



TITLE

DELEGATION OF AUTHORITY AND RESPONSIBILITIES FOR COMPLIANCE WITH ATIA, POPA AND HIA

SCOPE DOCUMENT #
Provincial 1108

APPROVAL AUTHORITY

Corporate Services and Human Resources Executive

Initial Effective Date
June 24, 2009

Committee

Sponsor Revision Effective Date Legal & Privacy July 18, 2018

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not applicable

Scheduled Review Date

July 18, 2021

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To set out the delegation of authority and responsibilities of AHS People on how to handle Health Information, Personal Information, and AHS Business Information.
- To clarify the roles of AHS People in:
 - fulfilling the objectives of the Privacy Protection and Information Access Policy (the Privacy Policy); and
 - meeting the obligations as outlined under Alberta's Access to Information Act (ATIA),
 Protection of Privacy Act (POPA), and the Health Information Act (HIA).
- To clarify the role of the Chief Privacy Officer.
- To support the Patient's First Strategy, Our People Strategy, the Information Management/Information Technology Strategy, and the Clinical Health Research, Innovation, and Analytics Strategy.

PRINCIPLES

AHS collectively is responsible for complying with our policies, procedures and legislation. We are accountable for the collection, access, use, retention and disclosure of information both as a collaborative team and in our individual roles.

The principles that are foundational to privacy legislation apply also to the exercise of the protection of privacy and the exercise of providing access to information. This includes ensuring

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reasonable controls are in place, and that the collection, access, use, retention, and disclosure of information is only what is required to meet the objectives of the delegated authority.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Residents, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

- 1. Designation of President and Chief Executive Officer
 - 1.1 The President and Chief Executive Officer:
 - a) is the designated head of AHS for the purposes of ATIA, POPA and HIA; and
 - b) may delegate to any person any duty, power, or function of the head under ATIA, POPA, and HIA, except the power to delegate.

2. Delegations of Authority by the President and Chief Executive Officer

- 2.1 The President and Chief Executive Officer delegates authority to ensure AHS complies with ATIA, POPA, and HIA to:
 - a) the AHS Chief Privacy Officer;
 - b) the Chief Information Security Officer;
 - c) the Health Information Management, Provincial Services team; and
 - d) AHS People whose responsibilities include, but are not limited to, ensuring the collection, access, use, retention, and disclosure of records and information in their custody and control complies with ATIA, POPA, and HIA, the *Privacy Protection and Information Access Policy*, and AHS policies, procedures, standards, protocols, or guidelines.

3. Responsibilities of the Chief Privacy Officer

- 3.1 The Chief Privacy Officer is responsible for:
 - a) promoting compliance with ATIA, POPA and HIA with AHS People in their day to day work including in research activities;
 - b) ensuring ATIA, POPA and HIA education and training is available to AHS People;

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- c) ensuring there is a process to address responding to information access requests and corrections in accordance with ATIA or HIA;
- d) supporting investigations into privacy-related incidents, including suspected violations of ATIA, POPA, or HIA;
- e) facilitating audits of AHS electronic information systems and AHS owned and/or operated facilities for compliance with ATIA, POPA, or HIA;
- ensuring that AHS has appropriate guidance, controls, and escalation processes to manage audits and investigations so as to meet our commitment to conduct any potential privacy breach investigations in a fair and reasonable manner that supports our need to meet legal obligations;
- g) liaising with the Office of the Information and Privacy Commissioner (OIPC), including receiving and responding to queries and managing all aspects of AHS-related OIPC inquiries, reviews, and investigations including mandatory reporting obligations; and
- h) facilitating Privacy Impact Assessments and submitting them to the OIPC.
- 3.2 To the extent necessary to fulfill the delegated duties and responsibilities, the Chief Privacy Officer, or designate, shall have access to any record and information held by AHS People.
- 3.3 All recommendations made by the Chief Privacy Officer, or designate, that are reasonably required to ensure compliance with ATIA, POPA, and HIA shall be adopted by all AHS People.

