

# **Privacy Impact Assessment: Instructions and Annotated Questionnaire**

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## **Introduction**

This Privacy Impact Assessment (PIA) tool is designed to assist Hospital Administration in reviewing the impact that the new project may have on the individuals' privacy. The process is designed to ensure that the project group evaluates the program or scheme to ensure compliance with the federal *Personal Information Protection and Electronic Documents Act* (PIPEDA) and Ontario's *Personal Health Information Protection Act, 2004*. It is based on questionnaires developed by the Privacy Commissions in Alberta and Ontario.

The PIA process requires a thorough analysis of potential impacts on privacy and a consideration of measures to mitigate or eliminate any such impacts. The privacy impact assessment is a due diligence exercise, in which the organization identifies and addresses potential privacy risks that may occur in the course of its operations. While PIA's are focused on specific projects, the process should also include an examination of organization-wide practices that could have an impact on privacy. Organizational privacy policy and procedures, or the lack of them, can be significant factors in the ability of the Hospital to ensure that privacy protecting measures are available for specific projects.

The Hospital will use the PIA process to ensure that the project sponsor has assessed the privacy implications of any new program or scheme and possesses the legal authority to proceed with the project.

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## Questionnaire Instructions

The questionnaire requests information of two general types: that related to organizational privacy management and that related to privacy management specifically for the proposed project. The organizational privacy management section is intended to provide background on organization-wide facets of privacy management that may affect the management of privacy issues for the specific project. The project management section provides information specific to the proposed project.

The questionnaire provides for responses in two forms. Checkboxes provide summary responses to the questions posed. Note fields provide for the elaboration of those responses as necessary. The questionnaire also has a column to provide for cross-references to separate enclosures. Note fields and enclosures may be used in combination or interchangeably - either approach is equally acceptable.

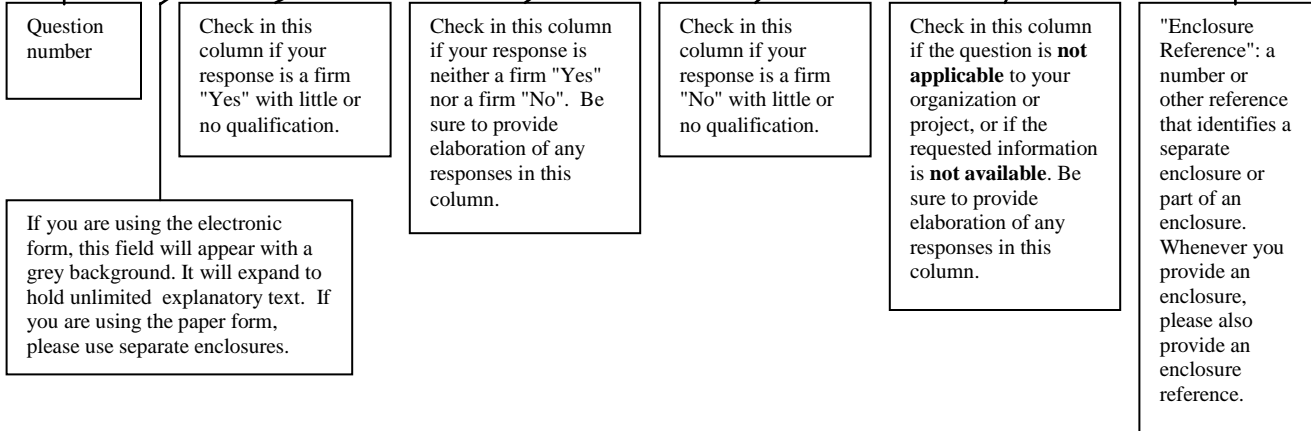
The questionnaire can be completed as a paper form or as an electronic form using Microsoft Word 97 or later. If used as a paper form, elaboration and notes are best provided as separate enclosures. If used as an electronic form, the "Note/Elaboration" field for each question will expand to hold as much text as necessary. You can either type directly into these fields or cut and paste text from other documents into them. Note that you will have little control over formatting; the fields are pre-formatted for review by the Hospital. The electronic form displays response fields with gray backgrounds.

