

Privacy Inquiries and Privacy Complaints Policy



Department	Reference Number	Organizational Scope	ICES Site	IPC Scope
PLO	020-00-00	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)
2014 June	2025-10-31	Triennial	October 2028	2025-07-31
Authority (Title)		Chief Privacy and Legal Officer		
Policy Owner (Title)		Director, Privacy and Legal Office		
Required Reviewers (Titles)				

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 This policy sets out how ICES manages the response process to **Privacy Complaints** and **Privacy Inquiries** from the public and relevant stakeholders.
- 1.2 The response process includes receiving, documenting, tracking, investigating, remediating, and responding to Privacy Complaints and Privacy Inquiries.

2.0 SCOPE

- 2.1 This policy applies to:
 - 2.1.1 Any Privacy Complaint or Privacy Inquiry received by **ICES Central** or by an **ICES Site**; and
 - 2.1.2 **ICES Agents** responsible for implementing the response process; and
 - 2.1.3 ICES Agents who must cooperate and assist when ICES responds to a complaint or inquiry.

3.0 ROLES AND RESPONSIBILITIES

- 3.1 Chief Privacy and Legal Officer (“**CPLO**”)
 - 3.1.1 Approved and oversees establishment of processes to respond to Privacy Complaints and Privacy Inquiries, as part of the delegated day-to-day authority to oversee the Privacy program.
- 3.2 Privacy **Subject Matter Expert** (“**SME**”)
 - 3.2.1 Responses to Privacy Complaints and Privacy Inquiries.
- 3.3 ICES Agents
 - 3.3.1 Cooperate and assist with the Privacy Complaints and Privacy Inquiries process.

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4.0 DETAILS

4.1 Definitions

- 4.1.1 A Privacy Complaint is an expression of concern or complaint by a person, whether verbally or in writing, relating to:
- (a) ICES' privacy policies, standards, and procedures;
 - (b) ICES' protection or processing of **Identifiable Information**, including but not limited to **Personal Health Information ("PHI")** and **Personal Information ("PI")**;
 - (c) ICES' compliance with its legal or contractual obligations to protect privacy; and/or
 - (d) ICES' compliance as a **Prescribed Entity** under:
 - (i) *Personal Health Information Protection Act ("PHIPA")* and its regulation;
 - (ii) *Coroners Act* and its regulations; and
 - (iii) *Child, Youth and Family Services Act ("CYFSA")* and its regulations.
- 4.1.2 A Privacy Inquiry is an inquiry by a person, whether verbally or in writing, relating to:
- (a) ICES' privacy policies, standards, and procedures;
 - (b) ICES' protection or handling of Identifiable Information;
 - (c) ICES' compliance with its legal or contractual obligations to protect privacy; and/or
 - (d) ICES' compliance as a Prescribed Entity under:
 - (i) *PHIPA* and its regulation;
 - (ii) *Coroners Act* and its regulations; and
 - (iii) *CYFSA* and its regulations.

4.2 Accountabilities for managing Privacy Complaints and Privacy Inquiries

- 4.2.1 The CPLO must approve ICES' response process for Privacy Complaints and Privacy Inquiries.
- 4.2.2 The response process implemented at ICES must address the following:
- (a) The information communicated to the public regarding how and to whom to make Privacy Inquiries and Privacy Complaints;
 - (b) How ICES receives Privacy Complaints and Privacy Inquiries from the public;
 - (c) How ICES determines when to investigate Privacy Complaints and how ICES communicates the outcomes of those determinations to complainants;
 - (d) The process for investigating Privacy Complaints, including identifying findings and making recommendations to remediate causes of and factors contributing to Privacy Complaints;
 - (e) Tracking implementation of recommendations to remediate the causes of and factors contributing to Privacy Complaints;
 - (f) Informing complainants of investigation outcomes and resultant remediation measures;
 - (g) Notifying third parties, where required, of Privacy Complaints;

