to whom the decision will be communicated.	21	✓
	• identify the agent(s) responsible for ensuring that any conditions or restrictions that must be satisfied prior to the collection of PHI have in fact been satisfied.	21	✓
	• require that the records of PHI collected be retained in a secure manner	22	✓

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	<ul style="list-style-type: none"> If the PHI is being collected by an agent of the prescribed person the policy and procedures shall require the records of personal health information to be transferred in a secure manner 	22	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for ensuring that the records of PHI that have been collected are either securely returned or securely disposed of 	22	✓
	<ul style="list-style-type: none"> If the records of PHI are to be returned to the person or organization from which they were collected, the policy and procedures must require the records to be transferred in a secure manner 	22	✓
5	List of data holding containing PHI		
	<ul style="list-style-type: none"> develop and retain an up-to-date list and brief description of the data holdings of PHI maintained by CCO 	22	✓
6	Policy and Procedures for statements of purpose for data holdings containing PHI		
	<ul style="list-style-type: none"> A policy and procedures must be developed and implemented with respect to the creation, review, amendment and approval of statements of purpose for data holdings containing PHI. 	23	✓
	<ul style="list-style-type: none"> Identify the persons and organizations that will be provided the statements of purpose 	23	✓
	<ul style="list-style-type: none"> The policy and procedures shall require the statements of purpose to set out: <ul style="list-style-type: none"> the purpose of the data holding, the PHI contained in the data holding, the source(s) of the PHI, the need for the PHI in relation to the identified purpose 	23	✓
	<ul style="list-style-type: none"> Identify the agent(s) responsible for completing the statements of purpose for the data holdings containing PHI 	23	✓
	<ul style="list-style-type: none"> Specify the role of the agent(s) that have been delegated day-to-day authority to manage the privacy program in respect of the statements of purpose 	23	✓
	<ul style="list-style-type: none"> The policy and procedures shall: <ul style="list-style-type: none"> require that the statements of purpose be reviewed on an ongoing basis and identify the frequency and requirements for reviewing the statements of purpose 	23	✓
	<ul style="list-style-type: none"> Document the agent(s) responsible and the process that must be followed in reviewing and amending the statements of purpose. This shall include: 	23	✓

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	○ the agent(s) or other persons or organizations that must be consulted in reviewing, and if necessary, amending the statements of purpose	23	✓
	○ the agent(s) responsible for approving the amended statements of purpose.	23	✓
	○ identifying the persons and organizations that will be provided amended statements of purpose upon approval	23	✓
	• address how and by whom compliance will be enforced and the consequences of breach	23	✓
	• The policy and procedures must stipulate:	23	
	○ that compliance will be audited in accordance with the <i>Policy and Procedures In Respect of Privacy Audits</i> , the frequency with which the policy and procedures will be audited and the agent(s) responsible for conducting the audit and for ensuring compliance with the policy and its procedures.	23	✓
	○ the requirement of agents to notify CCO if a breach occurs	23	✓
7	Statements of purpose for data holding containing PHI		
	• must draft a statement identifying:	24	
	○ the purpose of the data holding, the personal health information contained in the data holding, the source(s) of the personal health information and the need for the personal health information in relation to the identified purpose	24	✓
8	Policy and procedures for limiting agent access to and use of PHI		
	• A policy and procedures must be developed and implemented to limit access and use of PHI by agents based on the “need to know” principle.	24	✓
	• identify the limited and narrowly defined purposes for circumstances when agents are permitted to access and use PHI	24	✓
	• ensure duties of agents with access to PHI are segregated	24	✓
	• require agents to access and use de-identified and/or aggregate information and explicitly prohibit access and use of PHI if de-identified and/or aggregate information will serve the identified purpose	24	✓

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	<ul style="list-style-type: none"> prohibit access or use of more PHI than is reasonably necessary to meet the identified purpose 	24	✓
	<ul style="list-style-type: none"> prohibit agents from using de-identified and/or aggregate information, either alone or with other information, to identify an individual. 	24	✓
	<ul style="list-style-type: none"> Identify the levels of access to PHI that may be granted and the criteria that must be considered in determining the appropriate level of access 	24-25	✓
	<ul style="list-style-type: none"> set out the manner in which the decision approving or denying the request for access to and use of PHI 	25	✓
	<ul style="list-style-type: none"> set out the requirements to be satisfied in requesting, reviewing and determining whether to approve or deny a request for access to PHI 	25	✓
	<ul style="list-style-type: none"> the agent(s) responsible for determining whether to approve or deny the request must be satisfied that: 	25	✓
	<ul style="list-style-type: none"> set out the criteria for determining whether to approve or deny a request for access to and use of PHI 	25	✓
	<ul style="list-style-type: none"> The agent making the request routinely requires access to and use of PHI on an ongoing basis or for a specified period for his or her responsibilities; 	25	✓
	<ul style="list-style-type: none"> The identified purpose for which access to and use of PHI is requested is permitted by the <i>Act</i> and its regulation; 	25	✓
	<ul style="list-style-type: none"> The identified purpose for which access to and use of PHI is requested cannot reasonably be accomplished without PHI 	25	✓
	<ul style="list-style-type: none"> In approving the request, no more PHI will be accessed and used than is reasonably necessary to meet the identified purpose. 	25	✓
	<ul style="list-style-type: none"> all approved accesses and uses of personal health information be subject to an automatic expiry, 	26	✓
	<ul style="list-style-type: none"> identify the conditions or restrictions imposed on an agent granted approval to access and use PHI 	26	✓
	<ul style="list-style-type: none"> set out the process to be followed in ensuring that access to and use of the PHI is permitted only for that specified time period. 	26	✓
	<ul style="list-style-type: none"> prohibit an agent granted approval to access and use PHI from accessing and using PHI except as necessary for his or her responsibilities 	26	✓

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	<ul style="list-style-type: none"> impose conditions or restrictions on the purposes for which and the circumstances in which an agent granted approval to access and use PHI is permitted to disclose that PHI 	26	✓
	<ul style="list-style-type: none"> require an agent to notify CCO when the agent is no longer employed or retained by CCO 	26	✓
	<ul style="list-style-type: none"> an agent, as well as his or her supervisor, must notify CCO when the agent no longer requires access to or use of PHI 	26	✓
	<ul style="list-style-type: none"> procedure to be followed in providing the notification must also be identified and must include: 	26	
	<ul style="list-style-type: none"> identifying the agent(s) to whom this notification must be provided, the time frame, the format of the notification, documentation that must be completed, provided and/or executed, the agent(s) responsible for completing, providing and/or executing the documentation, the agent(s) to whom the documentation must be provided, the required content of the documentation. 	26	✓
	<ul style="list-style-type: none"> within which this notification must be provided 	26	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for terminating access to and use of the PHI 	26	✓
	<ul style="list-style-type: none"> ensure that the procedures implemented in this regard are consistent with the Policy and Procedures for Termination or Cessation of the Employment or Contractual Relationship. 	26	✓
	<ul style="list-style-type: none"> require an agent granted approval to access and use PHI to securely retain the records of PHI 	26	✓
	<ul style="list-style-type: none"> an agent granted approval to access and use PHI to securely dispose of the records of PHI 	27	✓
	<ul style="list-style-type: none"> address where documentation related to the receipt, review, approval, denial or termination of access to and use of PHI is to be retained 	27	✓
	<ul style="list-style-type: none"> require that a log be maintained of agents granted approval to access and use PHI 	27	✓

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	<ul style="list-style-type: none"> require agents to comply with the policy and its procedures and address how compliance will be enforced and the consequences of breach. 	27	✓
	<ul style="list-style-type: none"> regular audits of agents granted approval to access and use PHI must be conducted in accordance with the Policy and Procedures In Respect of Privacy Audits. 	27	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for conducting the audits and for ensuring compliance with the policy 	27	✓
	<ul style="list-style-type: none"> require agents to notify CCO if there may have been a breach of this policy or its procedures. 	27	✓
9	Log of agents granted approval to access and use of PHI		
	<ul style="list-style-type: none"> Must maintain a log of agents granted approval to access and use PHI. The log must: name the agent granted approval to access and use PHI, the data holdings of PHI the agent has been granted approval to access and use, the level or type of access and use granted, the date that access and use was granted, the termination date or the date of the next audit of access and use of PHI. 	28	✓
10	Policy and procedures for the use of PHI for research		
	<ul style="list-style-type: none"> A policy and procedures must be developed and implemented to identify whether and in what circumstances, if any, CCO permits PHI to be used for research purposes. 		N/A
	<ul style="list-style-type: none"> entity must require agents to comply with the policy and its procedures 		N/A
	<ul style="list-style-type: none"> Policy and procedures must stipulate: <ul style="list-style-type: none"> that compliance will be audited in accordance with the <i>Policy and Procedures In Respect of Privacy Audits</i> 		N/A
	<ul style="list-style-type: none"> the frequency with which the policy and procedures will be audited 		N/A
	<ul style="list-style-type: none"> the agent(s) responsible for conducting the audit and for ensuring compliance with the policy and its procedures. 		N/A
	<ul style="list-style-type: none"> that agents are required to notify CCO if there may have been a breach 		N/A
	<ul style="list-style-type: none"> sets out the circumstances in which PHI is permitted to be used for research purposes. 		N/A

