APPENDIX 1

Health Information Act Forms

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Request to Access Health Information

The information on this form is collected under Alberta's *Health Information Act* and will be used to respond to your request for your own health information. Instructions for completing this form are on the back.

About you

☐ Mr. ☐ Ms ☐ Dr. ☐ Mrs. ☐ Miss Last name			First name
Mailing address			
City or town		Province	Postal code
Telephone (business) ( )	Telephone (home) ( )	Fax number ( )	E-mail address
Date of Birth (day) (month) (year)	Other		

About your request

1. Please attach the initial fee of $25.00.
2. To which custodian are you making your request? *(Please fill in the name of the individual or organization.)*

3. Do you want to: (a) receive a copy of the record? ☐ **OR** (b) examine the record? ☐

About the information you want to access

1. What records do you want to access? Please give as much detail as possible. Indicate if you also want access to records about the disclosure of your information. *(Be sure to give all your previous names. If you are requesting access to another individual's information, you must include information to identify the individual (in the box below) and attach proof that you can legally act for that individual (under section 104 of the Act). If you need more space, please attach a separate sheet of paper.)*

2. What is the time period of the records? Please give specific dates. *(See reverse for details.)*

Your signature

Signature	Date

For authorized office use only:

Date received	Request number

How to complete the form

You may be able to access your own health information without making a request under the *Health Information Act*. To determine whether you need to make a request under the *Act* or if you need help completing the form, contact the HIA Coordinator or the person responsible for processing requests in the organization to whom you are making the request.

About you

Check the title by which you prefer to be addressed and enter your last name and first name. Enter your complete mailing address and your daytime and evening telephone numbers. The custodian may need to contact you if they have any questions about your request. If you have a fax number or E-mail address where correspondence can be sent, enter them in the spaces provided.

About your request

If you need help to find out what records a custodian has, please consult their HIA Coordinator or the person responsible for processing requests.

1. If you are making a request for your own health information you will have to provide proof of your identity before the records are released to you. If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee or that you have power of attorney for the person. There will be an initial fee of $25. If additional fees are charged, you will be provided with an estimate of how much your request will cost before processing begins. Processing starts once you have paid at least 50% of any estimated fee. The records are provided when the fee is paid in full.

2. Enter the name of the custodian that you believe has the records that you want to access.

3. Do you want to receive a copy of the record or examine the record? Check the appropriate box.

About the information you want to access

1. What health information are you requesting? Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

   Please be sure that you give:
   - your full name;
   - any other names that you have previously used; and
   - any identifying number that relates to the records, such as your personal health number, case number or other identification number.

   If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person.

2. Enter the time period of the requested records. For example, if you are requesting records for the period January 1, 1998 to August 31, 1999, enter those dates in the space provided. If you want records from August, 1996 to the present, enter "August, 1996 to the present."

Your signature

Sign and date the form and send it to the HIA Coordinator or person responsible for processing requests. If you are not sure of where to send the form, please consult the HIA Coordinator or other responsible person of the organization that has the records you wish to access.

Authorization of Representative
(Under Section 104(1)(i))

I, _____, living at _____,

_____(name of municipality), in the province of _____,

designate _____

living at _____(name of municipality) in the province of

_____as my authorized representative to act on my behalf,

and to exercise (check one of the following):

- ❑ all my rights under the *Health Information Act;* OR
- ❑ my right to access all records containing my health information; OR
- ❑ other – define:

_____

_____

- ❑ the rights that are conferred on me under the *Health Information Act* in regard to the following questions:

_____

_____

I confirm that my representative has the authority to carry out the above rights and responsibilities on my behalf.

The present authorization will be in effect until _____, 20_____.

SIGNED BY _____ in the presence of:

_____

Witness

Affidavit for Witness (Optional)

Canada
in the Province of Alberta

I _____, _____ of _____
(name of the witness in full) (occupation of witness) (complete home address of witness)

in the province of _____, make oath and say that:

1. I was personally present and I saw _____ sign the
(name of person)
Authorization of Representative to which this is attached.

2. The Authorization of Representative was signed by _____
(name of the person)
at _____ in the province of

_____ and that I am the one who witnessed the document.

3. I know _____ and I believe that he/she is 18 years of age or older.
(name of person)

_____
Signature of Witness

Sworn before me at _____

in the province of _____

on _____

_____
Commissioner for Oaths

_____
(print name here)

My Commission expires _____, 20___

HEALTH INFORMATION ACT

ACCESS REQUEST REVIEW

NAME OF CUSTODIAN

Where are the Records Held?	**Request No.:**

PART 1 - GENERAL

METHOD OF ACCESS REQUESTED

❒ Examine Originals ❒ Copies (selected documents) ❒ Copies (all) ❒ Other (specify)**:**_____

TRACKING DATES

Date Received	Request Due Date	Revised Due Date	Request Closed Date

AREA(S) ASSIGNED TO PROCESS REQUEST

SUMMARY OF STAFF TIME SPENT ON REQUEST

Locate Records	Review Records	Sever Records	Prepare Response Pkg.	Name(s)	Total Hours Spent (min. ¼ hour)
❒	❒	❒	❒	_____	_____
❒	❒	❒	❒	_____	_____
❒	❒	❒	❒	_____	_____
❒	❒	❒	❒	_____	_____

SUMMARY OF RECOMMENDATIONS FROM HIA COORDINATOR

(Attach a separate sheet if the space below is not sufficient.)

Prepared by: (type name and sign**)**	**Approved by:** (type name and sign) **HIA Coordinator or Responsible Affiliate**
Title:	**Date:**

ACCESS REQUEST REVIEW - PAGE 2

NAME OF CUSTODIAN:	Request No.:

PART 2: RETRIEVAL AND REVIEW OF RECORDS

Area Where Records Located:	Contact Person:	Telephone No.:

LOCATION AND RETRIEVAL OF RECORDS

Search Done By: (name in print)	Start Date:	Target Completion Date:	Actual Completion Date:

Areas Searched (attach file lists, indices or other aids used in search):

Records Retrieved (by title - use attachment if necessary):

REVIEW OF RECORDS BY AREA HOLDING RECORDS

Records Reviewed By: (name in print)	Start Date:	Target Completion Date:	Actual Completion Date:

SUMMARY OF RECOMMENDATIONS FROM AREA HOLDING RECORDS

Approved By: (type name and sign)
Date:

ACCESS REQUEST RECOMMENDATION
NAME OF CUSTODIAN

Where are the Records Held?			**Request No.:**
To:			**Date:**
From:		**Name of Applicant:**	
Records / Information Requested:			**Number of Files / Pages Reviewed:**
Types of Health Information Contained in the Records:			
Exceptions Recommended:			
Application of Discretionary Exceptions (summarize reasons):			
Application of Mandatory Exceptions (summarize reasons):			
Severing Required (summarize reasons):			
Prepared by: (signature)		**Approved by:** (signature)	
Title:	**Date:**	**Title:**	**Date:**

NAME OF CUSTODIAN
ACCESS REQUEST RECOMMENDATION: DETAILED REVIEW OF RECORDS
(use multiple sheets if necessary)

Request No.:	Name of Custodian:	Area Holding Records:	Contact Person:	Telephone No.:

Document No.	No. of Pages	Document Date	Document Description	Exceptions Applied (Section #'s)	Comments / Explanations	Consultation (Yes or No)

Request to Correct or Amend Health Information

The information on this form is collected under Alberta's *Health Information Act* and will be used to respond to your request for correction or amendment. Instructions for completing this form are on the back.

About you

☐ Mr. ☐ Ms ☐ Dr. ☐ Mrs. ☐ Miss Last name			First name
Mailing address			
City or town		Province	Postal code
Telephone (business) ( )	Telephone (home) ( )	Fax number ( )	E-mail address
Date of Birth (day) (month) (year)			

About your request

1. Whose information do you want to correct?

   ☐ Your own health information

   ☐ Another person's health information *(Please include information to identify the other individual and attach proof that you can legally act for the individual (section 104 of the Act)*

2. To which custodian are you making your request? *(Please fill in the name of the individual or organization.)*

About the information you want to correct

3. What health information needs to be corrected or amended? Please give as much detail as possible. *(Be sure to give the complete name that is in the records if it is different from the name given above. If you need more space, please attach a separate sheet of paper.)*

4. What correction or amendment do you want to make and why? *(Please attach any documents that support your request.)*

Your signature

Signature	Date

For authorized office use only:

Date received	Request number

How to complete the form

You can correct or amend information in many custodian records without making a request under the *Health Information Act*. To determine whether you need to make a request under the *Act* or if you need help completing the form, contact the HIA Coordinator or the person responsible for processing requests in the organization to whom you are making the request.

About you

Check the title by which you prefer to be addressed and enter your last name and first name. Enter your complete mailing address and your daytime and evening telephone numbers. The custodian may need to contact you if they have any questions about your request. If you have a fax number or E-mail address where correspondence can be sent, enter them in the spaces provided.

About your request

1. Whose information do you want to correct or amend? Indicate whether you want your health information or another person's health information to be corrected.

   Your health information: If you want your records to be corrected or amended, you will have to provide proof of your identity.

   Another person's health information: If you want the records of another person to be corrected or amended, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee or that you have power of attorney for the person.

