

Part 1 – General

Name of Department/Branch:	Langara College, Continuing Studies, Health and Human Services		
PIA Drafter:	Joanne Rajotte, Manager, Records Management and Privacy		
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1. Description of the Initiative

The Jane Online Practice Management System (of which the previously assessed Online Booking System is a component) is a cloud-based software system accessed through a web browser. Langara College’s Registered Massage Therapy (RMT) Program will use the system to:

- Allow clients to book appointments online;
- record chart entries;
- document client’s medical history;
- capture treatment goals and home care instructions;
- process payments; and
- issue electronic receipts

for massages provided at the RMT student clinic run by the College’s Health and Human Services program area.

2. Scope of this PIA

This PIA covers the collection, use and disclosure of the personal information of clients and students in the Jane Online Practice Management System, a cloud-based software system accessed through a web browser. Jane Software Inc. is a Canadian company based in North Vancouver, BC.

3. Related Privacy Impact Assessments

PIA2016-0002 - Jane Online Booking System completed August 2016.

4. Elements of Information or Data

Required data elements:

- o Client’s Name
- o Client’s Email Address
- o Student’s Name
- o Treatment procedures

Optional data elements:

- Birthdate
- Gender
- Medical history (as disclosed by the client)
- Treatment goals
- Home care (suggested stretches, exercises, etc.).

Part 2 – Protection of Personal Information

5. Storage or Access outside Canada

Not applicable.

6. Data-linking Initiative*

<p>In FOIPPA, "data linking" and "data-linking initiative" are strictly defined. Answer the following questions to determine whether your initiative qualifies as a "data-linking initiative" under the Act. If you answer "yes" to all 3 questions, your initiative may be a data linking initiative and you must comply with specific requirements under the Act related to data-linking initiatives.</p>	
1. Personal information from one database is linked or combined with personal information from another database;	No
2. The purpose for the linkage is different from those for which the personal information in each database was originally obtained or compiled;	No
3. The data linking is occurring between either (1) two or more public bodies or (2) one or more public bodies and one or more agencies.	No
<p>If you have answered "yes" to all three questions, please contact your privacy office(r) to discuss the requirements of a data-linking initiative.</p>	

7. Common or Integrated Program or Activity*

<p>In FOIPPA, "common or integrated program or activity" is strictly defined. Answer the following questions to determine whether your initiative qualifies as "a common or integrated program or activity" under the Act. If you answer "yes" to all 3 of these questions, you must comply with requirements under the Act for common or integrated programs and activities.</p>	
1. This initiative involves a program or activity that provides a service (or services);	Yes
2. Those services are provided through: (a) a public body and at least one other public body or agency working collaboratively to provide that service; or (b) one public body working on behalf of one or more other public bodies or agencies;	No
3. The common or integrated program/activity is confirmed by written documentation that meets the requirements set out in the FOIPP regulation.	No
<p>Please check this box if this program involves a common or integrated program or activity based on your answers to the three questions above.</p>	

8. Personal Information Flow Table

Personal Information Flow Table			
	Description/Purpose	Type	FOIPPA Authority
1.	<p>RMT Program staff, clinic instructors and students in the role of 'Host Student' will supply clients with tablets installed with the Jane Online Practice Management System which will be used to directly collect their biographical information, medical histories and treatment goals prior to their first treatment. Students will record their clients' treatment procedures and home care instructions in the system.</p> <p>RMT Program staff, clinic instructors and students in the role of 'Host Student' will process payments from clients by entering billing information for the service provided. While the Jane Online System will store students' full names, only the first name and last initial of the student who provide the service will appear on receipts.</p>	Collection	26(c)
2.	<p>RMT Program staff, clinic instructors and students in the role of 'Host Student' will use client and student personal information to generate receipts for the services provided. The system automatically emails receipts to the client's email address on file. Upon request, receipts can be printed from the Jane Online System in addition to being emailed.</p> <p>Clients who pay with a credit card use the clinic's stand-alone Moneris point-of-sale device. Langara College has an agreement with Moneris to process credit card transactions for College departments or programs. Moneris maintains credit card information in compliance with Payment Card Industry Data Security Standards. No credit card information is stored in the Jane Online System.</p>	Use	32(a)
3.	<p>The RMT Program will disclose the first name and last initial of students to clients who use the Jane Online System to book their treatments. The first name and last initial of the student who provided the service will appear on the receipts emailed to or printed for clients.</p>	Disclosure	33.2(a)