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	○ PHI being requested is consistent with the PHI identified in the written research plan approved by the research ethics board.		N/A
	○ that de-identified and/or aggregate information, will not serve the research purpose		N/A
	• must identify the conditions or restrictions that will be imposed on the approval to use PHI for research purposes		N/A
	○ In determining the conditions or restrictions the policy and procedures shall have regard to the <i>Act</i> and its regulation.		N/A
	• identify the agent(s) responsible for ensuring that any conditions or restrictions imposed on the use of PHI for research purposes are in fact being satisfied.		N/A
	• require the agent granted approval to use PHI for research purposes to retain the records in compliance with the written research plan		N/A
	• address whether an agent granted approval to use PHI for research purposes is required to securely return or dispose of the records of PHI		N/A
	○ If the records of PHI are required to be securely returned the policy and procedures must stipulate:		N/A
	▪ the time frame following the retention period		N/A
	▪ the secure manner in which the records must be returned		N/A
	▪ the agent to whom the records must be securely returned.		N/A
	○ If the records of PHI are required to be disposed of in a secure manner		N/A
	○ The policy and procedures must further stipulate:		N/A
	▪ the time frame following the retention period		N/A
	▪ must require a certificate of destruction to be provided		N/A
	▪ a certificate of destruction be provided to CCO		N/A
	▪ the time frame following secure disposal. The certificate of destruction confirming the secure disposal must be required to:		N/A
	• identify the records of PHI securely disposed of		N/A
	• the date, time and method of secure disposal employed		N/A
	• signed confirmation of secure disposal.		N/A

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	<ul style="list-style-type: none"> address where written research plans and other documentation related to requests for the use of PHI for research purposes will be retained 		N/A
	<ul style="list-style-type: none"> The policy and procedures should also set out: <ul style="list-style-type: none"> the requirement that decisions approving or denying a request to use de-identified and/or aggregate information be documented method and the format of how the decision will be communicated to whom the decision will be communicated. 		N/A
	<ul style="list-style-type: none"> If the records of PHI are required to be de-identified and retained by the agent the policy and procedures shall be compliant with the <i>Policy and Procedures With Respect to De-Identification and Aggregation</i>. 		N/A
	<ul style="list-style-type: none"> identify the agent(s) responsible for ensuring that records of PHI used for research purposes are: <ul style="list-style-type: none"> securely returned, disposed of or de-identified the process to be followed when PHI records are not securely returned 		N/A
	<ul style="list-style-type: none"> require that a log be maintained of the approved uses of PHI for research purposes 		N/A
	<ul style="list-style-type: none"> identify if we do not permit PHI to be used for research purposes 		N/A
	<ul style="list-style-type: none"> identify if we permit de-identified and/or aggregate information <ul style="list-style-type: none"> when deciding the use of de-identified and/or aggregate information for research purpose, the process that must be followed shall include: <ul style="list-style-type: none"> a discussion of the documentation that must be completed, provided and/or executed the agent(s) responsible for completing, providing and/or executing the documentation the agent(s) to whom this documentation must be provided the required content of the documentation. 		N/A
	<ul style="list-style-type: none"> address the requirements and criteria that must be considered by the agent(s) when deciding on a request to use de-identified and/or aggregate information 		N/A
	<ul style="list-style-type: none"> At a minimum, the policy and procedures must require: <ul style="list-style-type: none"> the de-identified and/or aggregate information to be reviewed to ensure that the information does not identify an individual the agent(s) responsible for undertaking this review be identified. 		N/A

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	<ul style="list-style-type: none"> identify the conditions or restrictions that will be imposed on using de-identified and/or aggregate information 		N/A
	<ul style="list-style-type: none"> prohibit an agent using de-identified and/or aggregate information to identify an individual. 		N/A
11	Log of approved uses of PHI for research		
	<ul style="list-style-type: none"> when permitting the use of PHI for research purposes we must maintain a log of the approved uses and at a minimum, include: the name of the research study, name of the agent(s) to whom the approval was granted, date of the decision of the research ethics board approving the written research plan, date that the approval to use PHI for research purposes was granted by CCO, date that the PHI was provided to the agent(s), nature of the PHI provided to the agent(s), retention period for the records of PHI identified in the written research plan approved by the research ethics board, whether the records of PHI will be securely returned, securely disposed of or de-identified and retained following the retention period, the date the records of PHI were securely returned or disposed of 		N/A
12	Policy and procedures for disclosure of PHI for purposes other than research		
	<ul style="list-style-type: none"> identify whether and in what circumstances, if any, PHI is permitted to be disclosed for purposes other than research. 	33	✓
	<ul style="list-style-type: none"> articulate a commitment by CCO not to disclose PHI if other information will serve the purpose and require agents to comply with the policy and its procedures 	33	✓
	<ul style="list-style-type: none"> articulate a commitment by CCO not to disclose more PHI than is reasonably necessary to meet the purpose. 	33	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for conducting the audit and for ensuring compliance with the policy and its procedures. 	33	✓
	<ul style="list-style-type: none"> must stipulate that compliance will be audited in accordance with the Policy and Procedures In Respect of Privacy Audits, 	33	✓
	<ul style="list-style-type: none"> must state the frequency with which the policy and procedures will be audited 	33	✓
	<ul style="list-style-type: none"> require agents to notify CCO in if a breach occurs 	33	✓
	<ul style="list-style-type: none"> set out the purposes when disclosure of PHI is permitted for purposes other than research. 	34	✓

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	• set out the manner in which the decision made for requests are documented	34	✓
	• identify the agent(s) responsible for deciding on a request for the disclosure of PHI for purposes other than research	34	✓
	• this shall include a discussion of the documentation that must be:	34	✓
	o completed, provided and/or executed, the agent(s) or other persons or organizations responsible for completing, providing and/or executing the documentation, the agent(s) to whom this documentation must be provided	34	✓
	o the required content of the documentation.	34	✓
	• state the requirements that must be satisfied for deciding on a the request for the disclosure of PHI for purposes other than research	34	✓
	• the requirements that must have regard to the <i>Act</i> and its regulation.	34	✓
	• disclosure of PHI for purposes other than research must be permitted by the <i>Act</i>	34	✓
	• ensure that de-identified and/or aggregate information, will not serve the identified purpose of the disclosure	34	✓
	• address where documentation related to the requests for the disclosure of PHI for purposes other than research will be retained	35	✓
	• identify the conditions or restrictions required to be satisfied prior to the disclosure of PHI for purposes other than research	35	✓
	• require a Data Sharing Agreement to be executed	35	✓
	• identify the agent(s) responsible for ensuring that any conditions or restrictions that must be satisfied prior to the disclosure of PHI have been satisfied	35	✓
	• require records of PHI to be transferred in a secure manner	35	
	• ensure that records of PHI disclosed for purposes other than research are either securely returned or disposed of	35	✓
	• address the process to be followed where records of PHI are not securely returned	35	
	• document the decision making process for the disclosure of de-identified and/or aggregate information	36	✓

IPC 2011 Triennial Review - Requested Privacy Documentation			
Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
	<ul style="list-style-type: none"> If CCO does not permit PHI to be disclosed the policy and procedures must expressly prohibit the disclosure of PHI for non-research purposes 	36	N/A
	<ul style="list-style-type: none"> the policy and procedures must identify the agent(s) responsible for deciding on a request for the disclosure of de-identified and/or aggregate information. This shall include: a discussion of the documentation that must be completed, provided and/or executed, the agent(s) or other persons or organizations responsible for completing, providing and/or executing the documentation, the agent(s) to whom this documentation must be provided, the required content of the documentation 	36	✓
	<ul style="list-style-type: none"> address the requirements and the criteria that must be considered by the agent(s) responsible for deciding on a request for the disclosure of de-identified and/or aggregate information for purposes other than research. 	36	✓
	<ul style="list-style-type: none"> require the de-identified and/or aggregate information to be reviewed prior to disclosure in order to ensure it does not identify an individual 	36	✓
	<ul style="list-style-type: none"> identify the conditions or restrictions that are required to be satisfied prior to the disclosure of de-identified and/or aggregate information for non-research purposes 	36	✓
	<ul style="list-style-type: none"> require the person to acknowledge and agree, in writing not to use the de-identified information to identify an individual. 	37	✓
	<ul style="list-style-type: none"> ensure that any conditions or restrictions must be satisfied prior to the disclosure of the de-identified and/or aggregate information have been satisfied 	37	✓
13	Policy and procedures for disclosure of PHI for research purposes and the execution of research agreements		
	<ul style="list-style-type: none"> identify whether and in what circumstances, if any, CCO permits PHI to be disclosed for research purposes. 	37	✓
	<ul style="list-style-type: none"> not disclosing PHI if other information will serve the research purpose and not disclosing more PHI than is reasonably necessary to meet the research purpose. 	37	✓
	<ul style="list-style-type: none"> require agents to comply with the policy and its procedures 	37	✓
	<ul style="list-style-type: none"> address how and by whom compliance will be enforced and the consequences of breach. 	37	✓