2. Enter the name of the custodian that you believe has the records that you want to correct or amend.

About the information you want to correct

1. What records contain the information that you want corrected or amended? Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

   If you want a correction or amendment made to your own health information, please be sure that you give:
   - your full name;
   - any other names that you have used on the records; and
   - any identifying number that relates to the records, such as your personal health number, case number or other identification number.

   If you want a correction made to another person's information, please give:
   - the person's full name;
   - any other name that person may have used on the records; and
   - any identifying numbers (such as a personal health number, case number, etc.) for the person if you know them.

2. What corrections or amendments do you want made? What is incorrect about the information that is currently on the record? Please be specific.

Your signature

Sign and date the application and send it to the HIA Coordinator or personal responsible for processing requests in the appropriate organization. If you are not sure of where to send the form, please consult the HIA Coordinator or responsible person in the organization that has the records you wish to correct or amend.

SAMPLE COLLECTION NOTICE (SECTION 22(3))

For the purposes of section 22(3), a collection notice may be:

- explained orally to individuals;
- added to the top of a questionnaire or application form;
- put in a publication (e.g. brochure) or other information about a program or service and provided to individuals;
- put in a poster on a physician's office or pharmacy wall; or
- put in a pop-up screen as part of a computer program

An example of a collection notice is as follows:

"The health information that we are collecting is needed to determine your eligibility for the _____ program, service or benefit (or to provide you with diagnostic, treatment and care services) (or for the training of students) (or for research or statistical purposes) (or for other authorized purpose(s) under section 27 of the *Health Information Act*). It is collected under the authority of the (Mental Health Act) (or Cancer Programs Act) (or Hospitals Act) (or Nursing Homes Act) (or Alberta Health Care Insurance Act) (and/or section 20(b) of the *Health Information Act* – directly related to and necessary to carry out an authorized purpose under section 27) (or other legal authority). The confidentiality of this health information and your privacy are protected by the provisions of the *Health Information Act* (and any other act that is appropriate to add).

If you have any questions about this collection and use of your health information, please talk to one of the staff (or contact) _____ (position) at _____ (business address) or phone _____ (business phone)."

CONSENT TO THE DISCLOSURE OF INDIVIDUALLY IDENTIFYING HEALTH INFORMATION

(AUTHORIZED BY SECTION 34 OF *HIA*)

I, _____, authorize (the attached) individually identifying

- ❑ diagnostic, treatment and care information
- ❑ registration information
- ❑ health services provider information

of myself to be disclosed by _____(name of custodian), in accordance with section 34 the *Health Information Act* to, _____ _____ (name of recipient), for the following purpose (s):

_____
_____
_____
_____
_____
_____

I understand why I have been asked to disclose my individually identifying information, and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my individually identifying information. I understand that I may revoke this consent at any time.

Dated this _____ of _____ , _____.
(day) (month) (year)

Expiry date (if any) _____ of _____, _____.
(day) (month) (year)

_____ _____
Client or Authorized Representative's Signature Source of Representative's Authority
(refer to section 104(1) of the *Act)*

_____
Client or Authorized Representative's Name

_____ _____
Witness Signature Witness Name

CONSENT TO THE DISCLOSURE OF INDIVIDUALLY IDENTIFYING DIAGNOSTIC, TREATMENT AND CARE INFORMATION BY ELECTRONIC MEANS (AUTHORIZED BY SECTION 59 OF *HIA*)

I, _____ (Personal Health Number _____) authorize my individually identifying diagnostic, treatment and care information to be disclosed by custodians in accordance with the *Health Information Act (HIA)* by computer systems that facilitate access by authorized persons to electronic or digital information that is stored in a computer database by a custodian. I understand that my consent is not required for disclosure of my information in other electronic ways including fax, e-mail, Intranet or Internet communications. By authorizing my information to be disclosed by electronic means (as defined above), my information may be used by:

(1) all custodians for:

- providing a health service to me
- determining or verifying my eligibility to receive a health service
- conducting investigations, discipline proceedings, practice reviews or inspections relating to the members of a health profession or health discipline that have provided a health service to me
- conducting research, subject to any requirements placed upon them by an ethics committee designated by the Minister of Alberta Health and Wellness
- providing education programs for health services providers
- carrying out any purpose authorized by an enactment of Alberta or Canada
- carrying out internal management purposes, including planning, resource allocation, policy development, quality improvement, monitoring, audit, evaluation, reporting, obtaining or processing payment for health services and human resource management

(2) the Minister of Alberta Health and Wellness, the Department of Alberta Health and Wellness, regional health authorities, the Alberta Mental Health Board and the Alberta Cancer Board for planning and resource allocation, health system management, public health surveillance and health policy development in the geographic area, and for the health programs, for which they are responsible.

I understand the custodians that access my individually identifying diagnostic, treatment and care information by these computer systems will do so according to their obligations in the *Health Information Act* and that my information will be stored securely, subject to the requirements of the *Health Information Act*.

I understand why I have been asked to disclose my individually identifying diagnostic, treatment and care information in this way, and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my individually identifying diagnostic, treatment and care information in this way. I understand that I may revoke this consent at any time.

I authorize my consent information (i.e. the fact that I have consented under section 59 of *HIA*) to be disclosed to custodians under the *Health Information Act.*

Dated this _____ of _____ , _____.
(day) (month) (year)

_____ _____
Client or Authorized Representative Signature Source of Representative's Authority
(Refer to s. 104(1)(c) to (i) of *HIA*)

_____
Client or Authorized Representative's Name

_____ _____
Witness Signature Witness Name

SECTION 42 NOTICE TO RECIPIENT TO ACCOMPANY THE DISCLOSURE OF INDIVIDUALLY IDENTIFYING DIAGNOSTIC, TREATMENT AND CARE INFORMATION BY A CUSTODIAN

Disclosure with the Subject's Consent

The attached individually identifying diagnostic, treatment and care information of _____ (subject of information) is being disclosed to _____ (name of recipient) by _____ (name of custodian) on _____ (date), with the consent of _____(name of the subject) under section 34 of the *Health Information Act*, only for the following purpose (s):

_____
_____
_____
_____
_____
_____
_____

_____ _____

Name and Signature of Custodian (or affiliate) Date

SECTION 42 NOTICE TO RECIPIENT TO ACCOMPANY THE DISCLOSURE OF INDIVIDUALLY IDENTIFYING DIAGNOSTIC, TREATMENT AND CARE INFORMATION BY A CUSTODIAN

Disclosure Without the Subject's Consent:

The attached individually identifying diagnostic, treatment and care information of _____ _____ (named individual subject) has been disclosed to _____ _____ (name of recipient) by _____ (name of custodian) on _____ (date), without the consent of the subject, but authorized under the following provision of the *Health Information Act* (mark the appropriate box)

- ❑ To provide continuing treatment and care to the above individual (s.35(1)(b))
- ❑ To provide information concerning the presence, location, condition, diagnosis, progress and prognosis of the above individual on the above date and the above individual has not requested otherwise (s.35(1)(c)) (Note – recipient must be a family member or another person with whom the individual is believed to have a close personal relationship)
- ❑ To advise family members of the above individual, or a person with whom the above individual is believed to have a close personal relationship, that the individual has been injured, is ill or has died and the individual has not requested otherwise (s.35(1)d))
- ❑ To provide health services to the above individual who is being detained in a penal or other custodial facility (s.35(1)(e))
- ❑ To conduct an audit of the information (s.35(1)(f)) (Note – recipient must enter into an agreement with the custodian about non-disclosure and destruction of the information)
- ❑ To carry out quality assurance activities within the meaning of section 9 of the Alberta Evidence Act (s.35(1)(g))
- ❑ To provide information for a court proceeding or a proceeding before a quasi-judicial body (s.35(1)(h) (Note – the custodian must be a party to the proceeding)
- ❑ To comply with a subpoena, warrant or court order compelling the production of information or with a rule of court that relates to the production of information (s.35(1)(i)) (Note – the recipient body must have jurisdiction to compel the production of information)
- ❑ To investigate an offence involving a life-threatening personal injury to the above individual and the above individual has not requested otherwise (s.35(1)(j) (Note – the recipient must be a municipal or provincial police service)
- ❑ To detect or prevent fraud, limit abuse in the use of health services or prevent the commission of an offence under an enactment of Alberta or Canada (s.35(1)(k)) (Note the recipient must be another custodian)
- ❑ To enable an officer of the Legislature (e.g. Auditor General, Ombudsman, Chief Electoral Officer, Information and Privacy Commissioner) to carry out his/her duties (s.35(1)(l))
- ❑ To avert or minimize an imminent danger to the health or safety of any person (s.35(1)(m))
- ❑ To act in the best interests of the above individual if the individual lacks the mental capacity to provide consent (s.35(1)(n))
- ❑ To provide necessary health services to a descendant of a deceased individual (s.35(1)(o)) (Note – the recipient must be a descendant or a representative under section 104(1)(c) to (i) and the privacy of the deceased individual must be protected)
- ❑ To comply with another act or regulation of Alberta or Canada that authorizes or requires the disclosure (s.35(1)(p))
- ❑ To transfer records to a successor custodian because the first custodian is ceasing to be a custodian (s.35(1)(q))
- ❑ To enable a health professional body to conduct an investigation, a discipline proceeding, a practice review or an inspection (s.35(4)) (Note—the custodian must comply with other relevant legislation and the health professional body must enter into an agreement with the custodian about non-disclosure and destruction of the information)
- ❑ To allow for permanent preservation and historical research by the Provincial Archives of Alberta or another archives that is subject to this Act or the Freedom of Information and Protection of Privacy Act (s.38) (Note—the custodian must determine that the information has enduring value)
- ❑ To enable the Minister of Health and Wellness to carry out his duties (s.40) (Note – the custodian must determine if the disclosure is necessary or desirable)

_____ _____

Name and Signature of Custodian (or affiliate) Date

SECTIONS 42 AND 32(2) NOTICE TO ACCOMPANY THE DISCLOSURE OF NON-IDENTIFYING HEALTH INFORMATION TO A RECIPIENT THAT IS NOT A CUSTODIAN

TO: _____ (Name of Recipient)

If you intend to use the attached non-identifying health information for data matching, you must notify the Information and Privacy Commissioner (780)(422-6860). The *Health Information Act* defines data matching to mean the creation of individually identifying health information by combining individually identifying or non-identifying health information or other information from two or more electronic databases, without the consent of the individuals who are the subjects of the information. Failure to notify the Commissioner of the intention to data match is an offence under the *Act* and may result in a fine of up to $50,000.