Whether provided in the note fields or in separate enclosures, the elaboration of checkbox responses is important to ensure the review and acceptance of the PIA within a reasonable time. Checkbox responses that lack any comment will be more likely to raise additional questions at the time of review than responses for which appropriate explanation has been provided initially. Comments need not necessarily be extensive, but should be to the point. Please ensure that, as much as possible, comments are limited to the question to which they respond.

You may provide any additional information that is relevant to the management of privacy in the organization as a whole or the specific project, as appropriate. Any and all relevant information provided will be considered in the review.

	QUESTION	Yes	Yes and No (partial, incomplete, in preparation, etc.)	No	N/A	Encl. Ref.
<b>A: Organizational Privacy Management</b>						
A1a	Has organizational privacy management information for questions A2 through A7 previously been provided with another PIA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note/Elaboration:



## Suggested Enclosures

*The inclusion of these enclosures, if available, is highly recommended.*

Enclosure	Question
<b>Privacy Management</b>	
Strategic plan or business plan addressing privacy protection	A2
Privacy procedures, guidelines and controls	A4, A6, A7
Physical security and access control documentation	A7
IT security and access control documentation	A7
Records management policies and procedures for personal information	A7
<b>Project Privacy Management</b>	
Project summary and description	B1
Listing of all personal information or personal data elements for project	B2
Personal information data flow diagram	B3
Personal information access documentation ("access matrix")	B4
Statutory authority documentation	B5

*Enclosures may be excerpted as appropriate. For example, records management policies and procedures usually deal with much more than just personal information. Only those parts that relate to privacy or personal information need be included.*

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## Privacy Impact Assessment Questionnaire - *Annotated*

**Privacy impact assessments must be submitted to the Hospital Privacy Officer.**

Project <sup>1</sup> Information	
<b>Project Name:</b> Acute Care Enhanced Surveillance ("ACES") Project	<b>Submission Date:</b> June 1, 2014
<b>Submitting Group:</b> KFL&A Health Unit	

Contact Information:	
<b>Name:</b> Dr. Kieran Moore	
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<sup>1</sup> Throughout this questionnaire, the term 'project' is intended to subsume the words 'scheme', 'program', 'initiative', 'application' and 'system', as well as any other word or term that refers to a defined course of endeavour.

**Remember to identify the relevant section or page range of your enclosure package in the "Encl. Ref." column whenever you provide an enclosure.** This applies to ALL questions in the questionnaire. It is recommended that your package of enclosures be page numbered sequentially from beginning to end, for ease of reference. This will speed the review process.

**A: Organizational Privacy Management**

The questions in this section relate to privacy management throughout the organization. They are not restricted to the project that is the focus of the PIA. Project specific questions appear in Section B.

If more than one group is involved in the proposed project, such as in shared services or data sharing proposals, Section A should be completed for each participating organization. A supplementary organizational questionnaire, which includes Section A but omits Section B, is included for this purpose. Project details in Section B need be provided only once, regardless of the number of groups involved.

<b>PREVIOUS PIA SUBMISSIONS</b>					
A1a	Has organizational privacy management information for questions A2 through A7 previously been provided with another PIA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note/Elaboration: PIAs for the predecessor version of this project, entitled "Emergency Department Syndromic Surveillance Project", were prepared on September 27, 2004, November 5, 2010 and October 15, 2013. KFLA has also prepared a PIA for another surveillance project entitled Ontario Poison Control Surveillance System ("OPCSS").*

A1b	If so, has any of this information changed since the previous PIA was submitted? <i>If "No", please note the title and date of the previous PIA and proceed to section B of the questionnaire.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Note/Elaboration: There have been no changes to organizational privacy management information since the previous PIA for EDSS dated October 15, 2013.*