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Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
	<ul style="list-style-type: none"> stipulate that compliance will be audited in accordance with the <i>Policy and Procedures In Respect of Privacy Audits</i>, set out the frequency with which the policy will be audited and identify the agents responsible for conducting the audit and for ensuring compliance 	37	✓
	<ul style="list-style-type: none"> require agents to notify CCO if there is a breach of this policy or its procedures. 	37	✓
	<ul style="list-style-type: none"> set out the circumstances in which PHI is permitted to be disclosed for research purposes. 	37	✓
	<ul style="list-style-type: none"> set out the manner in which the decision making process for the disclosure of PHI for research purposes are documented 	38	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for making a decision on a request for the disclosure of PHI for research purposes 	38	✓
	o a discussion of the documentation that must be completed by agent(s) of CCO or by the researcher	38	✓
	o the agent(s) to whom this documentation must be provided	38	✓
	o the required content of the documentation.	38	✓
	<ul style="list-style-type: none"> address the requirements and criteria that must be considered by the agent(s) responsible for deciding on a the request for the disclosure of PHI 	38	✓
	<ul style="list-style-type: none"> ensure that CCO has all applicable research documents from the researcher and that the written research plan complies with the requirements in the <i>Act</i> 	38	✓
	<ul style="list-style-type: none"> ensure that the PHI being requested is consistent with the PHI identified in the written research plan 	38	✓
	<ul style="list-style-type: none"> ensure that de-identified and/or aggregate information, will not serve the research purpose and no more PHI is being requested than is reasonably necessary to meet the research purpose. 	38	✓
	<ul style="list-style-type: none"> address where documentation relating to making a decision on the requests for the disclosure of PHI for research purposes will be retained 	39	✓
	<ul style="list-style-type: none"> ensuring that any conditions or restrictions are satisfied prior to the disclosure of PHI 	39	✓

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	<ul style="list-style-type: none"> PHI is transferred in a secure manner in compliance with the <i>Policy and Procedures for Secure Transfer of Records of Personal Health Information</i>. 	39	✓
	<ul style="list-style-type: none"> PHI disclosed to a researcher are either securely returned, disposed of or de-identified following the retention period 	39	✓
	<ul style="list-style-type: none"> address the process to be followed by the responsible agent(s) where records of PHI are not securely returned, a certificate of destruction is not received or written confirmation of de-identification is not received 	39	✓
	<ul style="list-style-type: none"> If CCO does not permit PHI to be disclosed for research purposes, the policy and procedures must expressly prohibit the disclosure of PHI for research purposes 	39	N/A
	<ul style="list-style-type: none"> If CCO permits de-identified and/or aggregate information to be disclosed the policy and procedures must identify the agent(s) responsible for deciding whether to approve or deny a request for the disclosure. This shall include: <ul style="list-style-type: none"> o a discussion of the documentation that must be completed, provided and/or executed by agent(s) of CCO o the agent(s) to whom this documentation must be provided o the required content of the documentation. 	39	✓
	<ul style="list-style-type: none"> set out the manner for the decision making process for the disclosure of de-identified and/or aggregate information for research purposes and document the reasons for the decision 	40	✓
	<ul style="list-style-type: none"> address the requirements and the criteria that must be considered by the agent(s) responsible for deciding on a request for the disclosure of de-identified and/or aggregate information 	40	✓
	<ul style="list-style-type: none"> require the de-identified and/or aggregate information to be reviewed and identify the conditions or restrictions that are required to be satisfied prior to disclosure in order to ensure it does not identify an individual 	40	✓
	<ul style="list-style-type: none"> require the researcher to acknowledge and agree that the researcher will not use the de-identified and/or aggregate information to identify an individual. 	40	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for ensuring that any conditions or restrictions are satisfied prior to the disclosure 	40	✓

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	<ul style="list-style-type: none"> require the responsible agent(s) to track receipt of the executed written acknowledgments 	40	✓
14	Template research agreements		
	<ul style="list-style-type: none"> A Research Agreement must be executed with the researchers to whom PHI will be disclosed . 	41	✓
	<ul style="list-style-type: none"> the research agreement must: 		
	<ul style="list-style-type: none"> describe the status of CCO under the Act 	41	✓
	<ul style="list-style-type: none"> specify the nature of the PHI that will be disclosed 	41	✓
	<ul style="list-style-type: none"> identify the research purpose for which the PHI is being disclosed 	41	✓
	<ul style="list-style-type: none"> identify the statutory authority for each collection, use and disclosure identified. 	41	✓
	<ul style="list-style-type: none"> only permit the researcher to use the PHI for the purposes set out in the written research plan 	41	✓
	<ul style="list-style-type: none"> prohibit the researcher from permitting persons to access and use the PHI except those persons described in the written research plan 	41	✓
	<ul style="list-style-type: none"> explicitly state whether or not the PHI may be linked to other information 	41	✓
	<ul style="list-style-type: none"> researcher must acknowledge the PHI is being disclosed for the identified research purpose 	41	✓
	<ul style="list-style-type: none"> researcher must acknowledge that no more PHI is being collected and will be used than is reasonably necessary to meet the research purpose. 	41	✓
	<ul style="list-style-type: none"> impose restrictions on the disclosure of PHI requiring the researcher to: agree not to disclose PHI except as required by law, not to publish the PHI in a form that could reasonably enable a person to ascertain the identity of the individual, not to make contact or attempt to make contact with the individual to whom the PHI relates, unless the consent of the individual to being contacted is first obtained in accordance with subsection 44(6) of the Act. 	41	✓
	<ul style="list-style-type: none"> CCO and the researcher must agree the researcher has submitted all required documentation 	42	✓

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	<ul style="list-style-type: none"> the researcher will comply with the Research Agreement and with the written research plan 	42	✓
	<ul style="list-style-type: none"> the secure transfer of records of PHI that will be disclosed pursuant to the Research Agreement. The Agreement will set out the secure manner in which records of PHI will be transferred; In identifying the secure manner in which PHI will be transferred, the Research Agreement shall have regard to the Policy and Procedures for Secure Transfer of Records of Personal Health Information implemented by CCO 	42	✓
	<ul style="list-style-type: none"> The retention period for the records of PHI must also be identified, it must be consistent with that set out in the written research plan and require the researcher to ensure that the records of PHI are retained in a secure manner 	42	✓
	<ul style="list-style-type: none"> In identifying the secure manner in which the records of PHI will be retained, the Research Agreement shall have regard to the written research plan and the researcher must take steps that are reasonable to ensure that the PHI is protected 	42	✓
	<ul style="list-style-type: none"> In identifying the secure manner in which the records of PHI will be disposed of regard may be had to the Policy and Procedures for Secure Disposal of Records of Personal Health Information 	43	✓
	<ul style="list-style-type: none"> If the records of PHI are required to be returned in a secure manner, the Research Agreement must stipulate the various security measures the researcher must take 	43	✓
	<ul style="list-style-type: none"> If the records of PHI are required to be securely disposed of, the Research Agreement must provide a definition of secure disposal that is consistent with the Act 	43	✓
	<ul style="list-style-type: none"> stipulate the time frame following the retention period when the records of PHI must be securely disposed of and when a certificate of destruction must be provided. 	43	✓

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Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
	<ul style="list-style-type: none"> ensure that the method of secure disposal identified is consistent with:the Act and its regulation, with orders issued by the Information and Privacy Commissioner of Ontario under the Act and its regulation, with guidelines, fact sheets and best practices issued by the Information and Privacy Commissioner of Ontario 	43	✓
	<ul style="list-style-type: none"> identify the agent of CCO to whom the certificate of destruction must be provided. the certificate of destruction must: identify the records of PHI securely disposed of, stipulate the date, time, location and method of secure disposal employed, bear the name and signature of the person who performed the secure disposal 	44	✓
	<ul style="list-style-type: none"> If PHI is required to be de-identified and retained by the researcher rather than being securely returned or disposed of, the manner and process for de-identification must be set out in the Research Agreement. 	44	N/A
	<ul style="list-style-type: none"> identify the agent of CCO to whom notification must be provided in the event of a breach 	44	✓
	<ul style="list-style-type: none"> require the researcher to notify CCO if they are aware of a breach 	44	✓
	<ul style="list-style-type: none"> outline the consequences of breach of the agreement 	44	✓
	<ul style="list-style-type: none"> indicate whether compliance with the Research Agreement will be audited by the CCO 	44	✓
	<ul style="list-style-type: none"> all persons who will have access to PHI must comply with the terms and conditions of the Research Agreement and set out the method by which this will be ensured by the researcher 	44	✓
15	Log of research agreements		

