

Statements of Purpose for Data Holdings Containing PHI/PI Policy



Department	Reference Number	Organizational Scope	ICES Site	IPC Scope
PLO	009-00-00	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)
September 2022	2025-07-31	Triennial	September 2028	
Authority (Title)		Chief Privacy and Legal Officer		
Policy Owner (Title)		Director, Privacy and Legal Office		
Required Reviewers (Titles)		N/A		

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

1.0 PURPOSE

- 1.1 The purpose of this policy is to set out the requirement to have Statements of Purpose (“SOP”) for ICES Data Holdings containing Personal Health Information (“PHI”) as defined in *PHIPA*, and Personal Information (“PI”), as defined in the *Coroners Act* and the *Child, Youth and Family Services Act, 2017* (“**CYFSA**”).
- 1.2 SOPs must be:
 - 1.2.1 Developed and implemented each time ICES creates an ICES Data Holding containing PHI/PI, which may be via collection or as an ICES Derived Data Holding;
 - 1.2.2 Reviewed and maintained regularly to ensure accuracy;
 - 1.2.3 Amended as needed; and
 - 1.2.4 Approved by a Privacy Subject Matter Expert (“SME”) via a Privacy Impact Assessment (“PIA”).

2.0 SCOPE

- 2.1 This policy applies to all ICES Agents involved in the development, implementation, review, and maintenance of SOPs.

3.0 ROLES AND RESPONSIBILITIES

- 3.1 [Currently omitted]

4.0 DETAILS

- 4.1 Required Content of SOPs

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- 4.1.1 A SOP must be prepared in accordance with the *Statements of Purpose for Data Holdings for PHI/PI Procedure*.
- 4.1.2 All SOPs must include:
 - (a) The specific purpose of the ICES Data Holding,
 - (b) The PHI/PI contained in the ICES Data Holding;
 - (c) The source(s) of the PHI/PI including, but not necessarily limited to, :
 - (i) The source(s) of the PHI collected by ICES as a Prescribed Entity under **PHIPA**,
 - (ii) The Chief Coroner and any other source(s) of the PI collected by ICES as a Prescribed Entity under the *Coroners Act*, or
 - (iii) The service providers and any other source(s) of the PI collected by ICES as a Prescribed Entity under the CYFSA;
 - (d) The need for the PHI/PI in relation to the identified purpose; and
 - (e) An explanation of why de-identified and/or aggregate information will not serve the identified purpose.
- 4.2 Creation of SOPs
 - 4.2.1 In the process of completing a Privacy Impact Assessment (“PIA”) for a planned ICES Data Holding, the Requestor of the PIA prepares the initial draft of the SOP applicable to the ICES Data Holding.
 - 4.2.2 The Requestor may collaborate with the Privacy SME conducting the PIA, however the accountability remains with Requestor.
- 4.3 Approval of SOPs
 - 4.3.1 All Privacy SMEs have delegated authority to approve the SOP in the PIA, as directed by the Manager, Privacy.
 - 4.3.2 The Manager, Privacy is delegated day-to-day authority to manage the privacy program with respect to SOPs and can, at their discretion, review any SOP completed by the Privacy SME.
- 4.4 Sharing the SOP when the DSA is negotiated
 - (a) The SOP must be included in the PIA, which will then be provided to Legal Services for review when executing the DSA between ICES and the Data Provider disclosing the PHI/PI to ICES, if applicable.
 - (b) If, in the course of negotiating the DSA, Legal Services identify that the SOP is no longer suitable to the planned agreement, Legal Services may re-direct the SOP to Privacy Services for review and amendments if needed.
- 4.5 Sharing the SOP after the DSA is executed
 - 4.5.1 Following the execution of a DSA, and in accordance with the *Statements of Purpose for Data Holdings Containing PHI/PI Procedure*, all SOPs must be posted on the ICES Data Holdings Obligations (“DHO”) page by the Risk and Compliance Analyst such that access is enabled to all ICES Agents.

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4.5.2 The Risk and Compliance Analyst also works with the Requestor to ensure the SOP is communicated to the Data Provider, as applicable.

4.5.3 Optionally, the CPLO may also determine that the SOPs should be posted on ICES' website for public viewing.

4.6 Ongoing Review of SOPs

4.6.1 SOPs must be reviewed on an ongoing basis by the following individuals to ensure the review reflects a broad understanding of how the Data Holding is used and managed at ICES:

- (a) Director, Strategic Partnerships;
- (b) Director, Research and Analysis;
- (c) Director DQIM; and
- (d) Director, PLO.

4.6.2 During the review, the Directors ensure:

- (a) The SOPs are accurate to their applicable ICES Data Holdings;
- (b) That the PHI/PI collected for the purposes of the ICES Data Holding is still necessary for the identified purpose; and
- (c) That de-identified and/or aggregate information will not serve the identified purpose.

4.6.3 The Risk and Compliance Analyst, in consultation with the Director, PLO, must implement a schedule that ensures each SOP is reviewed on an annual basis.

4.7 Amendments to existing SOPS

4.7.1 An SOP must be amended prior to undertaking activity that is inconsistent with the SOP as approved.

4.7.2 Amendments must be approved in accordance with the process set out in the *Statements of Purpose for Data Holdings Containing PHI/PI Procedure*.

5.0 RELATED DOCUMENTATION

5.1 Policies

5.2 Standards

5.3 Procedures

5.3.1 *Statements of Purpose for Data Holdings Containing PHI/PI Procedure*

5.4 Tools

5.5 Guidelines

6.0 TRAINING AND COMMUNICATION

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

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- 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 may have been a breach of ICES' privacy and security policies, standards, or procedures in accordance with applicable policies and standards, including:
 - 7.2.1 *Privacy Incident and Privacy Breach Management Policy*
 - 7.2.2 *Security Incident Management Standard*
- 7.3 Enforcement of compliance with this standard is the responsibility of the **ICES Agent** identified as the Authority in the policy governing this standard.
- 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*
- 7.5 Compliance is subject to audit in accordance with applicable policies, including:
 - 7.5.1 *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**.

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9.0 CHANGE TABLE

Change Date (YYYY-MM-DD)	Change Notes