<b>PRIVACY POLICIES AND CONTROLS</b>					
A2	Is there a strategic plan or business plan that addresses privacy protection? <i>If so, please enclose.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note/Elaboration: Privacy protection is addressed in KFLA Policies V-50, VII-54 and VII-55 and in KFLA's Personal Health Information Privacy Statement, as well as in the ACES Privacy and Confidentiality Charter dated June 2014 ("ACES Charter 2014") prepared for this Project.*

A3	Does a written privacy charter or policy exist? <i>If so, please enclose.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Note/Elaboration: The documents described in the Note to question A2, above, set out the relevant privacy policies in writing.*

A4	Have privacy guidelines been developed for various aspects of the organization's operations? <i>If so, please enclose.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Note/Elaboration: Please see documents referred to in Note to question A2, above.*

A5	Is the project subject to statutory provisions regarding privacy and confidentiality, other than those provided by the PIPEDA or provincial privacy legislation? <i>Please enclose details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Note/Elaboration: PHIPA is the prevailing legislation applicable to this project. Project participants agree to comply with PHIPA in respect of the collection, use and disclosure of data used in the project. The participants agree that although key identifiers (i.e. name, address, date of birth, health insurance*

number) are removed before collection of all datasets used in ACES, in certain circumstances (i.e. where five digits of postal code identify five or fewer individuals), a dataset with these key identifiers removed may meet the definition of “personal health information” for the purposes of the Personal Health Information Protection Act, 2004, S.O. 2004, c. 4 (“PHIPA”). Therefore, the participants are complying with the protections in PHIPA that apply to personal health information in respect of all datasets. The participants are entering data share agreements before exchanging the data and are requiring confidentiality agreements from all persons who will have access to the data used in ACES.

A6	Are procedures in place to ensure that:					
	▪ There is a business purpose for all personal information collected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ There is statutory authority for the collection of all personal information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Individual consent is obtained whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	▪ Individuals are duly informed of the purpose and authority for collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Information about personal information collected is readily available to individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	▪ Personal information correction and annotation are available when required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Physical records are appropriately stored and managed to maintain privacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Please enclose copies.</i>						

*Note/Elaboration: Please refer to the ACES Charter 2014, Principles 2, 3, 7, 8, 9; KFLA Policy V-50, Principles 1.1, 1.2, 2.0, 2.4, 6.0, 8.0; and KFLA Personal Health Information Privacy Statement. In addition, the data sharing agreements address the procedures in question.*

A7	What privacy controls are included?					
	▪ Need-to-know policies and procedures for personal information access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Physical security and access controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ IT security and access controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Waste management controls for personal information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Records management & disposition schedules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Please enclose copies of related documents.</i>						

*Note/Elaboration: Please refer to ACES Charter 2014, Principles 5, 7; KFLA Policy V-50, Principles 3.1, 5.0,6.0; KFLA Policy VII-54 re Use of Computing and Networking Facilities; and KFLA Policy VII-55 re Security of Mobile Computing Devices.*

**IMPORTANT NOTE:** If your project adheres to a generally accepted industry or government standard for information security, please identify that standard in your elaboration for this question.

PRIVACY STRUCTURE AND ORGANIZATION						
A8	Is there an appointed privacy director or champion within the organization? <i>If so, please identify the position.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Note/Elaboration: Please refer to the ACES Charter 2014, Principle 1 and generally to KFLA Policy V-50. The Director, Corporate Services is the Privacy Contact Person for KFLA and the Manager, CQI and Central Resources is involved in all aspects of privacy protection at KFLA.*

A9	Does a management reporting process exist to ensure that management is informed of any privacy compliance issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: Please refer to ACES Charter 2014, Principle 1 and KFLA Policy V-50, Principle 7.3. As well, internal protocol at KFLA involves reporting all privacy compliance issues to the Manager, CQI and Central Resources.*

A10	Is senior management actively involved in the development, implementation and/or promotion of privacy measures within the organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: Please refer to the ACES Charter 2014, Principle 1 and generally to KFLA Policy V-50. The Director, Corporate Services is the Privacy Contact Person for KFLA and the Manager, CQI and Central Resources is involved in all aspects of privacy protection at KFLA.*