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Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
	<ul style="list-style-type: none"> maintain a log of executed Research Agreements. Log should include: the name of the research study, name of the principal researcher to whom the PHI was disclosed pursuant to the Research Agreement, date(s) of receipt of the written application, the written research plan and the written decision of the research ethics board approving the research plan, date that the approval to disclose the PHI for research purposes was granted by the prescribed person or prescribed entity, date that the Research Agreement was executed, date that the PHI was disclosed, nature of the PHI disclosed, retention period for the records of PHI, whether the records of PHI will be securely returned, disposed of or de-identified and retained by the researcher following the retention period, date that the records of PHI were securely returned or a certificate of destruction was received 	45	✓
16	Policy and procedure for the execution of data sharing agreements		
	<ul style="list-style-type: none"> develop and implement process that must be followed and the requirements that must be satisfied prior to the execution of a Data Sharing Agreement. 	45	✓
	<ul style="list-style-type: none"> require the execution of a Data Sharing Agreement prior to the collection and disclosure of PHI for purposes other than research 	45	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for ensuring that a Data Sharing Agreement is executed. Requirements that must be satisfied:	45	✓
	<ul style="list-style-type: none"> discussion of the documentation that must be completed, provided and/or executed 	46	✓
	<ul style="list-style-type: none"> the agent(s) or other persons or organizations responsible for completing, providing and/or executing the documentation 	46	✓
	<ul style="list-style-type: none"> the agent(s) to whom the documentation must be provided 	46	✓
	<ul style="list-style-type: none"> the required content of the documentation. 	46	✓
	<ul style="list-style-type: none"> the agents responsible for ensuring that a DSA is executed must be satisfied that the collection was approved in accordance with the Policy and Procedures for the Collection of PHI 	46	✓
	<ul style="list-style-type: none"> approving the disclosure of PHI for purposes other than research, must be in accordance with the Policy and Procedures for Disclosure of Personal Health Information For Purposes Other Than Research. 	46	✓

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Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
	<ul style="list-style-type: none"> require that a log of Data Sharing Agreements be maintained and must identify the agent(s) responsible for maintaining such a log. 	46	✓
	<ul style="list-style-type: none"> require agents to comply with the policy and its procedures and address how compliance will be enforced 	46	✓
	<ul style="list-style-type: none"> stipulate that compliance will be audited 	46	✓
	<ul style="list-style-type: none"> require agents to notify CCO of any instances of a breach 	46	✓
17	Template data sharing agreements		
	<ul style="list-style-type: none"> ensure that a Data Sharing Agreement is executed in the circumstances set out in the Policy and Procedures for the Execution of Data Sharing Agreements 	46	✓
	<ul style="list-style-type: none"> describe the status of CCO under the Act 	46	✓
	<ul style="list-style-type: none"> specify the precise nature of the PHI subject to the Data Sharing Agreement 	46	✓
	<ul style="list-style-type: none"> provide a definition of PHI that is consistent with the Act and its regulation 	46	✓
	<ul style="list-style-type: none"> identify the person or organization that is collecting, or disclosing PHI pursuant to the Data Sharing Agreement 	47	✓
	<ul style="list-style-type: none"> identify the purposes for which the PHI is being collected and how it will be used. 	47	✓
	<ul style="list-style-type: none"> state whether or not the PHI collected will be linked to other information 	47	✓
	<ul style="list-style-type: none"> If PHI will be linked to other information the DSA must identify the nature of the information to which the PHI will be linked, the source of information to which the PHI will be linked, how the linkage will be conducted and why the linkage is required for the identified purpose 	47	✓
	<ul style="list-style-type: none"> contain an acknowledgement that the PHI collected is necessary for the purpose for which it was collected 	47	✓
	<ul style="list-style-type: none"> identify the purposes for which the PHI subject to the Data Sharing Agreement may be disclosed 	47	✓

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	<ul style="list-style-type: none"> require the collection, use and disclosure of PHI to comply with the Act and its regulation and set out the specific statutory authority for each collection, use and disclosure contemplated in the Data Sharing Agreement. 	47	✓
	<ul style="list-style-type: none"> set out the secure manner in which the records of PHI will be transferred. 	47	✓
	<ul style="list-style-type: none"> Specify the retention period for the PHI 	48	✓
	<ul style="list-style-type: none"> in identifying the relevant retention period, it must be ensured that the records of PHI are retained only for as long as necessary to fulfill the purposes for which the records of PHI were collected 	48	✓
	<ul style="list-style-type: none"> require the PHI to be retained in a secure manner and protected 	48	✓
	<ul style="list-style-type: none"> address whether the records of PHI will be returned or disposed of in a secure manner; if returned the DSA must stipulate the time frame following the retention period or the date of termination of the DSA and if disposed of the Data Sharing Agreement must provide a definition of secure disposal that is consistent with the Act 	48	✓
	<ul style="list-style-type: none"> in identifying the secure manner in which the records of PHI will be disposed of, it must be ensured that the method of secure disposal is consistent with orders issued by the IPC under the Act and its regulation (i.e.. Order HO-001 and HO-006), with guidelines, fact sheets and best practices issued by the IPC (i.e. Fact Sheet 10: Secure Destruction of Personal Information). 	48	✓
	<ul style="list-style-type: none"> identify whether the notification must be verbal and/or in writing and to whom the notification must be provided. 	49	✓
	<ul style="list-style-type: none"> the secure manner of disposal must be consistent with the Act 	49	✓
	<ul style="list-style-type: none"> the Data Sharing Agreement, in relation to secure disposal, must: identify the person to whom the certificate of destruction must be provided, the time frame following secure disposal within which the certificate of destruction must be provided, the required content of the certificate of destruction 	49	✓
	<ul style="list-style-type: none"> require that notification be provided if the DSA or PHI has been breached and outline the consequences of breach and indicate whether compliance with the Data Sharing Agreement will be audited 	49	✓

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	<ul style="list-style-type: none"> all persons who will have access to PHI are aware of and agree to comply with the terms and conditions of the Data Sharing Agreement prior to being given access to the PHI 	49	✓
18	Log of data sharing agreements		
	<ul style="list-style-type: none"> maintain a log of executed Data Sharing Agreements. The log must include: the name of the person or organization from whom the PHI was collected or to whom the PHI was disclosed, date that the collection or disclosure of PHI was approved, date that the Data Sharing Agreement was executed, date the PHI was collected or disclosed, nature of the PHI subject to the DSA, retention period for the records of PHI, whether the records of PHI will be securely returned or disposed of, date the records of PHI were securely returned or a certificate of destruction 	50	✓
19	Policy and procedures for executing agreements with third party service providers in respect of PHI		
	<ul style="list-style-type: none"> written agreements must be entered into with third party service providers, containing language from the Template Agreement for Third Party Service Providers, prior to permitting third party service providers to access and use the PHI of CCO 	50	✓
	<ul style="list-style-type: none"> identify the agents responsible for ensuring that and agreement is executed, as well as the process that must be followed and the requirements that must be satisfied prior to the execution of such an agreement. 	50	✓
	<ul style="list-style-type: none"> state that CCO shall not provide PHI to a third party service provider if de-identified and/or aggregate information will serve the purpose, and will not provide more PHI than is reasonably necessary to meet the purpose 	50	✓
	<ul style="list-style-type: none"> identify the agent responsible for making the determination of whether de-identified/aggregate information will serve the purpose, and that no more information is provided than is reasonably necessary to meet the purpose 	51	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for ensuring that records of PHI provided to a third party are securely returned or disposed of following termination of the agreement 	51	✓

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	<ul style="list-style-type: none"> address the process to be followed where records of PHI are not securely returned or a certificate of destruction is not received following the termination of the agreement, including the agent responsible for implementation and time frame following termination within which process must be implemented. 	51	✓
	<ul style="list-style-type: none"> a log be maintained of all agreements executed with third parties, and identify the agent responsible for maintaining such a log 	51	✓
	<ul style="list-style-type: none"> require agents to comply with the policy and its procedures 	51	✓
	<ul style="list-style-type: none"> address how and by whom compliance will be enforced and the consequences of breach. 		✓
	<ul style="list-style-type: none"> stipulate that compliance will be audited, set out the frequency with which the policy and procedures will be audited and identify the agents responsible for conducting the audit and ensuring compliance 	51	✓
	<ul style="list-style-type: none"> require agents to notify CCO if an agent believes there may have been a breach of this policy or its procedures. 	51	✓
20	Template agreement for all third party service providers		
	<ul style="list-style-type: none"> A written agreement must be entered into with third party service providers that will be permitted to access and use PHI of CCO. 	52	✓
	<ul style="list-style-type: none"> provide a definition of PHI consistent with the <i>Act</i> and its regulation. 	52	✓
	<ul style="list-style-type: none"> Where appropriate, specify the precise nature of the PHI that the third party will be permitted to access and use 		N/A
	<ul style="list-style-type: none"> describe the status of CCO under the Act 	52	✓
	<ul style="list-style-type: none"> All third party service providers that are permitted to access and use PHI shall be considered agents of CCO with the possible exception of electronic service providers. 	52	✓
	<ul style="list-style-type: none"> Agreements with electronic service providers shall explicitly state whether or not the third party service provider is an agent of CCO (prescribed person or prescribed entity) in providing services pursuant to the agreement. 	52	✓
	<ul style="list-style-type: none"> if third party is an agent the agreement must require the third party service provider to comply with the provisions of the Act and its regulation, and to comply with CCO's privacy and security policies 	52	✓