_____ _____

Name and Signature of Custodian (or affiliate) Date

COMPONENTS FOR AN AFFILIATE'S OATH OF CONFIDENTIALITY

- a statement, sworn (or affirmed) by the affiliate, stating that:
    - he/she will uphold to the best of his/her ability his/her duties under the *Health Information Act* and Regulations and the custodian's policies and procedures; and that
    - he/she will not disclose or make known any recorded or non-recorded health information of an individual except as authorized by the *Act*, the Regulations and the custodian's policies and procedures;
- space for the city, town, village, etc. where the oath is sworn;
- space for the date and signature of a witness;
- place for a Commissioner for Oaths to commission the swearing (or affirming) of the Oath (optional)

HEALTH INFORMATION ACT
REQUEST FOR REVIEW

To: **Information and Privacy Commissioner**
Suite 410, 9925 – 109 Street
Edmonton, Alberta T5K 2J8

My Name Is:

My Mailing Address Is:

A telephone number where I can
be reached during the day is:

On_____ I applied for my own health information from the following source:
Date

OR:

On _____ I asked to have my own health information corrected or amended by the
Date following source:

OR:
I am concerned about the following:

AND:
I am requesting a review by the Commissioner because:

(Please attach a copy of any correspondence you have received from the source you referred to.)

Signature Date

If you have any questions, please call (422-6860)

This office will forward a copy of your completed form to the head of the custodian concerned and to any other person who in the opinion of the Commissioner is affected by the request. If concerns arise regarding this procedure, please make them known to the Commissioner as soon as possible.

Date Stamp Information and Privacy Commissioner

APPENDIX 2

Model Letters

Appendix 2
Model Letters

Introduction

The following sample letters are provided to assist custodians in corresponding with applicants, third parties and others in the processing of access and correction or amendment requests. The sample letters are intended to provide general guidance and may be altered to suit the circumstances of each request.

The letters are as follows:

Model Letter A – Acknowledgment of Request

Purpose:	*To acknowledge receipt of the applicant's request for information, to ask for clarification of a request and/or to request that initial fees be paid in order that the request may be considered complete and processing can commence.*

[*Reference number*]

[*Date*]

[*Applicant's name and address*]

Dear [*Applicant's name*]:

Re: Health Information Act
[*Request under Consideration*]

Your request for access to health information [*describe requested health information*] under the *Health Information Act* was received by [*custodian*] on [*date*].

Option A.1: General Acknowledgment

We will provide the information available to you under the *Act* as quickly as possible. Although the *Act* allows us a maximum of 30 days to respond, we will reply sooner than [*date*], if possible.

Option A.2: Need to Supply More Details

Unfortunately, your request for access to information does not provide sufficient specific details to identify the health records you may be requesting. [*Name of custodian*] cannot begin to process your request until we receive additional information to help us [*identify the record or make the request more specific*]. Please help us to clarify your request by supplying any of the following details of which you are aware:

[*list details you are requesting*]

Option A.3: Failure to Include Basic Fee

Unfortunately, you did not include the basic fee of $25.00. The *Act* allows us 30 days to respond to your request, but this time period will not commence until the basic fee has been received. Please forward the fee to [*appropriate address within the custodian*] as quickly as possible.

Model Letter A – Acknowledgment of Request (continued)

The processing of the request will commence immediately upon the receipt of your fee.

Option A.4: Clarification of Request

We have now had an opportunity to discuss your request with you [*state method and date*]. We agreed that the request would now focus on [*describe the information agreed upon*]. If this understanding is not correct, please contact me at [*telephone #*] as soon as possible. This letter serves as a notice that it is this request which [*name of custodian*] is proceeding to process. We will provide the information available to you under the *Act* as quickly as possible. Although the *Act* allows us a maximum of 30 days to respond, we will reply sooner than [*date*], if possible.

Section 73 of the *Health Information Act* provides that you may make a written request to the Information and Privacy Commissioner to review this matter. You have 60 days from the date of this notice to request a review by writing to:

Information and Privacy Commissioner
410, 9925 – 109 Street
Edmonton, Alberta, T5K 2J8.

When requesting a review, please provide the Office of the Information and Privacy Commissioner with the following information:

1. The reference number noted at the top of this notice.
2. A copy of this letter.
3. A copy of your original request form that you sent to [*name of custodian*].

If you have any questions, please write to me or call me at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter A.1 – Notice of Processing an Access Request under the *FOIP Act*

Purpose:	*To acknowledge receipt of the applicant's request for information, and to give notice that all or part of the request will be processed under the FOIP Act.*

[*Reference number*]

[*Date*]

[*Applicant's name and address*]

Dear [*Applicant's name*]:

Re: Health Information Act
[*Request under Consideration*]

Your request for access to health information [*describe requested health information*] under the *Health Information Act* (the *Act*) was received by [*custodian*] on [*date*].

Some (or all) of the record(s) you requested contain information to which the *Freedom of Information and Protection of Privacy (FOIP) Act* applies. The request for these record(s) is deemed to be a request under section 7(1) of the *FOIP Act* and that *Act* applies to the processing of your (or that part of your) request.

Please see the attached letter related to your (or that part of your) request [*attach a letter acknowledging receipt of the access request under the FOIP Act – use Model Letter A from Appendix 3 – FOIP Guidelines and Practices (2000)*]

If you have any questions, please write to me or call me at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter B – Notice Regarding Extension of Time Limit

Purpose: To advise an applicant of a time extension taken to process a request.

[*Reference number*]

[*Date*]

[*Applicant's name and address*]

Dear [*Applicant's name*]:

Re: Health Information Act
[*Request under Consideration*]

[*Name of custodian*] received your request for access to information on [*date*].

Normally, [*name of custodian*] responds to a request for information within 30 days after receiving the request. However, in limited circumstances, the *Health Information Act* provides that a custodian may extend this time limit.

Option B.1: Time Extension to Clarify Request

In this case, there is a need for us to obtain more information from you before we can identify the records that deal with your request. We will need a time extension of [*number of days – up to 30 days or longer with Commissioner's permission*] to do this and identify the applicable records.

Option B.2: Consultation with Other Custodians

A preliminary review of the records you have requested indicates that consultations with (an) other custodian(s) may be required before we can fully process your request. This consultation is necessary for us to deal completely with the records that you have requested. We will require a time extension of [*number of days – up to 30 days or longer with Commissioner's permission*] to carry out this process.

Option B.3: Large Number of Records

Your request involves a large number of records. The volume of information involved cannot be processed within the usual 30-day limit. An extension of time of [*number of days – up to 30 days or longer with Commissioner's permission*] will allow [*name of custodian*] to provide you with a complete response to your request.

Model Letter B – Notice Regarding Extension of Time Limit (continued)

[*Conclusion for all options*]

A response to your request will be ready no later than [*proposed date*]. We will try to respond sooner, if possible.

If you have any questions regarding this time extension, please contact [*name and job title*] at [*business address*] or telephone [*number*].

If you feel this time extension is unjustified, section 73 of the *Health Information Act* provides that you may ask the Information and Privacy Commissioner to review this decision. You have 60 days from the date of this notice to request a review by writing to:

Information and Privacy Commissioner
410, 9925 – 109 Street
Edmonton, Alberta, T5K 2J8.

When requesting a review, please provide the Office of the Information and Privacy Commissioner with the following information:

1. The reference number quoted at the top of this notice.
2. A copy of this letter.
3. A copy of your original request for information that you sent to [*name of custodian*].

If you have any questions, please write or call me at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter C – Fee Estimate

Purpose:	*To advise an applicant of the amount of fees that will be involved in processing a request.*

[*Reference number*]

[*Date*]
[*Applicant's name and address*]

Dear [*applicant's name*]:

Re: Health Information Act
[*Request under Consideration*]

[*Name of custodian*] received your request for access to health information [*describe requested health information*] on [*date*]. Section 67 of the *Health Information Act Act* provides that fees may be charged for providing you with the information which you requested.

Fees, over and above the basic fee paid at the time you made the request, are assessed because [*provide rationale for fees being assessed*].

