

## ClinicalConnect Privacy Assessment – Additional Site(s) or Program(s)/Service(s)

To assess your organization's new Site(s) or Program(s)/Service(s) eligibility, you are required to complete this supplemental Privacy Pre-Assessment. This supplemental Privacy Pre-Assessment provides background information on your organization's new Site(s) or Program(s)/Service(s) to help determine if they meet the criteria required to access ClinicalConnect. This Pre-Assessment is considered by the ClinicalConnect Program Office as part of your organization's previous overall submission when applying for ClinicalConnect via the Participation Agreement (or previous Data Sharing Agreement).

Please complete this form and return to [privacy@clinicalconnect.ca](mailto:privacy@clinicalconnect.ca). If you require assistance with the questions, please contact your cSWO Change Management & Adoption Delivery Partner, or the ClinicalConnect Program Office at [privacy@clinicalconnect.ca](mailto:privacy@clinicalconnect.ca) or 905-577-8270 ext. 9.

### General Information

1. Provide the legal name of your organization. This is the name documented on your previously-submitted Participation Agreement.

2. Provide the details for the new Site(s) or Program(s)/Service(s) being requested (up to three). If requesting access for more than three Sites or Programs/Services, you are required to email the same details about each additional Site or Program/Service to [privacy@clinicalconnect.ca](mailto:privacy@clinicalconnect.ca).

<b>Location/Office Name</b>			
<b>Program/Service Name (if applicable):</b>			
<b>HIC Type:</b>			
<b>Street Address:</b>			
<b>City:</b>			
<b>Postal Code (e.g. N1A0A1):</b>			
<b>Phone (e.g. 1-456789):</b>			
<b>LHIN (where the Site or Program/Service is located in)</b>			

3. Provide a high-level description that outlines the primary purpose of your organization and specifically... Clinical Site(s) or Program(s)/Service(s).

[Redacted content]

4. A) Describe the various clinical service(s) offered **directly** to your patients/residents via the Site(s) or Program(s)/Service(s) you are requesting to be added.

[Redacted content]

B) Complete the table below, listing one role per line. If additional rows are required, contact the ClinicalConnect Program Office.

Identify the role(s) in your organization who would use ClinicalConnect.	Provide the number of individuals in each role who could perform the service described.	Identify if the role is a Regulated Health Service Provider (Yes or No).	What information from ClinicalConnect do you envision being used by the role to perform service?	How frequently do you envision these individuals accessing this information in ClinicalConnect?	How do these individuals currently obtain this information?	Do you obtain patients' express consent to gain access to this information for provision of their care (Yes or No).
<b>Example: RPN</b>	<b>2</b>	<b>Yes</b>	<b>Microbiology results</b>	<b>Weekly</b>	<b>Faxed from outpatient lab</b>	<b>No</b>
<b>Example: Physician</b>	<b>1</b>	<b>Yes</b>	<b>Discharge Meds</b>	<b>Once</b>	<b>Faxed from hospital</b>	<b>No</b>

READ ONLY

C) Are all of the staff/roles identified above employed by your organization?

- Yes, all of the above staff/roles are employed by our organization.
- No, all of the above staff/roles aren't employed by our organization. If no, indicate in the box below whether there is a contract in place with those who are not employed by your organization. Explain their relationship to your organization and what processes are in place to ensure:
  - a) Privacy training is conducted annually.
  - b) Good standing with Regulated Health Professions' Colleges.
  - c) Use of the ClinicalConnect Portal will be restricted to work within your organization not for other work assignments.

5. Do the additional Site(s) or Program(s)/Service(s) rely on Implied (assumed) consent based on your information practices or Express (written) consent for use, access and disclosure of personal health information for the purpose of providing health care or assisting in the provision of health care?

**Access to Personal Health Information in ClinicalConnect**

6. According to the following definition of healthcare, indicate which activities you are planning to use ClinicalConnect for. Healthcare means "any observation, examination, assessment, care service or procedure that is done for a health-related purpose" and that: *(Select all that apply to the services you provide to your patients)*

- Is carried out or provided to diagnose, treat or maintain an individual's physical or mental condition,
- Is carried out or provided to prevent disease or injury or to promote health, or
- Is carried out or provided as part of palliative care,

and includes:

- The compounding, dispensing or selling of a drug, a device, equipment or any other item to an individual, or the use of an individual, pursuant to a prescription, and
- A community service that is described in subsection 2(3) of the Home Care and Community Services Act, 1994 and provided by a service provider within the meaning of that Act; (“soins de santé”)

**For questions 7-10, refer to the information below that describes the various Health Information Custodian (HIC) types as outlined in the *Personal Health Information Protection Act, 2004*.**

3.(1) *In this Act,*

*“health information custodian”, subject to subsections (3) to (11), means a person or organization described among others, in one of the following paragraphs who has custody or control of personal health information as a result of or in connection with performing the person’s or organization’s powers or duties or the work described in the paragraph, in any:*