A11	Are employees with access to personal information provided training related to privacy protection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: Please refer to ACES Charter 2014, Principle 1 and to KFLA Policies V-50, VII-54 and VII-55. KFLA employees undergo orientation training, which includes familiarization with PHIPA and MFIPPA, attend in-house presentations on privacy, and receive an employee handbook which covers the listed policies (V-50, VII-54, VII-55) and applicable provincial privacy legislation.*

**For the purposes of this question and throughout the questionnaire, 'employee' is defined includes appointees, volunteers, students, contractors and agencies.**

**B: Project Privacy Management**

This section provides information specific to the proposed project. Responses should relate specifically to the proposed project that is the subject of the PIA. Questions B1 through B5 are particularly important.

**PROJECT DESCRIPTION**

B1	Has a summary of the proposed project been prepared, including a description of the needs behind the development of project, and how the proposed project will meet those needs? <i>If so, please enclose.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: If required please request the document entitled: "Research Plan for an Emergency Department Chief Complaint Syndromic Surveillance System Pilot Project". The original surveillance project that evolved from this research was EDSS. ACES is an extension of EDSS.*

B2	Has a listing of all personal information or data elements to be collected, used or disclosed in the project been prepared? <i>If so, please enclose.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: The project uses the following data elements extracted from Emergency Department and Urgent Care Clinic records based on presenting complaint information: Hospital name; first five descriptors of patient's home postal code; gender; age (but not date of birth); date and time of visit/admission; chief complaint(s); Canadian Triage Acuity Score (CTAS) code; emergency department or acute care clinic or elective or emergent admission diagnosis; discharge diagnosis; Febrile Respiratory Illness screening tool result; whether arrival by emergency medical service; and whether admission to intensive care unit.*

B3	Have diagrams been prepared depicting the flow of personal information for this project? <i>If so, please enclose.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: The User Manual for ACES, a copy of which all participants receive pursuant to the data sharing agreement for ACES, contains a conceptual diagram reflecting data flow. An additional data flow chart, entitled "ACES System Data Flow" has been prepared and is attached to this PIA (Attachment A).*

B4	Have documents been prepared showing which persons, positions, or employee categories will have access to which personal information? <i>If so, please enclose.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: Please refer to ACES Charter 2014, principle 1, 5, and Attachment A. Data sharing agreements signed by all participants outline the terms and conditions for the collection, use and disclosure of ACES information. Uses and disclosures are compliant with PHIPA. All participants in the project are required by the data sharing agreements to designate authorized persons within their respective organizations, who may access the information used in the project. Authorized persons may only use the information for purposes identified in the data sharing agreements, and in compliance with PHIPA restrictions on use.*

**AUTHORITY FOR COLLECTION, USE AND DISCLOSURE**

B5	Has the legal authority for the collection, use and disclosure of all personal information for this project been established? <i>Please enclose relevant documentation.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: In almost every instance, the data collected, used and disclosed for this project will not qualify as personal health information or personal information. In order to ensure full privacy protection for all data used, however, participants agree in data sharing agreements to comply with PHIPA in respect of all data. Legislative support under PHIPA for each aspect of collection, use and disclosure of personal health information is identified in the data share agreements.*

B6	Does individual consent provide the primary basis for the collection, use and disclosure of personal information for this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: PHIPA supports the collection, use and disclosure of all data used in ACES without the requirement for individual consent.*

B7	Have arrangements been made to provide full disclosure of all purposes for which personal information is collected? <i>Please elaborate.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: ACES Charter 2014 outlines the privacy principles and policies that inform the collection, use and disclosure of data for the purposes of the project. Data share agreements with participants provide full disclosure of the purposes for which the data will be collected.*

B8	Have the purposes for which the personal information is collected been documented? <i>If so, please enclose.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: ACES Charter 2014 documents the principles governing the collection, use and disclosure of data for the purposes of the project. Data share agreements between participants record the purposes for which all data is being collected.*