The fee for providing the health records you have requested is estimated to be [*$ amount*]. We have calculated this amount as follows:

[*provide calculation*]

Option C.1: Deposit

Please reply to us in writing within 20 days of the date of this notice indicating that you accept this estimate and enclose a deposit of [*$ amount*][*do not send cash*] made payable to [*the appropriate officer of custodian*]. This reply must be sent to [*name of officer, office and address of custodian*] and should quote the reference number provided at the top of this letter. When we have received your response and deposit, processing of your request will continue.

Option C.2: No Deposit

Please reply to us in writing within 20 days of the date of this notice indicating that you accept this estimate and will pay these fees when requested to do so. Please send the reply to [*name of officer, offices and address of custodian*] and quote the reference number provided at the top of this letter. When we have received your response, processing of your request will continue. Please do not send cash.

Model Letter C – Fee Estimate (continued)

Option C.3: Refusal of Request to Excuse Fee

Your request for excusing the payment of the fee cannot be granted [*state reason*]. Please reply to us in writing within 20 days of the date of this notice indicating that you accept this estimate and enclose a deposit of [*specify amount*] [*do not send cash*]. Please send the reply to [*name of officer, offices and address of custodian*] and quote the reference number provided at the top of this letter. When we have received your response, your request will be processed.

If you find the fees a burden to you, we would be pleased to discuss approaches to processing the request which may reduce the fees and still provide the information you require. Please write or call [*name, title, address and telephone number*], who may be able to assist you.

[*For options C.1 and C.2*]

Section 67(4) provides some limited situations where fees can be excused, if you cannot afford to pay the fee or if, in the opinion of the custodian, it is fair to excuse payment. If you believe that one of these circumstances applies to you, you should raise it with the officer mentioned above.

[*Conclusion for all options*]

Section 73 of the legislation allows you to ask the Information and Privacy Commissioner to review this fee estimate and any decision made on a request for excusing of a fee payment. The *Act* allows you 60 days from the date you receive this notice to request a review by writing to

Information and Privacy Commissioner
410, 9925 – 109 Street
Edmonton, Alberta, T5K 2J8.

When requesting a review, please provide the Office of the Information and Privacy Commissioner with the following information:

1. The reference number quoted at the top of this notice.
2. A copy of this letter.
3. A copy of your original request for information that you sent to [*name of custodian*].

If you have any questions, please write or call the officer named above or myself at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter D – Abandonment of Request

Purpose:	*To inform the applicant that his or her request is going to be considered abandoned under section 9.*
Note:	*The time line to allow the applicant to reactivate the request within 12 months is a suggested guideline, not a requirement of the Act. Custodians may choose to alter this according to the nature of the request or the records involved.*

[*Reference number*]

[*Date*]

[*Applicant's name and address*]

Dear [*Applicant's name*]:

Re: Health Information Act
[*Request under Consideration*]

Option D.1: Abandonment Indicated

You indicated to us on [*date*] that you were abandoning your request [*reference number and subject*]. If you wish to reactivate your request at any time up to [*date 12 months from the date of closure*], you may do so without making another request or submitting an initial fee. After that date, you will have to submit another request and any initial fee that may be required.

Option D.2: Abandonment Not Indicated

We have not received any communication concerning your request since [*date of letter seeking further information or requesting fee*]. For this reason, we are closing the file on your request [*reference number and subject*]. If you wish to reactivate your request at any time up to [*date 12 months from the date of closure*], you may do so without making another request or submitting an initial fee. After that date, you will have to submit another request and any initial fee that may be required.

Model Letter D – Abandonment of Request (continued)

If you disagree with this decision, section 73 of the *Health Information Act* provides that you may ask the Information and Privacy Commissioner to review this decision. You have 60 days from the date of this notice to request a review by writing to:

Information and Privacy Commissioner
410, 9925 – 109 Street
Edmonton, Alberta, T5K 2J8.

When requesting a review, please provide the Office of the Information and Privacy Commissioner with the following information:

1. The reference number quoted at the top of this notice.
2. A copy of this letter.
3. A copy of your original request for information that you sent to [*name of custodian*].

If you have any questions, please write or call me at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter E – Response to Access Request – Granting Access

Purpose: To inform an applicant that access will be granted.

[*Reference number*]

[*Date*]

[*Applicant's name and address*]

Dear [*Applicant's name*]:

Re: Health Information Act
[*Request Under Consideration*]

I am responding to your request of [*date*] for access to health information [*describe requested information]*. We are pleased to provide access to [*specify subject and records generally*].

Option E.1: Copy Enclosed

A copy of the information is enclosed.

Option E.2: Applicant to View Originals

You have requested an opportunity to examine the original records containing your health information rather than receive copies of them. We invite you to examine the record(s) at [*place and address*] on [*date*] at [*time*]. If you are unable to examine the records at that time, please contact [*name and telephone number*] to make alternate arrangements.

Option E.3: Records Cannot be Copied

The record(s) containing the health information you have requested cannot be copied because [*provide reason*]. We invite you to examine the original record(s) at [*place and address*] on [*date*] at [*time*]. If you are unable to examine the record(s) at that time, please contact [*name and telephone number*] to make alternate arrangements.

Option E.4: Fees Required

As we informed you in our fee estimate of [*date*], your request has now been processed and fees totaling [*$ amount and calculation, if previous deposit received*] must be paid before access can be provided.

Model Letter E – Response to Access Request – Granting Access (continued)

Please make your cheque or money order payable to [*name of custodian*] and send it to [*name of officer, office and address of custodian*].

If you feel that your request has not been answered completely or that you require further clarification, please contact [*name and job title*] at [*business address and telephone number*].

Under section 73 of the *Health Information Act*, you may ask the Information and Privacy Commissioner to review the assessment of a fee or any other matter concerning this response to your request. You have 60 days from the date of this notice to request a review by writing to:

Information and Privacy Commissioner
410, 9925 – 109 Street
Edmonton, Alberta, T5K 2J8.

If you wish to request a review, please provide the Office of the Information and Privacy Commissioner with the following information:

1. The reference number quoted at the top of this notice.
2. A copy of this letter.
3. A copy of your original request for information that you sent to [*name of custodian*].

If you have any questions, please write or call me at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter F – Response to Access Request – Denial of All or Part of Record*(s)*

Purpose:	*To inform an applicant that access to all or part of the records requested has been denied.*

[*Reference number*]

[*Date*]

[*Applicant's name and address*]

Dear [*Applicant's name*]:

Re: Health Information Act
[*Request under Consideration*]

I am replying to your request of [*date*] for access to [*describe requested health information*].

Option F.1: Total Denial

Unfortunately, access to all the health information that you requested is refused under section(s) [*put in an explanation, including the detailed sections on which refusal is based (identify exception(s) used from section 11(a) or (b)*].

Option F.2: Some Records Available

I am pleased to inform you that access is being provided to [*specify particular records*].

- A copy of the record(s) containing your health information is attached; or

- You asked to examine the original records containing your health information rather than receive copies. We invite you to examine the record(s) at [*place and address*] on [*date*] at [*time*]. If you are unable to examine the records at that time, please contact this office to make alternative arrangements; or

- The record(s) containing your health information to which you are being given access cannot be copied. We invite you to examine the original record(s) at [*place and address*] on [*date*] at [*time*]. If you are unable to examine the record(s) at that time, please contact this office to make alternative arrangements.

Access to all other records has been denied under section(s) [*give detailed sections*] of the *Health Information Act.*

Model Letter F – Response to Access Request – Denial of All or Part of Record(s) (continued)

Option F.3: Severed Information

Some of the records you requested contain information that is excepted from disclosure under *the Health Information Act*. We have severed the excepted information so that we could disclose to you the remaining information in the records.

The severed information is excepted from disclosure under sections [*provide section numbers and descriptors*] of the *Act*. The detailed sections supporting the excising of particular information is [*provided in the attached list or indicated on the face of each record*].

Under section 73 of the *Health Information Act*, you may ask the Information and Privacy Commissioner to review the decision not to disclose information that you requested. You have 60 days from the receipt of this notice to request a review by writing to:

Information and Privacy Commissioner
410, 9925 – 109 Street
Edmonton, Alberta, T5K 2J8.

OR

We are disclosing (all or part of the particular records) outside the provisions of the *Health Information Act* and a copy of these is enclosed.

[***If fees are to be charged, reference should be made to the options for additional wording in Model Letter E.***]

Under section 73 of the *Health Information Act*, you may ask the Information and Privacy Commissioner to review the decision that the records that you requested are excluded from the scope of the *Act*. You have 60 days from the receipt of this notice to request a review by writing to:

Information and Privacy Commissioner
410, 9925 – 109 Street
Edmonton, Alberta, T5K 2J8.

Model Letter F – Response to Access Request – Denial of All or Part of Record(s) (continued)

If you wish to request a review, please provide the Office of the Information and Privacy Commissioner with the following information:

1. The reference number quoted at the top of this notice.
2. A copy of this letter.
3. A copy of your original request for information that you sent to [*custodian*].

If you have any questions about this letter, please write or call me at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter G – Response to Access Request – Record Does Not Exist

Purpose: To advise an applicant that a record does not exist.

[*Reference number*]

[*Date*]

[*Applicant's name and address*]

Dear [*Applicant's name*]:

Re: Health Information Act
[*Request under Consideration*]

I am writing about your request of [*date*] for access to information under the *Health Information Act*.

