

March 8, 2017

Mr. David Morgan
PHIA Review Chairperson
Department of Health and Community Services
Confederation Building
St. John's, NL A1B 4J6
phiareview@gov.nl.ca

## Dear Mr. Morgan:

Please accept the following as Western Health's feedback in response to submissions put forth by other organizations for the purpose of the five year review of our province's *Personal Health Information Act.* We appreciate the opportunity to review the other submissions, and we are confident that the outcome of this process will serve to strengthen the legislation in its next revision. As requested at this third stage of the process, Western Health has considered the implications of the proposed changes and would like to identify three issues for further consideration as the actual changes to the *PHIA* are contemplated. These include the requirement to complete Privacy Impact Assessments (PIAs); the reduction of response time for client requests for access to their personal health information; and the need to consider the overall implications of the heightened requirements being proposed.

Concerning PIAs, in their submission (page 7), the Office of the Information and Privacy Commissioner (OIPC) recommends that:

the Department of Health and Community Services, Workplace NL, the Provincial Public Health Laboratory, all Regional Health Authorities, the NL Centre for Health Information, as well as the faculties/schools of Memorial University which are custodians, be required to complete a privacy impact assessment with respect to all proposed new administrative practices and information systems or proposed upgrades/changes to existing practices and systems that relate to the collection, use, disclosure and storage of individually identifying health information (or information that could be re-identified), and submit same to the OIPC for review and comment prior to implementation of any changes. Some of these custodians are, in many cases, already conducting PIAs on various projects, and therefore the imposition of a legal requirement to do so should not be unduly onerous.

At Western Health consultation and review from an access and privacy standpoint is a routine practice, and this has been working well. PIAs have been completed in our region for a number of initiatives where multiple changes in practice and new technology are being introduced. Western Health also regularly participates in completing PIAs in consultation with the other Regional Health Authorities (RHAs) for common initiatives. The recommendation being put forth extends beyond the current practice at Western Health with respect to the completion of *formal* PIAs on all new initiatives. 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. Project implementation timelines may be impacted due to the volume of practices and systems that may meet this broad definition. We request that in addition to the current resources additional guidelines be developed, in consultation with the various custodians, to provide clear direction on the completion of PIAs.

Next, concerning the time of response to an access request, the OIPC has recommended (page 25) that "[t]he 60 day time limit for a response to an access request is longer than necessary. We recommend 30 days." Western Health is committed to providing clients with access to their records of personal health information in the least amount of time needed, and in the majority of cases, we would be able to comply with the proposed shortened timeline. However, discretion needs to be built into the legislation to allow for situations when unusually high volumes of requests occur or for more complex individual requests.

Finally, while Western Health agrees with the heightened requirements being proposed, we believe in the importance of ensuring that the effort required to comply with the new standards is realistic and sustainable with current resources. For example, Western Health supports the proposed recommendation put forth by the OIPC with respect to breach reporting and notification (page 15) that "...all breaches which attain the level of requiring notification to affected individuals should also be reported to the Commissioner." This, along with the other two proposed changes discussed above, are examples of potential new requirements where additional ongoing effort will be required to maintain compliance with the legislation.

Again, Western Health thanks you for this opportunity to provide feedback, and supports this review process. While overall we find that the *PHIA* is meeting our needs, we are committed to implementing any changes in policies and practices that may be required following this review. However, as previously stated, we suggest that prior to implementation, consideration be given to the potential impacts of these proposed changes on custodians.

If you have any questions, please contact me by telephone at (709) 637-5000, ext. 5248 or via email at <a href="mailto:sherritiller@westernhealth.nl.ca">sherritiller@westernhealth.nl.ca</a>.

Sincerely,

Sherri Tiller-Park

Regional Manager Information Access & Privacy

Western Health