



Personal Health Information Act (PHIA) Legislative Review
Round 3

Submitted By:
Labrador-Grenfell Health Regional Health Authority

Date Submitted:
March 8th, 2017

Thank you for the opportunity to allow Labrador-Grenfell Health to respond to submissions made in Round 1 of the *Personal Health Information Act (PHIA)* review. Labrador-Grenfell Health did make a submission in Round 1 and have now reviewed submissions made by other organizations, as posted on the PHIA review website. We believe there were many important points made in these submissions that will add strength and clarify to the existing legislation. For the purposes of this submission, however, we have focused our attention on two (2) items we believe may have certain implications for our organization, as identified below:

| <i>Submission Made By: (Round 1)</i> | <i>Submission</i> | <i>Recommendation</i> | <i>L-G Health's Response</i> |
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| OIPC | Privacy Impact Assessment (PIA) (Pg. 7) | Certain custodians (i.e. RHAs) complete PIAs on <i>"...all proposed new administrative practices and information systems or proposed upgrades/changes to existing practices and systems that relate to the collection, use and disclosure and storage of individually identifying health information...and submit same to OIPC for review and comment prior to implementation of any</i> | We feel this definition is very broad and extends beyond the extent to which L-GH currently completes <u>formalized</u> PIAs. With multiple changes and new technology being introduced, privacy review and consultation has become a more common practice versus a full PIA, particularly for those initiatives that appear to have fewer privacy and security implications. Where possible, L-GH works collaboratively with other RHAs in the |

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| | | <i>changes.”</i> | completion of “joint” PIAs where common technologies are being introduced in order that resources can be combined in the completion of this work, however, this is not always possible. In order to meet this new and broader requirement for PIAs, additional participation from internal stakeholders who already hold multiple other responsibilities will also be required. Although we welcome OIPC feedback, project implementation timelines may also be impacted due to the volume of practices and systems that may meet this broad definition and therefore, may impact project. |
| OIPC | Time of Response to Access request- Section 55 (P. 25) | It is suggested that the time limit for a response to access (60 days) is longer than necessary; 30 days is recommended. | Although we agree that individuals should have access to their personal health information in a timely manner, due to the volume/ complexity of requests received by the RHA and the current resources allocated for processing these requests; also considering the number of requests for PHI far outnumbers those requests for access under the ATIPPA legislation, we believe the 30 day timeframe may not always be attainable. |