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- (h) Responding to Privacy Inquiries; and
 - (i) Documenting the response process to Privacy Complaints and Privacy Inquiries received.
- 4.2.3 The CPLO has delegated day-to-day responsibility to the Director, Privacy and Legal Office for oversight of the Privacy program, including oversight of ICES' response to Privacy Complaints and Privacy Inquiries.
- 4.2.4 The CPLO has delegated day-to-day responsibility to the Director, Cybersecurity for oversight of the Cybersecurity program.
- 4.3 Guiding principles for managing Privacy Complaints and Privacy Inquiries
 - 4.3.1 ICES' management of Privacy Complaints and Privacy Inquiries is informed by the [Model Code for the Protection of Personal Information \(CAN/CSA-Q830-96\)](#), having particular regard to the need to balance between accountability, openness and individual access, and safeguards.
 - 4.3.2 A Privacy Complaint will be investigated in the following circumstances:
 - (a) The Privacy Complaint provides reasonable grounds to believe that there has been or will be non-compliance with:
 - (i) ICES' privacy policies, standards, or procedures; and/or
 - (ii) ICES' obligations as a Prescribed Entity under *PHIPA*, the *Coroners Act*, or the *CYFSA*.
 - (b) The Privacy Complaint may indicate a deficiency in ICES' existing privacy Policies, Standards, or Procedures.
 - 4.3.3 An investigation of a Privacy Complaint must follow the rules of procedural fairness, applied in a manner that is appropriate to the legal, institutional, and social context of the decision.
 - 4.3.4 An investigation is not limited to identifying the immediate cause of a deficiency, and it should be thorough so any deficiency is examined from a systemic basis.
 - 4.3.5 When scoping an investigation of a Privacy Complaint, ICES must have regard for maintaining public trust. ICES' status as a Prescribed Entity requires ICES to provide ethical, responsible, and trusted data stewardship.
- 4.4 Publicly available information regarding Privacy Complaints and Privacy Inquiries
 - 4.4.1 ICES must inform the public about the process for making a Privacy Complaint and/or Privacy Inquiry.
 - 4.4.2 At minimum, the following information must be made available to the public via ICES' website:
 - (a) As listed in the *Privacy Policy*, the name and/or title, mailing address, and contact information of the ICES Agent who the public may contact with their Privacy Complaint and/or Privacy Inquiry;
 - (b) Information relating to the manner and format in which Privacy Complaints and Privacy Inquiries may be directed to ICES;

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- (c) Information about where individuals may obtain further information about ICES' privacy policies, standards, and procedures;
- (d) Information advising individuals that they may make complaints to the Information and Privacy Commissioner ("IPC") regarding ICES' compliance as a Prescribed Entity under:
 - (i) *PHIPA* and its regulation;
 - (ii) *Coroners Act* and its regulations; and/or
 - (iii) *CYFSA* and its regulations.
- (e) The mailing address and contact information for the IPC.

4.5 Communication methods with complainants and inquirers

- 4.5.1 ICES responses to individuals regarding their Privacy Complaint or Privacy Inquiry must be in writing and sent either via registered mail or via email.
- 4.5.2 Prior to sending a response, the mailing address or email address must be confirmed as accurate to ensure it is sent to the appropriate recipient.

4.6 Logging Privacy Complaints and Privacy Inquiries

- 4.6.1 Privacy Complaints and Privacy Inquiries must be logged and tracked. One or more logs may be used.
- 4.6.2 At minimum, the log(s) must include the required content set out in Appendix A.
- 4.6.3 The Director, PLO, is responsible for ensuring the completed log(s) comply with this policy.
- 4.6.4 The log(s) are updated and maintained in accordance with the *Privacy Inquiries and Privacy Complaints Procedure*.

4.7 Suspected Privacy Breaches

- 4.7.1 If there are reasonable grounds to believe, based on the substance of a Privacy Complaint or Privacy Inquiry, that there is a suspected **Privacy Breach**, then the matter must be treated as a suspected Privacy Breach and addressed in accordance with the *Privacy Breach Management Policy*.