B9	Is personal Information used exclusively for the identified purposes and for uses that an individual would reasonably consider consistent with those purposes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: The collected data is used only for the purposes disclosed in data sharing agreements. All uses of the data are consistent with the requirements of PHIPA.*

<b>PRIVACY RISK ASSESSMENT</b>						
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B10	Will personal information collected or used in this project be disclosed to any persons who are not employees of the responsible organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: Data sharing agreements control the disclosure of the information collected under this project. Disclosures are compliant with PHIPA. All participants in the project will designate authorized persons within their respective organizations, who may access the information used in the project.*

B11	Will this project involve the collection, use or disclosure of any personal information beyond Ontario's borders? <i>If so, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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B12	Have this project's potential risks to privacy been assessed? <i>If so, please provide documentation.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: Careful assessment has been made of whether the collected data could meet the definition of personal health information under PHIPA. Key identifiers (i.e. name, address, date of birth, health insurance number) are removed from datasets. However, in accordance with evolving privacy law principles regarding collection of partial postal codes, the project complies with PHIPA protections for personal health information in respect of all the data collected for the project. Participants must enter data sharing agreements in which they agree to comply with applicable provisions of PHIPA.*

B13	If potential risks to privacy have been identified, have means to avert or mitigate those risks been incorporated into the project design?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Note/Elaboration: See response to B12 and ACES Charter 2014.

B14	Have key stakeholders been provided with an opportunity to comment on the privacy protection implications of the proposed project?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Note/Elaboration: Each hospital and health unit participating in the project has an opportunity to consider the privacy implications of the project, through review of background documentation including the ACES Charter 2014, Research Plan, data flow charts for the project, review of and participation in a data share agreement, and consultation with privacy officers and legal counsel at their discretion. Full opportunity to inquire and comment is available prior to participation in the project and involvement in a data share agreement. The data sharing agreement was prepared in consultation with another key participating health unit, and the IPC was consulted for feedback on the privacy-related conceptual underpinnings of the data sharing arrangement.

B15	Are project staff trained in the requirements for protecting personal information and aware of the relevant policies regarding breaches of security or confidentiality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Note Elaboration: Please refer to ACES Charter 2014, Principle 7.

B16	Are personal identifiers used to link or cross-reference multiple databases?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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Note/Elaboration:

PRIVACY CONTROLS AND SECURITY						
B17	Have security procedures for the collection, transmission, storage, and disposal of personal information, and access to it, been documented? <i>If so, please enclose.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note/Elaboration: Please refer to ACES Charter 2014, the data flow chart for the project and generally to KFLA Policies V-50, VII-54 and VII-55.

B18	Are privacy controls in place for the project? <ul style="list-style-type: none"> <li>▪ Need-to-know policies and procedures for personal information access</li> <li>▪ Physical security and access controls</li> <li>▪ IT security and access controls</li> <li>▪ Others</li> </ul> <i>Please enclose related documentation.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note/Elaboration: Please refer to ACES Charter 2014, and to data share agreements, confidentiality agreements, undertakings to comply with PHIPA and other privacy legislation and generally to KFLA Policies V-50, VII-54 and VII-55.

B19	If personal information will be used in the electronic delivery of services, have technological tools and system design techniques been considered which may enhance both privacy and security (e.g. encryption, technologies of anonymity or pseudo-anonymity, or digital signatures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*Note/Elaboration: The technology used for collection, use (including control over access) and disclosure of data incorporates security features and privacy protection measures appropriate for protection of personal information.*

AUDIT AND ENFORCEMENT						
B20	Have arrangements been made for audit, compliance and enforcement mechanisms for the proposed project, including fulfillment of the commitments made in the PIA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Note/Elaboration: KFLA has undertaken in the data share agreements with participants to track all access to the data used in the project and the participants who provide data will have the opportunity to audit same.*

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*General Notes: This field may be used for any elaboration not provided in response to specific questions.*

Attachment A

Data Flow Cycle for Acute Care Enhanced Surveillance (ACES)