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	<ul style="list-style-type: none"> services provided by the third party must be performed in a professional manner 	52	✓
	<ul style="list-style-type: none"> identify the purposes for which the third party is permitted to access and use PHI, and any limitation, conditions or restrictions thereon 	52	✓
	<ul style="list-style-type: none"> ensure that each use identified in the agreement is consistent with the uses of PHI permitted by the Act and its regulation. 	52	✓
	<ul style="list-style-type: none"> prohibit third party from collecting, using or disclosing PHI except as permitted in the Agreement 	52	✓
	<ul style="list-style-type: none"> in the case of an electronic service provider that is not an agent of CCO the agreement must explicitly prohibit the electronic service provider from using PHI except as necessary in the course of providing services pursuant to the agreement. 	52	N/A
	<ul style="list-style-type: none"> prohibit the third party from using PHI if other information will serve the purpose, and from using more PHI than is necessary to serve the purpose 	53	✓
	<ul style="list-style-type: none"> identify the purposes for which the third party is permitted to disclose the PHI of CCO, and any limitation, conditions or restrictions imposed thereon 	53	✓
	<ul style="list-style-type: none"> ensure that each disclosure identified in the agreement is consistent with the disclosures of PHI permitted by the Act and its regulation. 	53	✓
	<ul style="list-style-type: none"> the agreement must prohibit the third party from disclosing PHI if other information will serve the purpose, and from disclosing more PHI than is reasonably necessary to serve the purpose 	53	✓
	<ul style="list-style-type: none"> In the case of an electronic service provider that is not an agent of CCO the agreement must prohibit the electronic service provider from disclosing PHI to which it has access 	53	N/A
	<ul style="list-style-type: none"> require the third party to securely transfer the records of PHI, and set out the responsibilities of the third party in this regard 	53	✓
	<ul style="list-style-type: none"> the agreement must have regard to the Policy and Procedures for Secure Transfer of Records of Personal Health Information 	53	✓

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	<ul style="list-style-type: none"> where the retention or disposal of records of PHI outside the premises of CCO is the primary service provided to CCO, the agreement shall require the third party to provide documentation setting out the date, time and mode of transfer of the records of PHI 	53	✓
	<ul style="list-style-type: none"> require the third party to retain the records of PHI in a secure manner, in accordance with secure retention policies 	54	✓
	<ul style="list-style-type: none"> outline the responsibilities of the third party in securely retaining the records of PHI 	54	✓
	<ul style="list-style-type: none"> where the retention of records of PHI is the primary service provided to CCO by the third party the agreement must obligate the third party to maintain a detailed inventory of the records of PHI being retained on behalf of CCO 	54	✓
	<ul style="list-style-type: none"> address whether records of PHI will be securely returned or disposed of in a secure manner 	54	✓
	<ul style="list-style-type: none"> If the records of PHI are required to be returned in a secure manner, the agreement must stipulate the time frame and the secure manner in which the records must be returned 	54	✓
	If the records of PHI are required to be returned, the Agreement must stipulate the agent of CCO to whom the records must be securely returned.		N/A, provisions will be added to body of agreement as required
	<ul style="list-style-type: none"> If the records of PHI are required to be disposed of the agreement must provide a definition of secure disposal consistent with the Act and its regulation 	54	✓
	<ul style="list-style-type: none"> the agreement must identify the precise manner in which the records of PHI are to be securely disposed of. 	54	✓
	<ul style="list-style-type: none"> enable CCO to witness the secure disposal of the records of PHI 	55	✓
	<ul style="list-style-type: none"> ensure the method of secure disposal is consistent with the Act and regulation 	55	✓

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Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
	<ul style="list-style-type: none"> in identifying the secure manner in which the records of PHI will be disposed of, it must be ensured that the method of secure disposal is consistent with orders issued by the IPC (i.e.. Order HO-001 and HO-006); and with guidelines, fact sheets and best practices issued by the IPC (i.e.. Fact Sheet 10: Secure Destruction of Personal Information and the Policy and Procedures for Secure Disposal of Records of PHI). 	55	✓
	<ul style="list-style-type: none"> stipulate the time frame the records of PHI must be securely disposed of and when a certificate of destruction must be provided to CCO 	55	✓
	<ul style="list-style-type: none"> the agreement, in terms of secure disposal, must set out: <ul style="list-style-type: none"> the agent of CCO to whom the certificate of destruction must be provided 	55	N/A, provisions will be added to body of agreement as required
	<ul style="list-style-type: none"> the required content of the certificate of destruction 	55	✓
	<ul style="list-style-type: none"> certificate of destruction must: <ul style="list-style-type: none"> identify the records of PHI securely disposed of 	55	✓
	<ul style="list-style-type: none"> to stipulate the date, time and method of secure disposal employed 	55	✓
	<ul style="list-style-type: none"> bear the name and signature of the person who performed the secure disposal. 	55	✓
	<ul style="list-style-type: none"> Where the disposal of records of PHI is the primary service provided to CCO by the third party the agreement must set out the responsibilities of the third party including: 	55	

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	<ul style="list-style-type: none"> The time frame within which the records are required to be securely disposed of 	55	N/A, provisions will be added to body of agreement as required
	<ul style="list-style-type: none"> The precise method by which records must be securely disposed of 	55	N/A, provisions will be added to body of agreement as required
	<ul style="list-style-type: none"> The conditions pursuant to which the records will be securely disposed of 	55	N/A, provisions will be added to body of agreement as required
	<ul style="list-style-type: none"> The person(s) responsible for ensuring the secure disposal of the records. 	55	N/A, provisions will be added to body of agreement as required
	<ul style="list-style-type: none"> require the third party service provider to take steps to ensure that PHI accessed and used is protected against theft, loss, unauthorized use or disclosure, and to ensure that the records are protected against unauthorized copying, modification or disposal, and detail the reasonable steps the third party must take in this regard. 	55	✓

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Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
	<ul style="list-style-type: none"> identify whether the notification of a breach, by the third party must be verbal or written and to whom the notification must be provided. 	56	✓
	<ul style="list-style-type: none"> require the third party to provide training to its agents on the importance of protecting PHI and the consequences of breach 	56	✓
	<ul style="list-style-type: none"> require the third party to ensure that its agents who will have access to the records of PHI agree to comply with the terms and conditions of the agreement prior to being given access PHI, and set out the method by which this will be ensured 	56	✓
	<ul style="list-style-type: none"> In the event that the agreement permits the third party to subcontract the services, the third party must provide CCO with advance notice of its intention to do so, and require third party to enter into agreement with subcontractor consistent with obligations to CCO, and provide CCO with copy of such agreement 	56	✓
	<ul style="list-style-type: none"> require the third party to notify CCO if there has been a breach of the PHI or agreement, and identify whether notification verbal, written or both 	56	✓
	<ul style="list-style-type: none"> identify to whom the notification must be provided 	56	N/A, provisions will be added to body of agreement as required
	<ul style="list-style-type: none"> The third party must also be required to take steps that are reasonable in the circumstances to contain the breach 	56	✓
	<ul style="list-style-type: none"> outline the consequences of breach of the agreement 	56-57	✓
	<ul style="list-style-type: none"> Indicate whether CCO will be auditing compliance with the agreement, and If so, specify the precise manner in which compliance will be audited and the notice, if any, that will be provided to the third party of the audit 	57	✓
21	Log of agreements with third party service providers		
	<ul style="list-style-type: none"> maintain a log of executed agreements with third party service providers. The log must include: 	57	

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Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
	<ul style="list-style-type: none"> The name of the third party service provider 	57	✓
	<ul style="list-style-type: none"> The nature of the services provided that require access and use of PHI 	57	✓
	<ul style="list-style-type: none"> The date that the agreement was executed 	57	✓
	<ul style="list-style-type: none"> The date that the records of PHI or access was provided 	57	✓
	<ul style="list-style-type: none"> The nature of the PHI provided or to which access provided 	57	✓
	<ul style="list-style-type: none"> The date of termination of the agreement 	57	✓
	<ul style="list-style-type: none"> Whether the records of PHI will be securely returned or disposed of following termination of agreement 	57	✓
	<ul style="list-style-type: none"> The date the records of PHI were securely returned or a certificate of destruction was provided, or the date that access to the PHI was terminated or the date by which the above must occur 	57	✓
22	Policy and procedures for the linkage of records of PHI		
	<ul style="list-style-type: none"> A policy and procedures must be developed and implemented with respect to linkages of records of personal health information. 	57	✓
	<ul style="list-style-type: none"> identify whether or not CCO permits the linkage of records of PHI and if it is not permitted, the policy and procedures must expressly prohibit the linkage of records of PHI 	57	N/A
	<ul style="list-style-type: none"> if linkages are permitted the circumstances in which such linkages are permitted must be identified 	57	✓
	<ul style="list-style-type: none"> The policy and procedures should also set out: 	58	
	<ul style="list-style-type: none"> the manner in which the decision approving or denying the request to link records of PHI and reasons for the decision are documented 	58	✓
	<ul style="list-style-type: none"> the method and format and to whom the decision will be communicated 	58	✓
	<ul style="list-style-type: none"> In identifying the purposes and the circumstances in which the linkage of records of PHI is permitted, regard must be had to the sources of the records of PHI that are requested to be linked and the identity of the person or organization that will ultimately make use of the linked records of PHI, including: 	58	✓