I regret to inform you that a search by [*name of custodian*] has failed to retrieve any records relating to the subject of your request. [*Outline all steps taken to locate records and, if the records have been destroyed, provide information, if possible, as to when and under what authority this was done.*]

Under section 73 of the *Health Information Act*, you may ask the Information and Privacy Commissioner to review the finding that records pertinent to the request [*could not be located or have been destroyed*]. You have 60 days from the date of this notice to request a review by writing to:

Information and Privacy Commissioner
410, 9925 – 109 Street
Edmonton, Alberta, T5K 2J8.

Model Letter G – Response to Access Request – Record Does Not Exist

If you wish to request a review, please provide the Office of the Information and Privacy Commissioner with the following information:

1. The reference number quoted at the top of this notice.
2. A copy of this letter.
3. A copy of your original request for information that you sent to [*name of custodian*].

If you have any questions about this letter, please write or call me at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter H – Acknowledgment of Receipt of Correction or Amendment Request

Purpose:	*To acknowledge receipt of the applicant's request to correct his or her personal information.*

[*Reference number*]

[*Date*]

[*Applicant's name and address*]

Dear [*Applicant's name*]:

Re: Health Information Act
[*Request for Correction or Amendment under Consideration*]

Your request for correction or amendment of health information [*describe requested correction or amendment]* under the *Health Information Act* [the *Act*] was received by [*name of custodian*] on [*date*].

We will respond to your request by [*date*], or sooner if possible.

If you have any questions, please write to me or call me at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter H.1 – Notice of Processing a Request for Correction or Amendment under the *FOIP Act*

Purpose:	*To acknowledge receipt of the applicant's request to correct his or her health information and to give notice that all or part of the request will be processed under the FOIP Act.*

[*Reference number*]

[*Date*]

[*Applicant's name and address*]

Dear [*Applicant's name*]:

Re: Health Information Act
[*Request for Correction or Amendment under Consideration*]

Your request for correction or amendment of health information [*describe requested correction or amendment]* under the *Health Information Act* [the *Act*] was received by [*name of custodian*] on [*date*].

Some (or all) of the records you requested to be amended contain information to which the *Freedom of Information and Protection of Privacy (FOIP) Act* applies. The request for correction or amendment of those records is deemed to be a request under Section 35 of the *FOIP Act* and that *Act* applies to the processing of your (or that part of your) request.

Please see the attached letter related to your (or that part of your) request [*attach a letter acknowledging receipt of request for correction under the FOIP Act – use Model Letter R from Appendix 3 – FOIP Guidelines and Practices (2000)*].

If you have any questions, please write to me or call me at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter I – Notification Concerning a Request for Correction or Amendment

Purpose:	*To advise an individual whether or not a request for correction or amendment has been agreed to and other parties have been notified and, where it has not, what the applicant's options are.*

[*Reference number*]

[*Date*]

[*Applicant's name and address*]

Dear [*Applicant's name*]:

Re: Health Information Act
[*Request for Correction or Amendment under Consideration*]

Option I.1: Correction or Amendment Agreed To

Your request for a correction or amendment of [*error or omission*] has been agreed to by [*name of custodian*] and your record has been corrected or amended as you requested.

A copy of your new record incorporating the correction or amendment accompanies this notice [*or you can inspect the corrected or amended record at – name and address of appropriate office*].

The following persons, [*name persons*], to which the information has been disclosed over the last year have been informed of the facts of [*the correction or amendment*] and requested to amend their files to reflect this information.

Option I.2: Correction Refused

Your request for a correction or amendment of [*error or omission*] has been refused by [*name of custodian*], you may either:

(a) Ask for a review of this decision by the Information and Privacy Commissioner under section 73 of the Act;

OR

Model Letter I – Notification Concerning a Request for Correction or Annotation (continued)

(b) Submit within 30 days of receiving this notice a statement of disagreement to [*the custodian*] setting out in 500 words or less the requested correction or amendment and your reasons for disagreeing with this decision.

[*If applicant submits a statement of disagreement*] Your statement of disagreement will be attached to the record that is the subject of the requested correction or amendment and will be provided to any person to whom [*name of custodian*] has disclosed the record in the year prior to your request.

[*In the case of refusal*] You may request the Information and Privacy Commissioner to review our decision to refuse to correct or amend your health information. The *Act* allows you 60 days from the date you receive this notice to request a review by writing to:

Information and Privacy Commissioner
410, 9925 – 109 Street
Edmonton, Alberta, T5K 2J8.

If you wish to request a review, please provide the Office of the Information and Privacy Commissioner with the following information:

1. The reference number quoted at the top of this notice.
2. A copy of this letter.
3. A copy of your original request for correction which you sent to [*name of custodian*].

If you have any questions, please write to me or call me at [*telephone number*].

Sincerely,

[*Name*]
[*Title*]

Model Letter J – Notice to Persons in Receipt of Health Information

Purpose:	*To advise persons who have received health information that a correction or amendment has been made or that a statement of disagreement has been submitted.*

[*Reference number*]

[*Date*]

[*Name of person and address*]

Dear [*Name of official*]:

Option J.1: Correction or Amendment Made

On [*date*], [*name of custodian*] disclosed to you information concerning [*name of individual requesting correction or amendment*]. This information has [*been corrected or amended and a copy of the corrected record is attached*]. Section 13(3)(c) of the *Health Information Act* requires that we notify you of this correction. Please amend your records or link the correction or amendment to them in order to ensure that they contain this new information.

Option J.2: Statement of Disagreement Submitted

On [*date*], [*name of custodian*] disclosed to you information concerning [*name of individual requesting correction or amendment*]. This information has not been corrected or amended but [*name of individual*] has submitted a statement of disagreement under section 14(1)(b) of the *Health Information Act*. Section 14(3) of that *Act* requires that we provide a copy of this statement of disagreement to you to attach to the information that was disclosed to you (see attached statement).

Sincerely,

[*Name*]
[*Title*]

Model Letter K– Notice Agreeing to Make a Correction or Amendment and Dispensing with Notification of Persons About a Correction or Amendment

Purpose:	*To advise an applicant that a request for correction or amendment has been agreed to and to obtain the applicant's consent to dispense with notifying other persons about the correction or amendment.*

[Reference number]

[Date]

[Applicant's name and address]

Dear [Applicant's name]:

Re: Health Information Act
[Request for Correction or Amendment under Consideration]

Your request for a correction or amendment of [error or omission] has been agreed to by [name of custodian] and your record has been corrected or amended as you requested. The record containing the information that you requested to be corrected or amended has been disclosed over the last year to the following persons [name persons]:

Since [name of custodian] believes that you will not be harmed if the above persons are not notified about the correction or amendment, we are asking for your consent to dispense with notifying those persons under section 13(4) of the *Health Information Act*.

Please sign and return the attached form, indicating whether you consent to dispensing with notification.

If you have any questions, please write to me or call me at [telephone number].

Sincerely,

[Name]
[Title]

Model Letter K– Notice Agreeing to Make a Correction or Amendment and Dispensing with Notification of Persons About a Correction or Amendment (Continued)

Consent to Dispense with Notification About a Correction or Amendment

I, [Name of Applicant] consent to [Name of Custodian] not notifying the persons to which my health information has been disclosed during the year prior to my request for a correction or amendment, dated [date of request], that my health information has been corrected or amended.

Dated this [day] of [month], [year]

Expiry date [day] of [month], [year]

[Signature of Applicant]

[Name of Applicant]

[Witness Signature] [Witness Name]

APPENDIX 3

Responsibilities of Custodians

and

Health Information Act Implementation Checklist

Appendix 3
Responsibilities of Custodians in Administering the *Health Information Act*

In preparing to implement the *Act*, each custodian should establish internal processes and procedures suited to the organization's size, structure, specific circumstances and anticipated workload. A custodian's responsibilities under the *Act* include:

- receiving and responding to requests for health information, meeting the duty to assist applicants and collecting any fees as set out in the *Act* (sections 7-10, 12, 15, 17 and 67);
- deciding what information will be released and what information will be excepted from disclosure under the legislation (section 11);
- receiving and responding to requests for correction or amendment (sections 13-15);
- fulfilling the various duties of the custodian relating to the collection, use and disclosure of health information, including the rules regarding the least amount of information and the highest degree of anonymity (sections 18-72);
- responding to the Information and Privacy Commissioner to resolve reviews and complaints under the *Act* (sections 73-82, 84, 85); and
- assisting the public by designating one or more individuals to be responsible for the implementation and administration of the *Act* and making available any policies or procedures regarding the implementation of the *Act* (sections 62 and 63).

Health Information Act Implementation Checklist

The following issues and tasks should be addressed by a custodian before the *Act* comes into effect. Although they are arranged for the most part in relative priority, many of these tasks can be completed simultaneously during the period prior to proclamation.

1. Establish the structure necessary to administer the Health Information Act

- **Designate a responsible person(s)**

  Custodians have a number of responsibilities and requirements related to the implementation, administration and operation of the *Health Information Act*. Regardless of the size and structure of the custodian, fulfilling these responsibilities will require clear lines of responsibility and coordination within each organization.

  Section 62 of the *Act* requires each custodian to identify an individual who will be responsible for implementing the *Act* and the regulations made under it. This individual is also responsible for ensuring that the necessary *Health Information Act* related policies and procedures are established and followed.

