

Public Transparency as a Prescribed Entity Policy



Department	Reference Number	Organizational Scope	ICES Site	IPC Scope
PLO	006-00-00	ICES Network	ICES Network	All Acts
Original Date (YYYY-MM-DD)	Current Version (YYYY-MM-DD)	Review Frequency	Next Review (Month YYYY)	Supersedes (if applicable)
2022-09-30	2025-07-31	Triennial	July 2026	PO.006
Authority (Title)		Chief Privacy and Legal Officer		
Policy Owner (Title)		Director, Privacy and Legal Office		
Required Reviewers (Titles)		Director, Cybersecurity		

Please refer to the [glossary](#) for bolded terms and their definitions.

Provisions highlighted in grey are not yet in effect and are subject to review and approval by the Information and Privacy Commissioner.

1.0 PURPOSE

1.1 The purpose of this Policy is to:

1.1.1 Identify the information made available to the public and other stakeholders relating to ICES' privacy Policies, Procedures, and Practices.

1.1.2 Identify the means by which such information is made available.

2.0 SCOPE

2.1 This policy applies to all privacy Policies, Procedures, and Practices implemented by ICES.

3.0 ROLES AND RESPONSIBILITIES

3.1 [Currently omitted]

4.0 DETAILS

4.1 ICES Chief Privacy and Legal Officer ("CPLO") is responsible for ensuring ICES Privacy Information is created and made available on ICES' public website and by other means.

4.2 At a minimum, ICES Privacy Information shall include the following:

4.2.1 ICES' Privacy Policy.

4.2.2 Frequently asked questions related to:

- (a) Description of ICES' status as a Prescribed Entity under Ontario's Personal Health Information Protection Act ("PHIPA") and under Ontario's Coroners Act;

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- (b) the duties and responsibilities arising from these statuses;
 - (c) the Policies, Procedures, and Practices implemented with respect to Personal Health Information ("PHI") and Personal Information ("PI"), including information about the policies, standards, and procedures that discuss the following:
 - (i) For PHI:
 - (A) The types of PHI collected and the persons or organizations from which this PHI is typically collected;
 - (B) The purposes for which PHI is collected;
 - (C) The purposes for which PHI is used and if PHI is not used then the nature of the information that is used; and
 - (D) The circumstances in which and purposes for which ICES discloses PHI, and the persons or organizations to whom PHI is typically disclosed,
 - (ii) For PI:
 - (A) The types of PI collected from the Chief Coroner;
 - (B) The specific purposes for which PI is collected;
 - (C) The specific purposes for which PI is used and if PI is not used then the nature of the information that used;
 - (D) The Record Linkages of the PI, including:
 - (1) The specific purposes for which PI is linked;
 - (2) The PI used for linking; and
 - (3) The processes used to link the PI, and
 - (E) The circumstances in which and the specific purposes for which the PI is disclosed and the persons or organizations to whom PI is typically disclosed.
 - (d) A summary overview of key administrative, technical, and physical safeguards used to protect the privacy of PHI/PI, including the steps taken to protect PHI/PI against theft, loss, and unauthorized use or disclosure and to protect records of PHI/PI against unauthorized copying, modification, or disposal; and
 - (e) The name and/or title, mailing address, and contact information of the ICES Agent to whom inquiries, concerns or complaints regarding compliance with the privacy Policies, Procedures, and Practices implemented and regarding compliance with PHIPA and the Coroners Act may be directed.
- 4.2.3 Documentation related to ICES' most recent review under s.45(3) of PHIPA and most recent review under s.52.1(3) of the Coroners Act by the Information and Privacy Commissioner of Ontario ("IPC").
- 4.2.4 Documentary evidence of the IPC's designation of ICES as a Prescribed Entity under PHIPA and under the Coroners Act.
- 4.2.5 A list of ICES Data Holdings of PHI/PI maintained by ICES.

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4.2.6 Instructions, including the title, mailing address and contact information, for making inquiries and complaints about ICES' privacy Policies, Procedures and Practices, and compliance with PHIPA, the Coroners Act, and their applicable regulations.

4.2.7 Privacy Impact Assessments ("PIAs") or a summary of PIAs.

5.0 RELATED DOCUMENTATION

5.1 Policies

5.2 Standards

5.3 Procedures

5.4 Tools

5.5 Guidelines

6.0 TRAINING AND COMMUNICATION

6.1 Policies, standards, and procedures are available on the **ICES Intranet**.

6.2 This policy and any related standards and/or administrative procedures are communicated to all **ICES Agents** across the **ICES Network** during onboarding and on a yearly basis. Policy awareness is also supported and promoted by the policy's **Owner**.

6.3 Once new policies, standards, and procedures are published to the **ICES Intranet**, they are communicated to **ICES Agents** on the **ICES Intranet** and through ICES' weekly email with the organization's internal updates.

7.0 COMPLIANCE AND ENFORCEMENT

7.1 **ICES Agents** must comply with all applicable policies, standards, and procedures.

7.2 **ICES Agents** must notify a Privacy and/or Security **Subject Matter Expert ("SME")** at the first reasonable opportunity if they breach or believe there has been a breach of ICES' privacy and security policies, standards, or procedures in accordance with applicable policies and standards, including:

7.2.1 *Privacy Breach Management Policy*

7.2.2 *Security Incident Management Standard*

7.3 Enforcement of compliance with this policy is the responsibility of the the **ICES Agent** identified as the Authority of this policy.

7.4 All violations of policies, standards, and procedures may be subject to a range of **Disciplinary Actions** in accordance with applicable policies, including:

7.4.1 *Discipline and Corrective Action Policy*

7.4.2 *Termination of Employment Policy*

7.4.3 *Discipline and Corrective Action in Relation to ICES Data Policy*

7.4.4 *Termination or Cessation of Employment or Contractual Relationship in Relation to ICES Data Policy*

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7.5 Compliance is subject to audit in accordance with applicable policies, including:

7.6 *Privacy and Security Audit Policy*

8.0 EXCEPTIONS

8.1 Any exceptions requested pursuant to this policy must be in accordance with applicable policies, including:

8.1.1 *Ongoing Review of ICES' Policy Suite Policy*

8.1.2 *Change Management and Exceptions Policy*

8.2 Exceptions cannot relieve ICES of its legal requirements, including but not limited to those established under:

8.2.1 *Personal Health Information Protection Act, 2004 ("PHIPA")* and its regulation;

8.2.2 *Coroners Act* and its applicable regulations;

8.2.3 *Child, Youth and Family Services Act, 2017 ("CYFSA")* and its applicable regulations; and

8.2.4 The **IPC Manual**, **Coroners Addendum**, and **CYFSA Addendum**.

9.0 CHANGE TABLE

Change Date (YYYY-MM-DD)	Change Notes