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	<ul style="list-style-type: none"> The linkage of records of PHI in the custody of CCO for the exclusive use by CCO 	58	✓
	<ul style="list-style-type: none"> The linkage of records of PHI in the custody of CCO with records of PHI collected from another person or organization for the exclusive use by CCO 	58	✓
	<ul style="list-style-type: none"> The linkage of records of PHI in the custody of CCO for purposes of disclosure to another person or organization 	58	✓
	<ul style="list-style-type: none"> The linkage of records of PHI the custody of CCO with records of PHI collected from another person or organization for the purposes of disclosure to another person or organization 	58	✓
	<ul style="list-style-type: none"> identify the agent(s) determining the approval or denial of the request to link records of PHI 	58	✓
	<ul style="list-style-type: none"> address the requirements that must be satisfied and the criteria that must be considered by the agent(s) responsible for determining whether to approve or deny the request 	58	✓
	<ul style="list-style-type: none"> Where the linked records of PHI will be disclosed by the CCO to another person or organization, the policy and procedures must require that the disclosure be approved pursuant (as may be applicable) to: 	59	✓
	<ul style="list-style-type: none"> Policy and Procedures for Disclosure of Personal Health Information for Research Purposes. 	59	✓
	<ul style="list-style-type: none"> Execution of Research Agreements 	59	✓
	<ul style="list-style-type: none"> Policy and Procedures for Disclosure of Personal Health Information For Purposes Other Than Research 	59	✓
	<ul style="list-style-type: none"> Where the linked records of PHI will be used by CCO, the policy and procedures must require that the use be approved pursuant (as may be applicable) to: 	59	✓
	<ul style="list-style-type: none"> Policy and Procedures for the Use of Personal Health Information for Research 	59	
	<ul style="list-style-type: none"> Policy and Procedures for Limiting Agent Access to and Use of Personal Health Information, 	59	✓
	<ul style="list-style-type: none"> require that the linked records of PHI be de-identified and/or aggregated 	59	✓
	<ul style="list-style-type: none"> outline the process to be followed in linking records of PHI 	59	✓

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	<ul style="list-style-type: none"> require that linked records of PHI be retained 	59	✓
	<ul style="list-style-type: none"> address the secure disposal of records of PHI linked by CCO 	59	✓
	<ul style="list-style-type: none"> require agents to comply with the policy and its procedures and address how and by whom compliance will be enforced and the consequences of breach 	59	✓
	<ul style="list-style-type: none"> stipulate that compliance will be audited 	59	✓
	<ul style="list-style-type: none"> require agents to notify CCO if an agent believes there may have been a breach of this policy or its procedures. 	60	✓
	<ul style="list-style-type: none"> require that a log be maintained of the linkages of records of PHI approved by CCO and identify the agent(s) responsible for maintaining such a log. 	60	✓
	<ul style="list-style-type: none"> the policy and procedures address where documentation will be retained and the agent(s) responsible for retaining this documentation. 	60	
23	Log of approved linkages of records of PHI		
	<ul style="list-style-type: none"> maintain a log of linkages of records of PHI approved by the CCO. The log must include: name of the agent, person or organization who requested the linkage, date that the linkage of records of PHI was approved, nature of the records of PHI linked 	60	✓
24	Policy and procedures with respect to de-identification and aggregation		
	<ul style="list-style-type: none"> A policy and procedures must be developed and implemented with respect to de-identification and aggregation 	60	✓
	<ul style="list-style-type: none"> Policy requires that PHI will not be used if other information, namely de-identified and / or aggregate information, will serve the identified purpose 	60	✓
	<ul style="list-style-type: none"> cell-sizes of less than five and the exceptions thereto must be articulated. In articulating the policy with respect to cell-sizes of less than five, regard must be had to the restrictions related to cell-sizes of less than five 	60	✓
	<ul style="list-style-type: none"> provide a definition of de-identified information and aggregate information 	60	✓
	<ul style="list-style-type: none"> the definition of de-identified information and aggregate information and the policy with respect to cell-sizes of less than five must have regard to, and must be consistent with, the meaning of "identifying information" in subsection 4(2) of the Act 	60	✓

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	<ul style="list-style-type: none"> identify the information that must be removed, encrypted and/or truncated in order to constitute de-identified information 	61	✓
	<ul style="list-style-type: none"> CCO should explore new tools that are being developed to assist in ensuring that the policy and procedures developed with respect to de-identification and aggregation are based on an assessment of the actual risk of re-identification. 	61	✓
	<ul style="list-style-type: none"> address the agent(s) responsible for de-identifying and/or aggregating information and the procedure to be followed in this regard. 	61	✓
	<ul style="list-style-type: none"> require de-identified and/or aggregate information of cell sizes less than five to be reviewed prior to use or disclosure in order to ensure that it is not reasonably foreseeable in the circumstances that the information could be used, either alone or with other information, to identify an individual 	61	✓
	<ul style="list-style-type: none"> set out the process to be followed in reviewing the de-identified and/or aggregate information and the criteria to be used in assessing the risk of re-identification 	61	✓
	<ul style="list-style-type: none"> In establishing the criteria CCO shall have regard to the type of identifying information available, including information that can be used to identify an individual directly (e.g., name, address, health card number) or indirectly (e.g., date-of-birth, postal code, gender). 	61	✓
	<ul style="list-style-type: none"> prohibit agents from using de-identified and/or aggregate information, including information in cell-sizes of less than five, to identify an individual 	61	✓
	<ul style="list-style-type: none"> identify the mechanisms implemented to ensure that de-identified and/or aggregate information will not identify an individual 	61	✓
	<ul style="list-style-type: none"> require agents to comply with the policy and its procedures and address how and by whom compliance will be enforced and the consequences of breach. 	61	✓
	<ul style="list-style-type: none"> stipulate that compliance will be audited 	61	✓

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	<ul style="list-style-type: none"> require agents to notify CCO if an agent believes there may have been a breach of this policy or its procedures. 	61	✓
	<ul style="list-style-type: none"> Amend the De-Identification Guidelines: 	2008 Recom	
	<ul style="list-style-type: none"> include criteria for making the determination (i.e. who do agents consult with in making the determination?) as whether or not to treat the report or data sets as PHI, in circumstances where the risk of identification is moderate . 	2008 Recom	✓
	<ul style="list-style-type: none"> require agents to ensure that PHI is not disclosed if other information, such as de-identified information or aggregate information, will serve the purpose 	2008 Recom	✓
25	PIA policy and procedures		
	<ul style="list-style-type: none"> A policy and procedures must be developed and implemented to identify the circumstances in which privacy impact assessments are required to be conducted. 	62	✓
	<ul style="list-style-type: none"> ensure that CCO conducts PIAs on existing and proposed data holdings involving PHI 	62	✓
	<ul style="list-style-type: none"> PIAs must be conducted whenever a new or a change to an existing information system, technology, or program involving PHI is contemplated 	62	✓
	<ul style="list-style-type: none"> rationale must be provided for why PIAs are not required on existing and proposed data holdings involving PHI 	62	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for making this determination and must require the determination and the reasons for the determination to be documented 	62	✓
	<ul style="list-style-type: none"> address the timing of PIAs 	62	✓
	<ul style="list-style-type: none"> require that PIAs be conducted at the conceptual design stage 	62	✓
	<ul style="list-style-type: none"> require that a timetable be developed to ensure PIAs are conducted and the agent responsible for developing the timetable 	62	✓
	<ul style="list-style-type: none"> Once PIAs have been completed the policy and procedures shall require that they be reviewed on an ongoing basis 	62	✓

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	<ul style="list-style-type: none"> the policy and procedures must: identify the agent(s) responsible and when PIAs are required, ensure PIAs are reviewed in accordance with the policy and procedures, ensure that PIAs are conducted and completed, ensure that PIAs are reviewed and amended, if necessary 	62	✓
	<ul style="list-style-type: none"> delegated day-to-day authority to manage the privacy and security program in respect to PIAs 	63	✓
	<ul style="list-style-type: none"> stipulate the required content of a PIA. The PIA must be required to describe: 	63	
	<ul style="list-style-type: none"> The data holding, information system, technology or program at issue; 	63	✓
	<ul style="list-style-type: none"> The nature and type of PHI collected, used or disclosed 	63	✓
	<ul style="list-style-type: none"> The sources of the PHI; 	63	✓
	<ul style="list-style-type: none"> The purposes for which the PHI is collected, used or disclosed 	63	✓
	<ul style="list-style-type: none"> The reason that the PHI is required for the purposes identified; 	63	✓
	<ul style="list-style-type: none"> The flows of the PHI 	63	✓
	<ul style="list-style-type: none"> The statutory authority for each collection, use and disclosure of PHI identified; 	63	✓
	<ul style="list-style-type: none"> The limitations imposed on the collection, use and disclosure of the PHI 	63	✓
	<ul style="list-style-type: none"> Whether or not the PHI is or will be linked to other information; 	63	✓
	<ul style="list-style-type: none"> The retention period for the records of PHI 	63	✓
	<ul style="list-style-type: none"> The secure manner in which the records of PHI are or will be retained, transferred and disposed of; 	63	✓
	<ul style="list-style-type: none"> The functionality for logging access, use, modification and disclosure of the PHI 	63	✓
	<ul style="list-style-type: none"> the functionality to audit logs for unauthorized use or disclosure; 		✓
	<ul style="list-style-type: none"> The risks to the privacy of individuals 	63	✓
	<ul style="list-style-type: none"> Recommendations to address and eliminate or reduce the privacy risks 	63	✓