4. Responsibilities of the Chief Information Security Officer

- 4.1 The Chief Information Security Officer is responsible for:
 - a) developing and managing information risk management governance and the information risk management program;
 - b) developing and managing the necessary specialist staff resources, processes, and technology;
 - c) commissioning external audits and/or assessments of the information risk management program; and
 - d) managing adherence to international standards and frameworks.

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5. Responsibilities of Health Information Management (HIM) - Provincial Services, Access and Disclosure

- 5.1 The Health Information Management, Provincial Services, Access and Disclosure team is responsible for:
 - a) promoting compliance with ATIA, POPA, and HIA to AHS People in their day to day work;
 - b) ensuring access and disclosure education and training is available to AHS People;
 - c) responding to information access requests and requisite corrections in accordance with the ATIA and HIA;
 - d) facilitating audits of access and disclosure activities documented within AHS electronic information systems and AHS owned and/or operated facilities for compliance with ATIA, POPA, and HIA; and
 - e) supporting the Chief Privacy Officer on HIM Provincial Services, Access and Disclosure activities in relation to AHS-related OIPC inquiries, reviews, and investigations.

6. Responsibilities of AHS People

- 6.1 The President and Chief Executive Officer, who has delegated the general authority to the AHS People to ensure AHS complies with ATIA, POPA, and HIA, expects AHS People to:
 - a) demonstrate the behaviours outlined in the *Privacy Protection and Information Access Policy*;
 - b) hold each other accountable and support each other in demonstrating the behaviours outlined in the *Privacy Protection and Information Access Policy*; and
 - c) uphold the confidentiality, integrity, and availability of our electronic information and technology-based systems.
- 6.2 AHS People are expected to fully cooperate with all activities undertaken to ensure compliance with ATIA, POPA, and the HIA and in particular for purposes of this Policy, to cooperate with:
 - a) investigations relating to privacy; and
 - b) requests for access to information.

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DEFINITIONS

AHS People means Alberta Health Services employees, members of the medical and midwifery staffs, Students, Residents, Volunteers, and other persons acting on behalf of AHS (including contracted service providers as necessary).

Business Information means general information, as defined by the FOIP Act, which is any recorded information about AHS' business activities such as those related to facilities, infrastructure, and security; policies and programs; budgets, expenses, and contracts; reports and statistics, etc. that are under the custody or control of AHS.

Health Information means information that identifies an individual and is stored in any format that relates to:

- a) diagnosis, treatment and care; and
- b) registration information (e.g. demographics, residency, health services eligibility, or billing).

Personal Information means recorded information, not including health information, of any kind stored in any format that identifies an individual including, but not limited to:

- a) address and contact information (including an identifying number or symbol assigned to an individual);
- b) race, ethnic origin, gender or marital status;
- c) educational, financial, employment or criminal history;
- d) opinions of others about the person;
- e) the image of a person on a photograph; and
- f) personal views and opinions of a person (except if these are about another person).

President and Chief Executive Officer means the most senior manager of Alberta Health Services through whom all upwardly accumulating accountability flows in respect to the management of AHS clinical and business operations.

REFERENCES

- Alberta Health Services Governance Documents:
 - Access to Information (Physical, Electronic, Remote) (#1105)
 - o Collection, Access, Use, and Disclosure of Information (#1112)
 - Contractor Requirements for Security of Information and Information Technology Resources (#1107)
 - Individually Identifying Information (#1174)
 - Information Technology Acceptable Use (#1109)
 - Privacy Protection and Information Access (#1177)
 - Records Management (#1133)
 - o Records Retention Schedule (#1133-01)
 - o Transmission of Information by Facsimile and Electronic Mail (#1113)

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- Non-Alberta Health Services Documents:
 - o Access to Information Act (Alberta)
 - Health Information Act (Alberta)
 - Health Information Act Regulations (Alberta)
 - o Protection of Privacy Act (Alberta)

VERSION HISTORY

Date	Action Taken	
January 10, 2012	Revised	
July 18, 2018	Revised	