

Health Information Management Policy

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1 Purpose

The purpose of this policy is to standardize how the University fulfills its obligation to protect the privacy of individuals whose information it manages under Information Management Agreements pursuant to the Health Information Act s. 66(1).

2 Scope

- 2.1** This policy applies to those University employees directly involved in providing Information Management services to Information Custodians under an Information Management Agreement, as defined in the Health Information Act.
- 2.2** This policy does not apply to information assets in the context of the Freedom of Information and Protection of Privacy Act.
- 2.3** This policy does not apply to Health Information collected in the course of research.

3 Definitions

In this policy:

- a) “Affiliate” in relation to a Custodian, and in the context of the Health Information Act means:
- i. an individual employed by the Information Custodian,
 - ii. a person who performs a service for the Information Custodian as an appointee, volunteer or student or under a contract or agency relationship with the custodian,
 - iii. a health services provider who is exercising the right to admit and treat patients at a hospital as defined in the Hospitals Act,
 - iv. an Information Manager, or
 - v. a person who is designated under the regulations to be an affiliate.
- b) “Collect” means to gather, acquire, receive or obtain Health Information.

- c) “Disclosure” means making Health Information available to a Third Party.
- d) “Employee” includes a person who performs a service for the University whether under a contract or agency relationship with the University, or other arrangement, and includes an appointee, volunteer or student.
- e) “HIA” means the Health Information Act (Alberta), as amended.
- f) “Information Custodian” is a health services provider who is designated in the regulations to the HIA as a custodian, or who is within a class of health services providers that is designated as such in the Health Information Regulation.
- g) “Information Manager” means a person or body that:
 - i. processes, stores, retrieves or disposes of Health Information,
 - ii. in accordance with the regulations, strips, encodes or otherwise transforms individually identifying health information to create non-identifying health information, or
 - iii. provides information management or information technology services.
- h) “Information Management Agreement” means a written agreement between an Information Custodian and an Information Manager in accordance with the regulations for the provision of any or all of the services described in HIA S.66 (1).
- i) “Health Information” means one or both of the following as defined in the HIA S. 1 (1)(k):
 - i. diagnostic, treatment and care information
 - ii. registration information
- j) “Supervisor” means a University Employee who supervises Employees who manage information for Information Custodians.
- k) “Third Party” means a person, a group of persons, or an organization other than the individual the information is about.

4 Policy Statement

General

- 4.1** The University shall implement strong and effective mechanisms to protect the confidentiality of Health Information collected by Information Custodians.
- 4.2** The University shall enable Health Information to be Disclosed and accessed, where permitted by the HIA.
- 4.3** The University shall implement rules for the Collection, use and Disclosure of Health Information. Collection, use, and Disclosure will only be acceptable where done in the most limited manner, and with the highest degree of anonymity that is possible in the circumstances, to support the activities of Information Custodians.
- 4.4** The University shall support Information Custodians in providing individuals with access to Health Information about themselves, subject to limited and specific exceptions as set out in the HIA.
- 4.5** The University shall implement an effective breach reporting process compliant with the HIA and the HIA Regulations.

- 5 Special Situations**
- 5.1** In its role as an Information Manager, the University may collaborate with the Information Custodian in developing and submitting Privacy Impact Assessments, however the responsibility for the PIA ultimately rests with the Information Custodian.
- 5.2** Employees may be bound by external policies and procedures, for instance when providing Information Management services to Alberta Health Services.
- 5.3** Employees will:
- Comply with University policies, operating standards and practices, and legal and other requirements related to the management of Health Information Assets.
- 6 Responsibilities**
- 6.1** Legal Services will:
- facilitate the execution of Information Management Agreements between the Board of Governors and Information Custodians as required.
 - support the creation and submission of Privacy Impact Assessments (PIA) to the Office of the Information and Privacy Commissioner of Alberta (OIPC) on behalf of Information Custodians as appropriate, review PIAs periodically, and submit updates or addendums as required.
 - manage the Privacy Breach Reporting Process.
 - review and facilitate the formal approval of operating standards.
 - collaborate with Supervisors as required to implement training programs.
- 6.2** Supervisors will:
- lead the creation of PIAs as required.
 - initiate a PIA update process when change in practices so requires.
 - in collaboration with the Privacy and Records Specialist, Cumming School of Medicine, develop and revise operating standards and practices to be adopted with the highest possible level of standardization.
 - ensure employees comply with relevant operating standards.
 - implement appropriate training programs.
- 6.3** Employees will comply with University policies, operating standards and practices, and legal and other requirements related to the management of Health Information Assets.
- 7 Related Policies**
- [Privacy Policy](#)
[Information Asset Management Policy](#)
[Acceptable Use of Electronic Resources and Information Policy](#)
- 8 Related Procedures**
- [Privacy Breach, Procedure for Responding to a](#)
- 9 Related Operating Standards**
- [Information Security Classification Standard](#)
- 10 Related Guidelines/Forms**
- [Privacy Breach Incident Report Form](#)
- 11 References**
- [Health Information Act](#), RSA 2000, c H-5
[Health Information Regulation](#), Alta Reg 70/2001

12 History

October 4, 2019	Approved.
October 7, 2019	Effective.
January 1, 2020	Editorial Revision. Updated format and links.