5.0 RELATED DOCUMENTATION

5.1 Policies

- 5.1.1 *Privacy Breach Management Policy*
- 5.1.2 *Privacy Policy*

5.2 Standards

5.3 Procedures

- 5.3.1 *Privacy Inquiries and Privacy Complaints Procedure*

5.4 Tools

5.5 Guidelines

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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 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*
- 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;

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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
2025-07-31	<ul style="list-style-type: none"> ■ Reviewed for compliance with ICES’ obligations as a Prescribed Entity: <ul style="list-style-type: none"> ○ IPC Manual: <ul style="list-style-type: none"> ▪ 01-31: Policy, Procedures, and Practices for Privacy Complaints ▪ 01-32: Log of Privacy Complaints ▪ 01-33: Policy, Procedures, and Practices for Privacy Inquiries ○ Coroners Addendum: <ul style="list-style-type: none"> ▪ 05-32: Policy, Procedures, and Practices for Privacy Complaints ▪ 05-33: Log of Privacy Complaints ▪ 05-34: Policy, Procedures, and Practices for Privacy Inquiries ○ CYFSA Addendum: <ul style="list-style-type: none"> ▪ 06-32: Policy, Procedures, and Practices for Privacy Complaints ▪ 06-33: Log of Privacy Complaints ▪ 06-34: Policy, Procedures, and Practices for Privacy Inquiries ■ Added content regarding ICES’ role as a Prescribed Entity under <i>CYFSA</i> (not yet in effect) ■ Updated to reflect: <ul style="list-style-type: none"> ○ Revised standardized language in Sections 6.0 to 9.0
2025-10-31	<ul style="list-style-type: none"> ■ Added content that was previously in the procedure ■ Revised for updated ICES Information classification ■ Revisions and re-organized content for clarity

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Appendix A

Privacy Inquiries and Privacy Complaints – Log Requirements	
At minimum, the log (or combined logs if more than one) of received Privacy Inquiries and Privacy Complaints must include the following information:	
	1. The date that the Privacy Inquiry or Privacy Complaint was received by ICES
	2. Whether the matter was a Privacy Inquiry or a Privacy Complaint
	3. A summary of the Privacy Inquiry or Privacy Complaint
	4. The Privacy SME responsible for the response process to the Privacy Inquiry or Privacy Complaint
For Privacy Inquiries, the log(s) must include the below information:	
	5. The date of response to the individual about their Privacy Inquiry
	6. The method of communication to the individual
	7. A brief description of the response to the individual
	8. The ICES Agent who provided the response
For Privacy Complaints, the log(s) must include the below information:	
	Determinations regarding investigating a Privacy Complaint
	9. The determination made about whether to investigate the Privacy Complaint or not investigate
	10. The date the determination was made
	11. The ICES Agent who made the determination regarding investigating the Privacy Complaint
	When the determination is made to <u>not</u> investigate the Privacy Complaint
	12. The date the complainant was advised that the Privacy Complaint will not be investigated and informed of their right to life their complaint with the IPC
	13. The method of communication to the complainant
	14. The ICES Agent who communicated the above information to the complainant
	When the Privacy Complaint is investigated
	15. The date that the complainant was advised that the Privacy Complaint will be investigated
	16. The ICES Agent responsible for conducting the investigation
	17. The date the investigation was commenced
	18. The date the investigation was completed
	19. The finding(s) arising from the investigation

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	20. Recommendations, if any, arising from the investigation
	21. The date that the CPLO was notified of the findings and recommendations
	22. The date that the CEO and/or the Executive Team were notified of the findings and recommendations
	Addressing each recommendation arising from an investigation
	23. The ICES Agent(s) responsible for addressing the recommendation
	24. The estimated date that the recommendation is expected to be addressed
	25. The planned manner in which the recommendation is expected to be addressed
	26. The actual date that the recommendation is addressed
	27. The actual manner in which the recommendation is addressed
	Response to the complainant
	28. The date that the complainant is advised of the findings of the investigation and the measures taken, if any, in response to the Privacy Complaint and of their right to file their complaint with the IPC
	29. The method of communication to the complainant
	30. The ICES Agent who communicated the above information to the complainant
	Privacy Complaints regarding Personal Information collected under the <i>Coroners Act</i>
	31. The date the Chief Coroner was notified of the complaint and the results of the investigation