1. *A health care practitioner or a person who operates a group practice of health care practitioners.*
2. *A service provider within the meaning of the Home Care and Community Services Act, 1994 who provides a community service to which that Act applies.*
4. *A person who operates one of the following facilities, programs or services:*
  - i. *A hospital within the meaning of the Public Hospitals Act, a private hospital within the meaning of the Private Hospitals Act, a psychiatric facility within the meaning of the Mental Health Act or an independent health facility within the meaning of the Independent Health Facilities Act.*
  - ii. *A long-term care home within the meaning of the Long-Term Care Homes Act, 2007.*
  - iii. *A retirement home within the meaning of the Retirement Homes Act, 2010.*
  - iv. *A pharmacy within the meaning of Part VI of the Drug and Pharmacies Regulation Act.*
  - v. *A laboratory or a specimen collection centre as defined in section 5 of the Laboratory and Specimen Collection Centre Licensing Act.*
  - vi. *A home for special care within the meaning of the Homes for Special Care Act.*
  - vii. *A centre, program or service for community health or mental health whose primary purpose is the provision of healthcare.*
5. *A medical officer of health or board of health within the meaning of the Health Protection and Promotion Act.*

- 7. Describe the processes your organization has in place to ensure that the Regulated Health Professionals remain in good standing with the respective Regulated Health Professions' Colleges.

**Note:** If you are a HIC under section 3. (1) 2., Service Provider within the meaning of the *Health Care and Community Services Act, 1994*), provide a copy of Section 5 of your Service Agreement with the LHIN.

- 8. If the additional Site(s) or Program(s)/Service(s) qualify as a HIC under section 4. with certain program or service for community health or mental health whose primary purpose is the provision of healthcare, indicate which types of community services your organization provides. *(Select all that apply)*

- Community Support Services: e.g. meal and transportation services and adult day programs
- Homemaking Services: e.g. housekeeping and shopping
- Personal Support Services e.g. personal hygiene activities.
- Professional Services including Nursing, Occupational Therapy, Physiotherapy, Social Work, Speech Language Pathology and Dietetic Services.

- 9. If your HIC type for the additional Site(s) or Program(s)/Service(s) is a **Retirement Home under PHIPA**, provide the following information:

A) License number:

B) License status (e.g. Issued, Issued with conditions, Terminated):

C) Describe the care services provided to your residents:

D) Describe any nursing services provided to your residents:

E) Are there charges to your residents for nursing services that are provided on a regular basis?

F) Specify how your organization obtains advice on matters of care:

- Medical Director on site
- General Practitioners in the community

10. If the additional Site(s) or Program(s)/Service(s) IIC type is **Group Practice under PHIPA**, please identify if you have a PHIPA Agency Agreement in place:

- No
- Yes. If yes, please list the legal entities included in the PHIPA Agency Agreement.

**Privacy**

11. Does your staff have access to any internal systems that hold personal health information?

No

Yes. If yes, please describe the type of personal health information that staff have access to via your internal systems.

12. As required under Section 16 of PHIPA, an organization must make available a written public statement (Privacy Notice) that provides a general description of the organization's information practices such as use of personal health information (e.g. to provide healthcare or assist in the provision of healthcare, how to contact the Privacy Contact etc.). **Include a copy of your organization's posted Privacy Notice for the additional Site(s) or Program(s)/Service(s) with your completed Pre-Assessment.**

13. Does the organization's **previously submitted and approved** ClinicalConnect Privacy & Security Self-Assessment remain accurate and valid based on the additional Site(s) or Program(s)/Service(s) that are being submitted in this supplemental Privacy Pre-Assessment?

No (changes to the previously submitted Privacy & Security Self-Assessment will be required)

Yes

READY TO GO



**Insurance**

14. As outlined in Section 13 of the ClinicalConnect Terms & Conditions, all Participant Organizations must have:

- a. general liability insurance with a minimum of five million dollars (\$5,000,000.00) coverage for any one occurrence

In addition, Participant Organizations must be able to provide, upon request, proof it has coverage for the following:

- b. coverage for damages for breach of privacy, in relation to Personal Health Information;
- c. personal injury;
- d. cross liability; and
- e. contractual liability.

Please select the most appropriate answer.

- Our previously submitted Certificate of Insurance includes all of the above for the additional Site(s) or Program(s)/Service(s).
- Our previously submitted Certificate of Insurance does not currently include all of the above for the additional Site(s) or Program(s)/Service(s), but the organization's insurance coverage will be updated to be compliant pending the organization's conditional approval as a ClinicalConnect Participant.
- Our Certificate of Insurance does not include all of the above for the additional Site(s) or Program(s)/Service(s) and our organization is unable to comply with the requirements.

Attestation:

I,  on behalf of   
**(Name of Privacy Contact)** **(Name of Organization)**

have provided the information above, in consideration of specified additional Site(s) or Program(s)/Service(s) being authorized for access to ClinicalConnect.

Signature	<input type="text"/>
Date	<input type="text"/>