9. Risk Mitigation

Risk Mitigation Table				
	Risk	Mitigation Strategy	Likelihood	Impact
1.	RMT Program staff, clinic instructors and students could access personal information and use or disclose it for purposes other than the reason it was collected.	Physical and technical access to the system is restricted to authorized RMT Program staff, clinic instructors and students who use personal information about clients and students to provide treatments and administer clinic operations.	Low	High
2.	RMT Program staff, clinic instructors and students in the role of 'Host Student' could disclose information to a third party by emailing a receipt to the wrong email address.	RMT Program staff, clinic instructors and students in the role of 'Host Student' can confirm the client's email address in person at the time of their appointment.	Low	Medium
3.	Service provider's employees could access personal information and use or disclose it for purposes other than the reason it was collected.	Contractual privacy clauses in agreement with service provider restrict access to personal information.	Low	High
4.	Client's personal information stored on service provider's server could be compromised.	s. 15(1)(l)	Low	High

10. Collection Notice

See collection notice appended to this PIA as Appendix I.

Part 3 – Security of Personal Information

11. Please describe the physical security measures related to the initiative (if applicable).

S.15(1)(I)

12. Please describe the technical security measures related to the initiative (if applicable).

s.15(1)(I)

13. Does your branch/department rely on any security policies?

Langara College has a Privacy, Access and Confidentiality Policy and associated procedures that govern the collection, use, access, storage, disclosure and disposal of personal information.

14. Please describe any access controls and/or ways in which you will limit or restrict unauthorized changes (such as additions or deletions) to personal information.

The RMT Program's office manager will control access to the Jane Online System s.15(1)(I)

S.15(1)(I)

S. 15(1)(I)

15. Please describe how you track who has access to the personal information.

S. 15(1)(I)

Part 4 – Accuracy/Correction/Retention of Personal Information

- 16. How is an individual's information updated or corrected? If information is not updated or corrected (for physical, procedural or other reasons) please explain how it will be annotated? If personal information will be disclosed to others, how will the public body notify them of the update, correction or annotation?**

Client's personal information, such as address, contact information or medical history, will be updated periodically. Information will be added either in a "notes" section, which would identify the student who added the information and the date, or in a section of the client's profile page that lists any updates made to the actual file, as opposed to updates made in the charting section.

- 17. Does your initiative use personal information to make decisions that directly affect an individual(s)? If yes, please explain.**

No.

- 18. If you answered "yes" to question 16, please explain the efforts that will be made to ensure that the personal information is accurate and complete.**

Clients initiate any update to their personal information in the Jane Online System and the RMT Program relies on the client to ensure that the information is accurate and complete.

- 19. If you answered "yes" to question 17, do you have a records retention and/or disposition schedule that will ensure that personal information is kept for at least one year after it is used in making a decision directly affecting an individual?**

Not applicable

Part 5 – Further Information

20. Does the initiative involve systematic disclosures of personal information? If yes, please explain.

No.

Please check this box if the related Information Sharing Agreement (ISA) is attached. If you require assistance completing an ISA, please contact your privacy office(r).

21. Does the program involve access to personally identifiable information for research or statistical purposes? If yes, please explain.

No.

Please check this box if the related Research Agreement (RA) is attached. If you require assistance completing an RA please contact your privacy office(r).

22. Will a personal information bank (PIB) result from this initiative? If yes, please list the legislatively required descriptors listed in section 69 (6) of FOIPPA. Under this same section, this information is required to be published in a public directory.

No.

Part 6 – Privacy Officer Comments

This PIA is based on a review of the information provided to the Manager, Records Management and Privacy by the Registered Massage Therapy Program as of the date below. If, in future any substantive changes are made to the scope of this PIA, a RMT Program Coordinator will contact the Manager, Records Management and Privacy who will complete a PIA Update.

s.22(1)

Joanne Rajotte, Manager
Records Management and Privacy

DEC. 19, 2018
Date

Part 7 – Program Area Signatures

s.22(1)

Linda Turner, Program Manager
Health and Human Services

Jan 4, 2019
Date

s.22(1)

Daniel Thorpe,
Dean, Continuing Studies

7 Jan 2019
Date

Appendix I – Collection Notice

STUDENT CLINIC INTAKE FORM

Welcome to our student massage therapy clinic at Langara College. We ask that you take a few moments to complete this intake form.

NOTE: If you have a current/open ICBC, WorkSafeBC claim, or your health care provider has given you specific instruction concerning massage and hydrotherapy treatments unfortunately we will NOT be able to provide any student related services to you.