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	<ul style="list-style-type: none"> The administrative, technical and physical safeguards implemented or proposed to be implemented to protect the PHI 	63	✓
	<ul style="list-style-type: none"> outline the process for addressing the recommendations arising from PIAs, including the agent(s) responsible for assigning other agent(s) to address the recommendations 	64	✓
	<ul style="list-style-type: none"> that a log be maintained of privacy impact assessments: that have been completed, that have been undertaken but that have not been completed, that have not been undertaken, identify the agent(s) responsible for maintaining such a log. 	64	✓
	<ul style="list-style-type: none"> address how and by whom compliance will be enforced and the consequences of a breach 	64	✓
	<ul style="list-style-type: none"> the frequency with which the policy and procedures will be audited and must identify the agent (s) responsible for conducting the audit and ensuring compliance 	64	✓
	<ul style="list-style-type: none"> notify CCO if an agent breaches this policy or procedure 	64	✓
	<ul style="list-style-type: none"> regard be had to the <i>Privacy Impact Assessment Guidelines for the Ontario Personal Health Information Protection Act</i>, 	64	✓
26	Log of PIAs		
	<ul style="list-style-type: none"> maintain a log of PIAs that have been completed and of PIAs that have been undertaken but that have not been completed. The log shall describe: 	64	✓
	<ul style="list-style-type: none"> the data holding, information system, technology or program involving PHI 	64	✓
	<ul style="list-style-type: none"> the date that the PIA was completed or is expected to be completed 	64	✓
	<ul style="list-style-type: none"> the agent(s) responsible for completing or ensuring the completion of the PIA 	64	✓
	<ul style="list-style-type: none"> the recommendations arising from the PIA 	64	✓
	<ul style="list-style-type: none"> the agent(s) responsible for addressing each recommendation, the date that each recommendation was or is expected to be addressed 	64	✓
	<ul style="list-style-type: none"> the manner in which each recommendation was or is expected to be addressed. 	64	✓

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	<ul style="list-style-type: none"> maintain a log of data holdings involving PHI and of new or changes to existing information systems, technologies or programs involving PHI for which PIAs have not been undertaken 	64	✓
	<ul style="list-style-type: none"> For each data holding, information system, technology or program, the log shall either set out the reason that a PIA will not be undertaken and the agents responsible for making this determination or set out the date that the PIA is expected to be completed and the agents responsible for completing the PIA 	64-65	✓
27	Policy and procedures in respect of privacy audits		
	<ul style="list-style-type: none"> A policy and procedures must be developed and implemented that sets out the types of privacy audits that are required to be conducted 	65	✓
	<ul style="list-style-type: none"> audits shall include audits to assess compliance with the privacy policies, procedures and practices implemented by CCO 	65	✓
	<ul style="list-style-type: none"> audits must include audits of the agent(s) permitted to access and use PHI pursuant to the Policy and Procedures for Limiting Agent Access and Use of PHI 	65	✓
	<ul style="list-style-type: none"> the policy and procedures must: set out the purposes of the privacy audit, the nature and scope of the privacy audit (i.e. document reviews, interviews, site visits, inspections), the agent(s) responsible for conducting the privacy audit, when privacy audits are required to be conducted 	65	✓
	<ul style="list-style-type: none"> Require a privacy audit schedule to be developed and shall identify the agent(s) responsible for developing the privacy audit schedule 	65	✓
	<ul style="list-style-type: none"> set out the process and the documentation that must be completed to conduct the audit 	65	✓
	<ul style="list-style-type: none"> the criteria that must be considered in selecting the subject matter of the audit; whether or not notification will be provided of the audit and if so, the nature and content of the notification and to whom the notification will be provided; the agents(s) responsible for completing, providing and/or executing the documentation that must be completed, provided and/or executed in undertaking each privacy audit; the agent(s) to whom this documentation must be provided; and the required content of the documentation 	65	✓

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	<ul style="list-style-type: none"> delegated day-to-day authority to manage the privacy and security program 	65	✓
	<ul style="list-style-type: none"> process that must be followed in addressing the recommendations arising from privacy audits 	65	✓
	<ul style="list-style-type: none"> documentation must be completed, provided and/or executed at the conclusion of the privacy audit 	65	✓
	<ul style="list-style-type: none"> address the manner and format in which the findings of privacy audits, including the recommendations and the status of addressing the recommendations 	66	✓
	<ul style="list-style-type: none"> require that a log be maintained of privacy audits and identify the agent(s) responsible for maintaining the log 	66	✓
	<ul style="list-style-type: none"> require the agent(s) responsible for conducting the privacy audit to notify CCO of a privacy breach 	66	✓
	<ul style="list-style-type: none"> Amend the Privacy Audit and Compliance Procedure and the WTIO Privacy Compliance Procedure: 	2008 Recom	✓
	<ul style="list-style-type: none"> To expand the privacy audit program to review all privacy policies and procedures implemented by CCO on an annual basis 	2008 Recom	✓
	<ul style="list-style-type: none"> To document the procedures used in conducting the operational effectiveness and physical security reviews . 	2008 Recom	✓
	<ul style="list-style-type: none"> frequent review of system audit trails commensurate with the amount and sensitivity of the PHI collected, the number and nature of individuals who have access to PHI and the threats and risks associated with the PHI, in order to detect unauthorized access to data holdings containing PHI and to detect information security incidents in a timely manner 	2008 Recom	✓
28	Log of privacy audits		
	<ul style="list-style-type: none"> maintain a log of privacy audits that have been completed. 	66	✓
	<ul style="list-style-type: none"> The log will set out: the nature and type of the privacy audit conducted, the date that the privacy audit was completed, the agent(s) responsible for completing the privacy audit, recommendations arising from the privacy audit, the agent(s) responsible for addressing each recommendation, the date that each recommendation was or is expected to be addressed, the manner in which each recommendation was or is expected to be addressed. 	66	✓

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Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
29	Policy and procedures for privacy breach management		
	• A policy and procedures must be developed and implemented to address privacy breaches	66	✓
	• The privacy breach shall be defined to include:	66	
	• The collection, use and disclosure of PHI that is not in compliance with the Act	66	✓
	• A contravention of the privacy policies, procedures or practices implemented by CCO	66	✓
	• A contravention of Data Sharing Agreements, Research Agreements, Confidentiality Agreements and Agreements with Third Party Service Providers retained by CCO	67	✓
	• Circumstances where PHI is stolen, lost or subject to unauthorized use or disclosure	67	✓
	• impose a mandatory requirement on agents to notify CCO of a privacy breach	67	✓
	• identify the agent(s) who must be notified of the privacy breach	67	✓
	• stipulate the time frame within which notification must be provided	67	✓
	• require a determination to be made of whether a privacy breach has in fact occurred	67	✓
	• address when senior management, including the Chief Executive Officer or the Executive Director, will be notified	67	✓
	• containment be initiated immediately and the procedure that must be followed	67	✓
	• ensure that reasonable steps are taken in the circumstances to protect PHI	67	✓
	• identify the agent(s) responsible for determining whether the privacy breach has been effectively contained	68	✓
	• require the HIC or other organization that disclosed the PHI to CCO to be notified whenever PHI is or is believed to be stolen, lost or accessed by unauthorized persons	68	✓
	• set out the agent(s) responsible for notifying the HIC or other organization	68	✓

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	<ul style="list-style-type: none"> the format of the notification 	68	✓
	<ul style="list-style-type: none"> the nature of the information that must be provided upon notification 	68	✓
	<ul style="list-style-type: none"> set out whether any other persons or organizations must be notified of the privacy breach 	68	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for investigating the privacy breach, the nature and scope of the investigation 	68	✓
	<ul style="list-style-type: none"> the policy and procedures must: 	68	
	<ul style="list-style-type: none"> include a discussion of the documentation that must be completed, during the investigation 	68	✓
	<ul style="list-style-type: none"> the agent(s) responsible for completing, providing and/or executing the documentation 	68	✓
	<ul style="list-style-type: none"> the agent(s) to whom this documentation must be provided 	68	✓
	<ul style="list-style-type: none"> the required content of the documentation 	68	✓
	<ul style="list-style-type: none"> have a delegated day-to-day authority to manage the privacy and security program 	68	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for assigning other agent(s) to address the recommendations 	68	✓
	<ul style="list-style-type: none"> establishing timelines to address the recommendations 	68	✓
	<ul style="list-style-type: none"> monitoring and ensuring that the recommendations are implemented within the stated timelines 	68	✓
	<ul style="list-style-type: none"> the nature of the documentation that must be completed, provided and/or executed at the conclusion of the investigation of the privacy breach 	68	✓
	<ul style="list-style-type: none"> the agent(s) responsible for completing, providing and/or executing the documentation 	69	✓
	<ul style="list-style-type: none"> the agent(s) to whom the documentation must be provided 	69	✓
	<ul style="list-style-type: none"> the required content of the documentation 	69	✓