  The *Act* provides flexibility for custodians. If the custodian organization is large or decentralized, it may choose to identify individuals responsible for the *Act* on a site by site or

geographic basis, rather than having one person responsible for full implementation. Designated individuals may be employees or agents of the custodian. "Best practices" point to the importance of having only one individual designated, if possible, with support from site or area/program contacts as necessary. The designated individual should have access to senior staff and decision makers and the necessary resources and support.

A single individual or agent may represent several custodians in a clinic or facility setting or in instances where custodians do not have the capacity to administer the *Act*. These arrangements should be formalized to ensure that the scope of responsibility is clear. As in other areas of the *Act*, the custodian remains ultimately responsible for the actions of their agents.

- **Forecast volume of requests**

Custodians should attempt to forecast the volume of requests for health information they may receive under the *Act* and prepare an implementation plan with this forecast in mind.

In most instances, custodians are already helping people to access records containing their health information. Current access may be granted under the *FOIP Act*, under practice guidelines based on the Supreme Court of Canada decision in 1992, or under other rules or processes. Current volumes of requests likely reflect factors such as public awareness of the ability to request access to information, the actual or perceived barriers to access, the time it takes to get access to information, and so on. These factors should be considered when preparing forecasts of future volumes of information requests. Once the *Act* is proclaimed, greater public awareness regarding the right of access and fees may result in an increase in the number of requests, but the actual increase is likely to vary for different organizations and parts of the province.

- **Establish an appropriate implementation support team**

Depending on the projected volume of requests, the amount and type of health information collected, used or disclosed, and the size and complexity of the organization, a custodian may wish to establish a team to support the person responsible for implementing the *Act.* In a large organization such as a health authority, the team should likely include senior representatives from the various parts of the organization affected by the *Act* (i.e. those areas that collect, use or disclose health information). It may also include a representative from information technology and systems, information or records management, the legal department and human resources.

Custodians that provide a single health service or work in a clinic will have very different support needs. In these cases, support will be provided primarily by the department.

Regulatory bodies or other support organizations may also support custodians and provide advice in implementing the *Act.* The various support roles will be developed and communicated as early in the implementation process as possible.

- **Identify and communicate with other "affiliated" custodians**

  Under the *Act*, some custodians will have responsibility for other custodians. For example, a regional health authority will have some level of responsibility for subsidiary health corporations, community health councils, other boards, councils, committees or agencies that they create and perhaps hospitals and nursing homes funded to perform services in the region. In these cases, the custodian should identify all the various other custodians they are responsible for as early as possible and take steps to determine how to implement the *Act* for, or with, them.

2. Establish a communications plan

The department of Alberta Health and Wellness is responsible for overall leadership and direction in communicating with the public about implementation of the *Act* and will work with the various custodians to ensure that appropriate information and materials are available.

In addition, each custodian should have an internal and external communication plan in place. The plan should include:

- key messages the custodian wishes to communicate about its responsibilities and activities in implementing the *Act*;
- activities designed to make all the patients, clients, residents, agents, and employees aware that the *Act* applies to the custodian and how the custodian's operations will change to comply with the requirements of the *Act*; and
- any special messages and approaches to communicate with the media and special groups that interact with the custodian.

The department will provide samples of communications templates such as newsletters, brochures, posters and so on to all custodians. Those materials and templates will be developed in consultation with custodians and various organizations. Custodians will be able to use the templates directly or modify them to meet their specific needs, while still maintaining the core content.

3. Establish a training plan and conduct awareness training

Training and awareness sessions will be very important as implementation proceeds. In medium to large organizations, these sessions should begin as soon as possible to ensure that senior management and staff understand the requirements of the *Act*.

In medium to large organizations, the training plan should accommodate a variety of audiences and their requirements including the following:

- site or facility contacts, program contacts and back-up contacts (if required) will require an in-depth knowledge of the procedural and interpretative aspects of the *Act*;
- senior staff will require a general knowledge of the procedural and interpretative aspects of the *Act*, including its impact on the operations of the organization;

- members of the governing authority (e.g. boards) should understand the principles and overall approach of the *Act*, its general requirements and impact on the organization;
- staff who have daily contact with the public must be able to recognize and channel both health information requests and freedom of information (FOIP) requests, if applicable, to the appropriate contact points for response;
- all staff and agents of the custodian should be generally aware of the existence of the *Act*, the name of the person responsible for its implementation and operation in the organization and the basic requirements of the *Act*; and
- specific staff groups, such as human resources staff, those responsible for collecting health information in admitting offices or functions, managers responsible for internal operations and support functions, information systems and information management specialists, legal advisors and others will need a detailed understanding of the *Act* as it relates to their specific area of expertise.

Training and awareness in small offices or organizations will pose different challenges. While the person responsible for the implementation of the *Act* can likely be the centre of knowledge about the *Act* in the short term, others in positions of responsibility and those who interact directly with individual patients clearly need to understand the rules in the *Act*, their implications and the administrative requirements.

Training materials have been produced by the department and training courses were conducted prior to the proclamation date. The training materials are available for custodians to use in their own training programs.

4. Assess the status quo

While it will take time to prepare and distribute all of the necessary materials to fully support and implement all aspects of the *Act* and regulations, the major provisions of the *Act* point to the areas where the impact on the custodian will be the greatest. Custodians can begin to review their current processes for collection and use of health information with the general requirements of the *Act* in mind.

The following is a list of areas where operations may be affected and key questions to ask in a preliminary assessment. Once again, the size and complexity of the organization will directly impact the amount of effort required to consider these areas.

- **Who are the affiliates of the organization?**

  The definition of affiliates in the *Act* includes a custodian's employees and those in a contractual or agency relationship. A list of who, beyond the organization's employees, falls into this definition can be built over time and will be useful as communications and training strategies are developed. Begin thinking about which employees or agents have a role, or set of duties, in the office or organization that requires them to access identifying health information, and whether that access needs to be blanket access, or access only to some information in some circumstances.

- **What are current practices?**

  Current practices may need to be revised to reflect the new requirements of the *Act*. While more details on the specific requirements of the *Act* are being developed, current collection, access, use, disclosure, disposition, data matching and security policies and practices need to be identified and understood. While a general sense of these areas can and should be obtained early on in the process, a full "privacy audit" of the organization may be completed over a longer period of time. Each operational area can be explored based on the major components of the *Act*.

  Think about these questions:

  - **Collection** – What is the current authority for collection of information? Is information collected directly from the individual or from other sources (If another source, why? Under what conditions?) Is information about the collection provided to individuals at the time of collection? Are hidden cameras or other recording devices used to collect health information?
  - **Access** – Is individual access to health information possible currently? Under what authority? At what cost? How quickly does the individual obtain access? Would the individual benefit from the current practice continuing, even with the proclamation of the *Act*?
  - **Use** – What is the role and mandate of the organization in relation to those purposes listed in Section 27 of the *Act*? Are some of the purposes listed more relevant than others? What amount and type of information is necessary to fulfill those purposes? Is more information collected or used currently than may be necessary?
  - **Disclosure** – Where does health information currently go? What amount and type? Under what authority? Do the disclosure sections of the *Act* (sections 35-37) appear to allow this type of disclosure to continue?
  - **Disposition** – How and when does health information currently get disposed of in both hard copy and electronic form?
  - **Data matching** – Does any data matching or data linking activity currently take place? If so, with whom? Does it occur on a occasional (i.e. batch) basis or does it occur as part of a regular process?
  - **Security** – How is health information currently secured in both hard copy and electronic systems? To what extent is access controlled? Is it on a "need to know" basis? How is information that is transmitted or transferred secured?

- **What are the current practices for records management and archives?**

  Consider these questions:

  - Do the current records and information management systems enable responsible staff to locate and retrieve records containing health information about an individual in an complete, accurate and timely manner? This includes records in all formats including paper-based files, electronic patient files, electronic databases and other media. It also includes all types of files that may contain health information about an individual

including the patient medical record, material waiting to be transcribed or entered into the patient record, information about the patient that may exist in other places (e.g. subject-based files on specific diseases or procedures, etc.).

- What amount and type (i.e. diagnostic treatment and care, registration and health service provider) of health information exists in the organization, in what format and where? It may also be helpful to know whether the three types of information always exist together or whether there are instances where one or more types exist apart from the others. This distinction will make it easier to determine which rules apply to which information.
- Which records in the custody or control of the organization will be exempt from the *Health Information Act*, or otherwise covered by another *Act*, such as the *FOIP Act*?
- What are the current records retention and disposition practices (i.e. how long are the various types of health information records kept for) of the organization and what is the basis for current practice?
- What health information has been, or will be, provided for archival storage? If any information is stored in archives, it is important to be clear on who manages those records currently and under what rules.

- **Are Personal Health Numbers collected and used?**

  If the Personal Health Numbers (PHNs) of individuals are collected by the organization, what are they used for? Are they used only for the purposes for which they were collected, or for other purposes as well?

- **What legal authority is in place?**

  What legal authority does the organization currently rely on to support existing collection, use and disclosure practices? Any one of a number of existing statutes and/or regulations could be relevant to a custodian's operations. The *Health Information Act* allows many existing practices to continue if they are fully authorized by an existing statute or regulation.