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

PHONE (H): _____ (CELL) _____ (WK) _____

EMAIL: _____ OCCUPATION: _____

FAMILY DOCTOR: _____ PHONE: _____

HOW DID YOU HEAR ABOUT THE CLINIC: _____

Please check the box if you currently experience, or have in the past experienced, or if any of the following apply to you:

HEAD AND NECK

- Headaches: Type _____
- Head Injury: when _____
- Vision or corrective lens
- Dizziness/ Fainting
- Epilepsy / seizures
- Neck pain
- Head /neck surgery
- Broken facial bones
- Implanted stents

CARDIOVASCULAR

- Heart attack
- High /Low blood Pressure
- Stroke / Aneurysm
- Pace maker /Shunts
- Varicose veins
- Chest pains
- Anemia
- Arrhythmia
- Cold hands and feet
- Atherosclerosis

MUSCULOSKELETAL

- TMJ / jaw
- neck
- upper back
- mid back
- shoulders -left /right
- elbow -left /right
- wrist -left /right
- hand -left/right
- lower back
- hip -left /right
- knee -left /right
- ankle -left/right
- abdominal region

DIGESTIVE/ URO-GENITAL

- Nausea
- Irritable Bowel /Colitis
- Constipation/Diarrhea
- Difficulty swallowing
- Ulcers
- Hernia
- Gall Bladder/liver condition
- Difficult digestion
- Painful or difficult urination
- Venereal Diseases

RESPIRATORY

- Asthma
- Bronchitis
- Emphysema
- Shortness of breath
- Tuberculosis
- Chronic Sinusitis/Allergies
- Nasal Polyps

DO YOU HAVE ANY?

- Pins/rods/wires
- Artificial limbs
- Implanted medical devices
- Major bone fractures

EXERCISE PRACTICE:

- no regime
- 2-3 times weekly
- daily

SKIN

- Bruise easily
- Scars
- Acne
- Impaired skin sensation
- Atrophied skin
- Burns
- Skin infections
- Athletes Foot
- Fungal Infections

OTHER CONDITIONS

- Frequent colds/allergies
- Insomnia
- Thyroid disorders
- Disc Prolapse
- Nervous system disorders
- Multiple Sclerosis
- High stress levels
- Mood swings
- Anxiety /Panic attacks
- Cancer

DO YOU HAVE ANY?

- Diet restrictions
- Hydrotherapy restrictions

FOR WOMEN

- Menstrual cramps /irregularity
- Menopausal / peri /pre
- Currently pregnant: Due Date:
- Possibly pregnant
- Disease of the breast/uterus/ovaries

STUDENT CLINIC INTAKE FORM

Please list any Medications you presently take and why?

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Do you have any family history of medical conditions? Yes No (circle)

Please give details: _____

Have you ever been hospitalized, had any major accidents, illnesses, or surgeries? Yes No (circle)

Please comment: _____

Do you presently see any of the following health care practitioners: (circle)

medical doctor chiropractor physiotherapist psychotherapist massage therapist other (please list): _____

CIRCLE THE BEST ANSWER:

Current stress levels:	Low	Medium	High
Energy/ Activity levels:	Low	Medium	High
Quality of sleep	Poor	Moderate	Very good
Can you quiet your mind	Poor	Moderate	Very good
Quality of diet	Poor	Moderate	Very good

Amt of alcohol per week	1-3drks	4-7drks	7+drks
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Additional comments about my health: _____

Massage and hydrotherapy treatments can impact all the physiologic systems of the body. Before the start of a session your intern therapist will perform an assessment (required and mandatory on every visit) and then discuss a proposed treatment plan with you. Langara College is a teaching clinic and all student therapists will be consulting with the clinic supervisor before starting any treatment session. While we welcome you to this internship and student clinic, we trust that you will co-operate with the learning environment and all the procedures and protocols of the clinic.

Consent to treatment: I the undersigned have understood and answered the above questions to the best of my ability, and the information provided is current. I understand that Langara College is a training facility and the student intern will be using this information to plan and deliver a safe and effective treatment session. I also understand that as a training facility the clinic instructor will be entering the clinic room to assist the student in their learning.

Langara College's RMT Program collects the personal information on this form according to the standards and practices of the College of Massage Therapists of B. C. (a body under the statutory authority of the Health Professions Act), and in compliance with the Freedom of Information & Protection of Privacy Act section 26(c). The information is collected for the purpose of administration and operation of the Student Clinics, and will be kept confidential. Information is stored in an online practice management system located in Canada. For questions about the collection, use and disclosure of your personal information, contact the Program Manager, CS Health and Human Services at 604-323-5546.

DATE: _____ SIGNATURE: _____