

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	2025-10-31	Triennial	October 2028	2025-07-31
Authority (Title)	Chief Privacy and Legal Officer			
Policy Owner (Title)	Director, Privacy and Legal Office			
Required Reviewers (Titles)	N/A			

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 identifies the information made available to the public and other stakeholders relating to ICES' privacy policies, standards, and procedures, as it relates to ICES as a **Prescribed Entity** under the follow statutes:

1.1.1 *Personal Health Information Protection Act ("PHIPA")* and its applicable regulation;

1.1.2 *Coroners Act* and its applicable regulations; and

1.1.3 *Child, Youth and Family Services Act ("CYFSA")* and its applicable regulations.

1.2 At minimum, ICES must make the privacy information set out in this policy available on ICES' public website.

2.0 SCOPE

2.1 This policy applies to all privacy policies, standards, and procedures implemented by ICES that relate to ICES' role as a Prescribed Entity.

3.0 ROLES AND RESPONSIBILITIES

3.1 Chief Privacy and Legal Officer ("**CPLO**")

3.1.1 Ensures the privacy information identified in this policy is created and then made available on ICES' public website and, as necessary, made available by other means.

4.0 DETAILS

4.1 Required privacy information

- 4.1.1 At minimum, the privacy information made available must include the following:
- (a) ICES' *Privacy Policy*;
 - (b) Brochures, frequently asked questions, and/or other plain language tools related to ICES' privacy policies, standards, and procedures. The brochures, frequently asked questions, and/or other plain language tools that must, at minimum, include the information set out in Appendix A;
 - (c) A list of **ICES Data Holdings** containing **Personal Health Information ("PHI")** and **Personal Information ("PI")**;
 - (d) 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 regarding inquiries, concerns, or complaints about ICES' compliance with:
 - (i) ICES' privacy policies, standards, and procedures;
 - (ii) *PHIPA* and its applicable regulation;
 - (iii) *Coroners Act* and its applicable regulations; and
 - (iv) **CYFSA** and its applicable regulations.

4.2 Privacy Impact Assessments

- 4.2.1 ICES should make available either the **Privacy Impact Assessments ("PIAs")** related to **ICES Data** that are conducted by ICES or a summary of the PIAs.

4.3 Statement regarding IPC reviews

- 4.3.1 ICES must have statements on the website informing the public about:
- (a) The role of the Information and Privacy Commissioner of Ontario ("**IPC**") in reviewing and approving ICES' policies, standards, and procedures as a Prescribed Entity under the following statutes:
 - (i) *PHIPA*;
 - (ii) *Coroners Act*; and
 - (iii) **CYFSA**;
 - (b) Further documentation from the IPC's review and approval is available on the IPC's website.
- 4.3.2 ICES must include a link to the IPC's website where the above documentation is located.

5.0 RELATED DOCUMENTATION

5.1 Policies

5.1.1 *Privacy Policy*

5.2 Standards

5.3 Procedures

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"> ■ Updated title: <ul style="list-style-type: none"> ○ Previous: Transparency of Privacy and Security Policies, Procedures, and Practices Policy ○ Updated: Public Transparency as a Prescribed Entity Policy ■ Reviewed for compliance with ICES’ obligations as a Prescribed Entity: <ul style="list-style-type: none"> ○ IPC Manual: <ul style="list-style-type: none"> ▪ 01-03: Policy on the Transparency of Privacy Policies, Procedures, and Practices ○ Coroners Addendum: <ul style="list-style-type: none"> ▪ 05-03: Policy on the Transparency of Privacy Policies, Procedures, and Practices ■ Updated to reflect: <ul style="list-style-type: none"> ○ Revised document template and standardized language in Sections 6.0 to 9.0 ■ Revised glossary terms and titles of ICES policies, standards, and procedures
2025-10-31	<ul style="list-style-type: none"> ■ Added content regarding ICES’ role as a Prescribed Entity under the CYFSA (not yet in effect) ■ Re-organized content for clarity

Appendix A

Required content of brochures, frequently asked questions, and/or other plain language tools

1. A description of ICES' status as a Prescribed Entity under the following statutes:
 - a. *PHIPA*;
 - b. *Coroners Act*; and
 - c. *CYFSA*
2. A description of ICES' duties and responsibilities arising from being a Prescribed Entity under these statutes.
3. A description of the privacy policies, standards, and procedures with respect to PHI/PI, including information about the policies, standards, and procedures that address the following:
 - a. Collection of PHI/PI:
 - i. The types of PHI/PI collected;
 - ii. The persons or organizations from which PHI is typically collected, including the Chief Coroner; and
 - iii. The purposes for which PHI/PI is collected;
 - b. Use of PHI/PI:
 - i. The purposes for which PHI/PI is used;
 - ii. If PHI/PI is not routinely used then the nature of the information that is used;
 - iii. Data linkages of PI that was collected by ICES as a Prescribed Entity under the *Coroners Act* and the *CYFSA*, including:
 1. The purposes for which the PI is linked;
 2. The PI used for linking; and
 3. The processes used to link the PI.
 - c. Disclosure of PHI/PI:
 - i. Circumstances in which PHI/PI is disclosed;
 - ii. The purposes for which PHI/PI is disclosed; and
 - iii. The persons or organizations to which PHI/PI is typically disclosed.
4. A summary overview of key administrative, technical, and physical safeguards used to protect the privacy of individuals whose PHI/PI is received, and used to maintain the confidentiality of the PHI/PI, including:
 - a. The steps taken to protect PHI/PI against theft, loss, and unauthorized collection, use, or disclosure. and
 - b. The steps taken to protect PHI/PI against unauthorized copying, modification, or disposal; and

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5. 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 regarding inquiries, concerns, or complaints about ICES' compliance with:
 - a. ICES' privacy policies, standards, and procedures;
 - b. *PHIPA* and its applicable regulation;
 - c. *Coroners Act* and its applicable regulations; and
 - d. *CYFSA* and its applicable regulations.