- **What policies are in place for consent?**

  What are the organization's current practices, requirements and reliance on consent for collection, use and disclosure of health information? If consent is required, is it "informed" consent provided in written form? Or, is verbal or implied consent also acceptable? How is consent generally administered in the organization?

- **What projects and activities will be affected by the new Act?**

  Are there any new information systems, administrative practices or data matching plans currently in development that are likely to come into effect just prior to or after the *Health Information Act* comes into effect? If so, those involved in these projects need to understand the new requirements of the *Act* and the impact those requirements will have on their projects.

- **How are the various levels of anonymity determined and achieved?**

  As the *Act* requires custodians to collect, use or disclose health information at the highest level of anonymity possible to achieve the intended authorized purpose, an organization must have some ability to create or view information at various levels of anonymity. What is the current level of knowledge and ability within the organization to transform information so it can be provided at different levels of anonymity? Is the organization able to acquire those services from another source?

- **What contracts will be affected?**

  Contractors providing services, including information services, to the custodian will be constrained in many areas under the *Act*. The terms of the contract or agreement between the parties will be important to establish roles and responsibilities relative to the various dimensions addressed in the *Act*. Existing contracting practices and contractor obligations need to be reviewed to determine if health information held by the contractor can be accessed on behalf of the individual and that the contractor is subject to the necessary and appropriate privacy and security constraints. Existing contracts that may be of issue need to be highlighted for further review.

5. Develop procedures for tracking and responding to health information requests

The *Health Information Act* sets out time limits for processing and responding to requests for health information and corrections, calculating fees and defending decisions and actions if there is an appeal to the Information and Privacy Commissioner. The person responsible for implementing the *Act* needs to develop effective procedures to ensure that these time limits can be met. The procedures should reflect the overall approach taken by the custodian to implement the *Act*.

The nature and details of these procedures will vary among custodians, depending on the size, complexity and administrative structure of the organization. However, the procedures and assigned responsibilities should generally address:

- receiving requests for health information and corrections;
- creating a request file;
- accepting verbal and written requests;
- locating and retrieving health information records;
- administering fees;
- applying exceptions to the right of access;
- severing records;
- responding to applicants;
- explaining terms, codes and abbreviations used in the records;
- closing the request file;
- preparing for a review by the Office of the Information and Privacy Commissioner; and
- determining what information will be available without a request under the *Health Information Act*.

More detailed guidance on these procedural matters will be addressed in the communications, policy and training materials to be provided prior to proclamation.

6. Develop a plan to ensure compliance with the privacy provisions of the Act

The person responsible for implementing the *Act* needs to ensure that the business practices of the organization are reviewed and adjusted to meet the requirements of the *Act*. New practices should be based on the provisions in the *Act*, on regulations that will be developed under the *Act*, and on policies and procedures issued by the department.

Business practices involving the collection, use, disclosure, disposition and security of health information will vary among custodians depending on the size, complexity and administrative structure of the organization. However, policies, practices and assigned responsibilities should generally address:

- assessing the least amount of information required;
- assessing the highest degree of anonymity of information required and how information can be transformed;
- ensuring that the expressed wishes of individuals are considered;
- disclosing individually identifying diagnostic, treatment and care information by electronic means;
- ensuring adequate safeguards;
- ensuring accuracy of information;
- providing notification at disclosure of data matching and authority/purpose statements;
- providing notations of disclosure of records of individually identifying diagnostic, treatment and care information;
- establishing procedures for authenticating the identity of individuals and recipients;
- providing for compulsory disclosure and appeals;
- establishing research review processes and agreements;
- establishing policies for Personal Health Numbers ;
- defining employee and agent authority regarding identifying health information;
- establishing the obligations of gatekeepers; and
- assessing privacy impact of new systems, practices and data matching proposals.

Appendix 3
Health Information Act Implementation Checklist

1. Establish the structure necessary to administer the *Health Information Act*
- Designate a responsible person(s)
- Forecast volume of requests
- Establish an appropriate implementation support team
- Identify and communicate with other "affiliated" custodians (e.g. subsidiary health corporations, community health councils, etc. for which a regional health authority has responsibility)

2. Establish a communications plan

3. Establish a training plan and conduct awareness training
- Medium to large organizations
- Small offices and organizations

4. Assess the status quo
- Who are affiliates (employees/agents) and what are their duties?
- What are current collection, access, use, disclosure, disposition, data matching and security policies and practices?
- Review records management and archives practices
  - What amount and type of health information exists?
  - Will some records be exempt from the *Health Information Act* or subject to other *Act*s?
  - Current records retention/disposition practices and basis?
  - Any information provided for archival storage – how is it managed?
- If the Personal Health Number is collected, how is it used?
- What is the legal authority for current practices?
- Current reliance on consent?
- New systems, practices or data matching plans in development?
- Anonymity transformation knowledge and ability?
- Contracting practices/contractor obligations?

5. Develop procedures for tracking and responding to access requests
- Receipt of health information and correction requests
- Creation of a request file
- Acceptance of verbal vrs written requests
- Locating and retrieving health information records
- Fee administration
- Application of exceptions to the right of access
- Severing records
- Responding to applicants
- Explanation of terms, codes and abbreviations used in the records

- Closure of a request file
- Preparation for review by the Information and Privacy Commissioner
- Determine what information will be available without a request under the *Health Information Act*

6. Develop a plan to ensure compliance with the privacy provisions of the *Act*

- Least amount of information assessment
- Highest degree of anonymity assessment and transformation
- Express wishes administration
- Disclosure by electronic means
- Adequate safeguards
- Ensuring accuracy
- Notification at disclosure
- Notation of disclosure
- Recipient authentication practices and policies
- Compulsory disclosure and appeals
- Research review processes and agreements
- Personal Health Number use administration
- Defining employee and agent authority re identifying health information
- Gatekeeper obligations
- Assessing privacy re new systems, practices and data matching proposals

APPENDIX 4

Components for Agreements

Under the

Health Information Act

Appendix 4
Components for Agreement with Information Manager

(Section 66(2) of the *Health Information Act*)

Note that this document is intended to be used only as a checklist of components for an agreement with an Information Manager under section 66(2). It does not constitute a precedent or legal advice. Parties to the agreement need to determine what provisions should be in the agreement, giving consideration to their relationship and the tasks that the Information Manager will perform.

INTRODUCTORY MATTERS

1. Names of parties.
2. Authority to enter agreement – section 66(2) of the *Health Information Act.*
3. Duration of agreement.

SERVICES TO BE PROVIDED

4. Description of services to be provided by Information Manager including any transformation of information services.
5. Description of health information that is the subject of the agreement.
6. Financial arrangements – could be attached as a schedule.

RESPONSIBILITIES OF INFORMATION MANAGER

7. The Information Manager must comply with the *Health Information Act*, the regulations under the *Act* and the terms and conditions of the agreement with respect to the information disclosed to it by the custodian.
8. The Information Manager must use the information only for the purposes specified in the agreement, unless the custodian has authorized additional uses in writing.
9. The Information Manager may disclose health information to the custodian that provided the information to the Information Manager.
10. The Information Manager may disclose health information to a custodian other than the custodian that provided the information to the Information Manager only if the Information Manager has been appointed as an affiliate of that (or those) other custodian(s) and only as authorized by the custodian, according to disclosure rules and processes as outlined in the *Act*.

Note: An Information Manager that is appointed as an affiliate of other custodians who are participating in a database managed by the Information Manager may disclose health information to those participating custodians but in order to satisfy section 58 of *HIA*, the custodian must:

- **minimize the health information that the custodian contributes to the database;**

- **implement security precautions to restrict access to information in the database by participating custodians or structure the database so that participating custodians do not have direct access to it;**
- **obtain the consent of the individuals who are the subjects of the health information in the database; and**
- **obtain the advice and recommendations of the Information and Privacy Commissioner before the database is operational.**

11. The Information Manager must comply with the terms and conditions relating to the type of records storage media, the length of time the information is to be retained and the method of disposition to be used in destroying or archiving the information.
12. The Information Manager and their employees must only modify the information in accordance with the terms of the agreement.
13. The Information Manager must protect the information against such risks as unauthorized access, use, disclosure, destruction, or alteration and limit "access" to the information only to those employees who have a need to know. The Information Manager must comply with the requirements of section 60 of the *Health Information Act* and section 8 of the Health Information Regulation relating to the security of health information (could attach a copy of the Regulation as a schedule to the Agreement).
14. The Information Manager must notify the custodian in writing immediately if the Information Manager or their employees become aware that any of the conditions set out in the agreement have been breached.
15. The recorded information held by the Information Manager is under the custody or control of the custodian for the purposes of the *Health Information Act*.
16. Requests by individuals, or their authorized representatives, to access information held by the Information Manager will be directed to and handled by the custodian, but the Information Manager will have a specified role in the retrieval of the requested information for the custodian. (Timelines and costs for retrieval should be indicated and in keeping with the provisions of the Act and Regulations. The timeline for retrieving the requested information and providing it to the custodian should be relatively short i.e. 4-5 days to fit within the 30 day timeline in the Act).