IPC 2011 Triennial Review - Requested Privacy Documentation			
Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
	<ul style="list-style-type: none"> address where documentation related to the identification, reporting, containment, notification, investigation and remediation of privacy breaches will be retained and the agent(s) responsible for retaining this documentation. 	69	✓
	<ul style="list-style-type: none"> address the manner and format in which the findings of the investigation are communicated 	69	✓
	<ul style="list-style-type: none"> address whether the process to be followed in identifying, reporting, containing, notifying, investigating and remediating a privacy breach is different where the breach is both a privacy breach or suspected privacy breach 	69	✓
	<ul style="list-style-type: none"> require that a log be maintained of privacy breaches and for tracking the recommendations from the investigation of privacy breaches 	69	✓
	<ul style="list-style-type: none"> require agents to comply with the policy and its procedures and address how and by whom compliance will be enforced and the consequences of breach. 	69	✓
	<ul style="list-style-type: none"> stipulate that compliance will be audited 	69	✓
	<ul style="list-style-type: none"> CCO should have regard to the guidelines produced by the IPC 	69	✓
	<ul style="list-style-type: none"> amend Privacy Breach Management Procedure 	2008 Recom	
	<ul style="list-style-type: none"> broaden the definition of privacy breach to include the collection, use, disclosure, retention or disposal of PHI, not simply use or disclosure 	2008 Recom	✓
	<ul style="list-style-type: none"> identify what information with respect to an information breach must be reported 	2008 Recom	✓
	<ul style="list-style-type: none"> require notification to HIC that provided the PHI 	2008 Recom	✓
	<ul style="list-style-type: none"> consistency between procedures applicable to WTIO and remainder of CCO 	2008 Recom	✓
	<ul style="list-style-type: none"> Integration of CCO privacy policy and WTIP 	2009 Recom	✓
30	Log of privacy breaches		

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Req.	Minimum Content of Required Documentation	Page Ref# in Manual	Req't Met
	<ul style="list-style-type: none"> • CCO shall maintain a log of privacy breaches 	70	✓
	<ul style="list-style-type: none"> • The log must set out: the date of the privacy breach, the date that the privacy breach was identified or suspected, Whether the privacy breach was internal or external, the nature of the PHI that was the subject matter of the privacy breach, the date that the privacy breach was contained, the date that the HIC or other organization that disclosed the PHI to CCO was notified, the date that the investigation of the privacy breach was completed, the agent(s) responsible for conducting the investigation, the recommendations arising from the investigation, the agent(s) responsible for addressing each recommendation, The date each recommendation was or is expected to be addressed, the manner in which each recommendation was or is expected to be addressed 	70	✓
31	Policy and procedures for privacy complaints		
	<ul style="list-style-type: none"> • A policy and procedures must be developed and implemented to address the process to be followed when responding to privacy complaints 	70	✓
	<ul style="list-style-type: none"> • individuals should be advised that they may make a complaint regarding compliance with the Act and its regulation to the IPC. 	70	✓
	<ul style="list-style-type: none"> • include the mailing address and contact information for the IPC 		✓
	<ul style="list-style-type: none"> • definition of the term "privacy complaint" shall be provided 	70	✓
	<ul style="list-style-type: none"> • information relating to privacy concerns must be communicated to the public relating to the manner in which, to whom and where individuals may direct privacy complaints shall also be identified. At a minimum, the name and/or title, mailing address and contact information of the agents to whom complaints may be directed and information related to the manner and format in which privacy complaints may be directed to CCO should be made publicly available 	70	✓
	<ul style="list-style-type: none"> • Individuals be advised that they may make a complaint regarding compliance with the Act and it's regulation to the IPC 		✓
	<ul style="list-style-type: none"> • establish the process to be followed in receiving privacy complaints 	71	✓

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	<ul style="list-style-type: none"> Upon receipt of a privacy complaint, the policy and procedures shall require a determination to be made of whether or not the privacy complaint will be investigated 	71	✓
	<ul style="list-style-type: none"> when an investigation will not be undertaken a letter must be provided to the individual making the privacy complaint acknowledging: receipt of the privacy complaint, providing a response to the privacy complaint, advising that an investigation of the privacy complaint will not be undertaken, advising the individual that he or she may make a complaint to the IPC, providing contact information for the IPC 	71	✓
	<ul style="list-style-type: none"> when an investigation will be undertaken a letter must be provided to the individual making the privacy complaint acknowledging: receipt of the privacy complaint, advising that an investigation of the privacy complaint will be undertaken, explaining the privacy complaint investigation procedure, indicating whether the individual will be contacted for further information concerning the privacy complaint, setting out the projected time frame for completion of the investigation, identifying the nature of the documentation that will be provided to the individual following the investigation 	71	✓
	<ul style="list-style-type: none"> identify the agent(s) responsible for sending the above noted letters to the individuals making privacy complaints 	71	✓
	<ul style="list-style-type: none"> Where an investigation of a privacy complaint will be undertaken, the policy and procedures must identify the agent(s) responsible for investigating the privacy complaint, the nature and scope of the investigation and the process that must be followed 	71	✓
	<ul style="list-style-type: none"> delegated day-to-day authority to manage the privacy and security program 	71	✓
	<ul style="list-style-type: none"> address whether any other person or organization must be notified of privacy complaints and the results of the investigation of privacy complaints 	72	✓

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	<ul style="list-style-type: none"> the policy shall address: the recommendations arising from the investigation of privacy complaints, the agent(s) responsible for assigning other agent(s) to address the recommendations, timelines to address the recommendations, the implementation of the recommendations 		✓
	<ul style="list-style-type: none"> set out the nature of the documentation that will be completed, provided and/or executed at the conclusion of the investigation of the privacy complaint 	72	✓
	<ul style="list-style-type: none"> address the manner and format in which the findings of the investigation of the privacy complaint 	72	✓
	<ul style="list-style-type: none"> require the individual making the privacy complaint to be notified, in writing, of the nature and findings of the investigation 	72	✓
	<ul style="list-style-type: none"> require that a log be maintained of privacy complaints and identify the agent(s) responsible for maintaining the log 	72	✓
	<ul style="list-style-type: none"> require agents to comply with the policy and its procedures and address how and by whom compliance will be enforced and the consequences of breach. 	72	✓
	<ul style="list-style-type: none"> stipulate that compliance will be audited 	72	✓
32	Log of privacy complaints		
	<ul style="list-style-type: none"> CCO shall maintain a log of privacy complaints received. 	73	✓
	<ul style="list-style-type: none"> The log must set out: 	73	
	<ul style="list-style-type: none"> The date that the privacy complaint was received and the nature of the privacy complaint 	73	✓
	<ul style="list-style-type: none"> The determination as to whether or not the privacy complaint will be investigated and the date 	73	✓
	<ul style="list-style-type: none"> The date that the individual making the complaint was advised that the complaint will not be investigated 	73	✓
	<ul style="list-style-type: none"> The date that the individual making the complaint was advised that the complaint will be investigated 	73	✓
	<ul style="list-style-type: none"> The agent(s) responsible for conducting the investigation 	73	✓
	<ul style="list-style-type: none"> The dates that the investigation was commenced and completed 	73	✓

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	<ul style="list-style-type: none"> The recommendations arising from the investigation 	73	✓
	<ul style="list-style-type: none"> The agent(s) responsible for addressing each recommendation 	73	✓
	<ul style="list-style-type: none"> The date each recommendation was or is expected to be addressed 	73	✓
	<ul style="list-style-type: none"> The manner in which each recommendation was or is expected to be addressed 	73	✓
	<ul style="list-style-type: none"> The date that the individual making the privacy complaint was advised of the findings 	73	✓
33	Policy and procedures for privacy inquiries		
	<ul style="list-style-type: none"> A policy and procedures must be developed and implemented to address the process to be followed in receiving, documenting, tracking and responding to privacy inquiries 	74	✓
	<ul style="list-style-type: none"> A definition of the term "privacy inquiry" shall be provided 	74	✓
	<ul style="list-style-type: none"> provide contact information to the public on where to direct privacy inquiries 	74	✓
	<ul style="list-style-type: none"> establish the process to be followed in receiving and responding to privacy inquiries 	74	✓
	<ul style="list-style-type: none"> require agents to comply with the policy and its procedures and must address how and by whom compliance will be enforced and the consequences of breach. 	74	✓
	<ul style="list-style-type: none"> stipulate that compliance will be audited in accordance with the Policy and Procedures In Respect of Privacy Audits, 	74	✓