INDEMNITY

17. The Information Manager must agree to be fully and solely responsible for the actions of its employees, agents, consultants and other persons respecting the use or disclosure of the information and for any unauthorized disclosure or use of the information as a result of carrying out the Agreement, regardless of the cause (including, but not limited to, negligence, misfeasance, malfeasance, accident or neglect) during the term of the Agreement or after the expiration or earlier termination of the Agreement.
18. The Information Manager must agree to hold the custodian harmless from any third party claims, demands or actions for which the Information Manager is legally responsible, including those arising out of negligence, willful harm or crimes by the Information Manager or its employees or agents.
19. The Information Manager must agree to indemnify the custodian for any and all costs or expenses paid or incurred by the custodian as a result of any breach of any term or condition

of this Agreement or contravention of the *Act* or regulations or arising out of any disclosure by the Information Manager of the health information that is subject to this Agreement in any manner contrary to the Agreement. Such indemnification will survive the termination of the Agreement.

20. The custodian is not responsible for any bodily or personal injury or property damage or business losses that may be suffered or sustained by the Information Manager, its employees or agents in the performance of the Agreement.

TERMINATION

21. The agreement may be terminated by either party under certain conditions prior to its completion.
22. In the event the agreement is breached and/or health information is disclosed or used in contravention of the terms and conditions of the agreement or the *Act* or regulations, the agreement may be immediately cancelled by the custodian and the Information Manager may be found guilty of an offence under section 107 of the *Act*.

GENERAL PROVISIONS

23. The agreement may be amended or varied in writing with the mutual agreement of the parties.
24. The parties must each designate an individual for responsibility for the agreement, notices and communications (include the contact information for the designated individuals).

EXECUTION

25. The agreement must be signed by officers or other officials of the parties who have authority from the parties to sign such an agreement.

Appendix 4
Components for a Research Agreement

(Section 54 of the *Health Information Act*)

Note that this document is intended for use only as a checklist of components for a Research Agreement under Section 54. It does not constitute a precedent or legal advice. Parties to the agreement need to determine what provisions should be in such an agreement, giving consideration to their relationship and the tasks that the researcher will perform.

Where the researcher is an affiliate of the custodian (employee or physician with privileges), the agreement may need to be modified depending upon the nature of the relationship between the custodian and the affiliate.

Introductory Matters

1. Names of parties to the agreement.
2. Identification of lead researcher who is bound by this agreement.
3. Statement that the researcher has applied to the custodian for disclosure of health information for the research purposes [as listed in Schedule A – application for disclosure of health information to be used in research including the research purpose(s)] (section 52).
4. Description of Research Project (reference to Schedule B - full research proposal or summary of the research proposal).
5. Statement that the designated ethics committee is satisfied that the researcher has met the requirements of section 50 [the ethics committee must be designated by the Minister in the Health Information Act Designation Regulation]. Include the name of the designated ethics committee that reviewed the proposed research project and when approval was granted.
6. Statement that the custodian has decided to disclose the health information applied for to the researcher (section 53).
7. Statement that the researcher will or has obtain(ed) the consents of the individual subjects prior to disclosure of their health information, if obtaining consents was recommended by the ethics committee (section 50(1)(a)).
8. Duration of Research Project and duration of the Research Agreement. [Could add an ability to extend the time limits with consent of the custodian].

Responsibilities of Researcher

9. The researcher agrees to comply with:
   - the *Health Information Act* and all regulations under that *Act* (section 54(1)(a)(i));
   - any conditions imposed by the custodian relating to the use, protection, disclosure, return or disposal of the health information (section 54(1)(a)(ii)); and

- any requirements of custodian to provide safeguards against the identification, direct or indirect, of an individual who is the subject of the health information (section 54(1)(a)(iii)).

10. The researcher understands that if he/she knowingly breaches the terms and conditions of the research agreement, he/she is guilty of an offence and liable to a fine of up to $50,000 (section 107(3) and (6)).

Responsibilities of Custodian

11. The custodian agrees to disclose the research information or data in a specific format at specific time(s) [reference to Schedule C – specifics of the research information (data sources/elements) and any other information to be disclosed].
12. The custodian agrees to obtain consents to contact the individuals who are the subject of the information to obtain additional data. [Alternatively, this clause could bar the researcher from any further contact, depending on the nature of the research] (section 55 or section 54(1)(d)).

Restrictions on Use and Disclosure of Health Information

13. The researcher agrees to only use the research information (data sources/elements) and any other information disclosed by the custodian [reference Schedule C] for the purposes as identified in Schedule A (section 54(1)(b)).
14. The researcher agrees not to use or disclose the information for any subsequent or other purposes not identified in Schedule A without the prior written approval of the custodian [and/or the consent of the individual who is the subject of the information, if required by the custodian]. The custodian may arbitrarily withhold consent for subsequent uses (section 54(1)(b)).
15. The researcher agrees to disclose information only to individuals working with the researcher on the research project (include names or positions of individuals working with researchers).
16. The researcher agrees to ensure that all individuals on the research team that have access to the information are complying with the *Health Information Act* and regulations and with any conditions and/or requirements imposed on the researcher by the custodian (section 54(1)(a)).

Publication of Results

17. The researcher agrees that no identifying information or information that could be manipulated to identify any individual will be published (section 54(1)(c)).
18. The researcher agrees to provide the custodian with the proposed report (or publication) of the results of the research for the custodian's review and the custodian agrees to acknowledge its receipt. The report (or publication of results) must include a statement that some of the information used in this study was provided by the custodian and the custodian expresses no opinion on the interpretations and conclusions in this publication.

Requirements to Safeguard Data

19. The researcher agrees to adequately safeguard the confidentiality and security of the information obtained from the custodian [Depending on the nature of the research and the

data management/manipulation that the researcher will be undertaking, specific requirements for safeguards could be added or referenced in a separate Schedule, including physical, technical, administrative and other security safeguards]. The researcher also agrees to safeguard the privacy of the individuals who are the subjects of the information by ensuring that the individuals who are the subjects of the information cannot be identified, directly or indirectly (section 54(1)(a)(ii) and (iii)).

20. The researcher agrees to report to the custodian any breaches of confidentiality and/or security respecting the information; and to take steps to both remedy the breach and prevent a similar occurrence in the future (section 54(1)(a)(ii) and (iii)).
21. The researcher agrees to allow the custodian to access or inspect the researcher's premises to confirm that the researcher is complying with the *Act* and regulations, any imposed conditions on use, protection, disclosure, return or disposal of the information and any requirements related to the provision of security safeguards (section 54(1)(e)).
22. The researcher agrees to dispose of the information after the research has been completed (set out time period for disposal) by destroying it (indicate method(s) of destruction for both paper and electronic information and electronic storage devices) or by returning it to custodian (set out time period for return).

Financial Arrangements

23. The researcher agrees to pay the custodian the amount of x$, as detailed in Schedule C [which gives details the costs of the researcher [could include cost of information preparation, transmission, copying, and/or obtaining consents] (section 54(3)). Note that these provisions may not apply to sponsored research – a separate agreement with the sponsor will cover the financial arrangements.

Termination

24. In the event the agreement is breached and/or health information is disclosed or used in contravention of the terms and conditions of the agreement or the *Act* or the regulations, the agreement may be immediately cancelled by the custodian, the research privileges of the researcher may be withdrawn, all research information will need to be returned to the custodian and the researcher may be found guilty of an offence under section 107 of the *Act*.
25. The agreement may be terminated by either party under certain conditions prior to its completion.

Indemnity

26. The researcher agrees to hold the custodian harmless from any third party claims, demands or actions for which the researcher is legally responsible, including those arising out of negligence, willful harm or crimes by the researcher (or its employees or agents, if any).
26. The researcher agrees to indemnify the custodian for any and all costs or expenses paid or incurred by the custodian as a result of any breach of any term or condition of this Agreement or contravention of the *Act* or a regulation under the *Act* or arising out of any unauthorized disclosure by the researcher of the health information that is subject to this

Agreement in any manner contrary to the Agreement. Such indemnification will survive the termination of the Agreement.

28. The custodian is not responsible for any bodily or personal injury or property damage or business losses that may be suffered or sustained by the researcher (or its employees or agents, if any) in the performance of the Agreement.
29. The researcher has no recourse against the custodian for any loss or damage arising from the researcher's interpretation or analysis of the information received from the custodian or from the conclusions reached by the researcher. The researcher has no recourse against the custodian for any loss or damage arising from any advice provided by the custodian about the research information.

Where the researcher is an affiliate of the custodian (employee or physician with privileges), the indemnity provisions may need to be modified or deleted depending upon the nature of the affiliate's relationship to the custodian.

Termination of Agreement

30. Statement of the conditions under which the custodian can terminate the agreement, including retention, disposition or return of the information if the agreement is terminated prior to the completion of the research. In some cases, data must be retained for a fixed period (e.g. 7 to 15 years).
31. Statement of the conditions under which the researcher can terminate the agreement prior to the completion of the research, including the responsibility to inform the custodian to cease information disclosure [method of notifying custodian, time periods, etc.].

Other General Provisions

32. The researcher agrees that the consent of the custodian has been obtained prior to the transfer of the agreement to another person. Consent may be arbitrarily withheld in the discretion of the custodian. Successors must be bound by the terms and conditions of the agreement.

Note that if the research agreement is with an individual researcher rather than a corporate entity, the agreement should not be transferable.

33. For any required notices (regarding publication, termination, etc.) under the agreement, the contact information of designated officials of the parties should be listed
34. Provide for the signatures of officials who are authorized by the parties to sign the agreement.
35. Include any other legally required provisions.