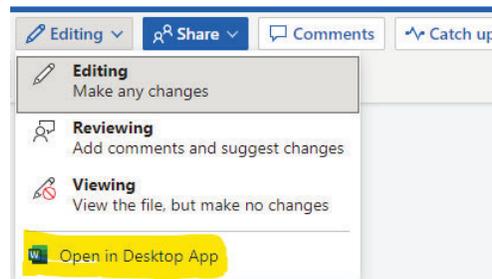


INSTRUCTIONS (READ BEFORE STARTING)

Use the Microsoft Word desktop app rather than the SharePoint online version of Word. Access the Desktop App from the Editing button drop down on the main ribbon beside Help on the upper right side of your screen. Checkbox functionality does not work reliably on the web-based versions of Word.



Submit a completed privacy impact assessment (PIA) before starting a new College Initiative or significantly changing an existing College Initiative that directly collects Personal Information, or results in the collection of Personal Information by CNC or a CNC service provider.

BC's Freedom of Information and Protection of Privacy Act (FIPPA) defines an "Initiative" as any enactment ("policy/procedure"), system (conceptual or technical), project, program, or activity.

Contact the Privacy Office at foipp@cnc.bc.ca to receive support determining whether any change in how College employees are completing their duties to the College may require a Privacy Impact Assessment.

Read through this form entirely before starting to populate it. Each question is designed to capture specific information for review.

Some information recorded in the PIA may be confidential or proprietary and not intended for distribution. Before you share the draft or completed PIA (internally or externally), please contact CNC's privacy office at foipp@cnc.bc.ca for guidance.

PART 1: GENERAL INFORMATION

| | |
|---|---|
| Initiative Title: | MOIS Cloud |
| Department: | Student Services |
| Initiative Lead (PIA Drafter) Name and CNC Email Address: | Rafael de la Pena – Director, Student Services |
| Dean or Director Name, Title, and Email: | Rafael de la Pena – Director, Student Services |
| Privacy Officer Assigned: | Adam Cullum – Manager, Privacy and Records |
| If initiative involves a third-party (i.e. vendor, consultant, partner), provide | |
| Third Party Name: | Bright Health |
| Product Name (if applicable): | MOIS Cloud |
| Third Party Contact Name and Email: | s. 22(3)(d) |
| Third Party URL: | https://www.brighthealth.ca/mois-cloud-service-information/ |

1. In three to five sentences, describe the Initiative including:
 - a) what you are doing,
 - b) an overview of the process,
 - c) who is involved,
 - d) and when and/or how long your Initiative runs.

MOIS (Medical Office Information System) is a robust EMR designed to improve overall patient care and enhance provider efficiency. MOIS is used to manage all daily clinic operations to patient management in the Health and Wellness Center at CNC. CNC is moving MOIS to a cloud-based solution to use enhanced features and greater security that the cloud solution offers.

2. In a few sentences, explain the scope of this PIA. For example, is this initiative limited to specific individuals or departments at CNC? Is this PIA covering the full initiative or just one phase of a larger project? Are there exceptions to how the Initiative will be implemented?

All management of student health information at CNC will be managed within this system as well as all management of clinic administrative work including booking appointments, availability of providers, and

3. Is this an administrative/operational, teaching and learning, or research Initiative? Select all that apply.

- Administrative/Operational Research (**Contact Privacy Office before continuing this PIA**)
- Teaching and Learning

4. Has a PIA previously been completed for this Initiative?

- Yes No Not sure

5. What activities will occur within the Initiative? Use the bullet points below to make action statements. Replace the example action statement. Add or delete bullets as necessary.

- Scheduling appointments between providers and students
- Appointment reminders sent to students
- Tasks and messages fields for outside of appointment charting and follow up
- Encounter notes and templates for charting and ongoing care for students s. 21(1)
- Billing for MSP, WCB, and private invoicing s. 21(1)
- Financial reporting and auditing including accounts receivable tracking
- Prescriptions and drug interaction alerts
- Digital signature system that meets College of Pharmacists of BC requirements
- Health issues history, long term medications and allergies
- Electronic lab interfaces – for lab results and imaging reports s. 21(1)
- Care Plan creation
- E-faxing and scanning
- Consultations and Referrals
- Medical Reporting for diagnosis and treatment
- Clinical calculators and audit tools
- Coding and classifying data for audit, quality control and quality improvement of services
- My health key integration

6. In a bulleted list, please list all the types of data or information you might collect, use, store, disclose, or access in your Initiative - even if they are not Personal Information. Replace the bullet points below with the actual elements of information or data.

- Student first and last name
- Student association with CNC
- Dates and times of students making clinic visits
- Medical history information of students
- Students' current medical enquiries
- Evaluation information about students
- Practitioner's first and last name
- Practitioner's association with employer
- Practitioner's performance information regarding their delivery of care to students



7. Did you list Personal Information in question 6? [Personal Information](#) is any recorded information about an identifiable individual, other than business contact information. Personal information includes information that can be used to identify an individual through association or reference.

Yes No

8. If you answered "No" to question 7, in three to five sentences explain how will you ensure that you do not unintentionally collect Personal Information?

N/A

9. Does the Initiative involve integration between CNC IT systems and Third-Party systems?

Yes No N/A

If yes, list below: (put N/A on the first row if you answered No or N/A above. Add or delete rows)

CNC IT system:
CNC IT system:
CNC IT system:
CNC IT system:

Third party system integrated:
Third party system integrated:
Third party system integrated:
Third party system integrated:

If there is Personal Information involved in this Initiative, continue to complete the remaining sections of the PIA. If there is not any Personal Information involved in this Initiative, please submit questions 1-9 to the Privacy Officer along with the completed signatures page.

PART 2: COLLECTION

FIPPA sets out rules for public bodies and their employees to collect of Personal Information. Unauthorized collection is prohibited. This section will help you identify the legal authority for **collecting** Personal Information and confirm that all Personal Information elements collected are necessary for the purpose of the initiative.

10. Whose Personal Information is collected in this initiative? Check all that apply.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Students | <input type="checkbox"/> Former employees |
| <input type="checkbox"/> Prospective students | <input checked="" type="checkbox"/> Service provider employees |
| <input checked="" type="checkbox"/> Former students | <input type="checkbox"/> Donors or other constituents |
| <input checked="" type="checkbox"/> Alumni | <input type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Employees | <input type="checkbox"/> Other community members |

11. How frequently will the Initiative collect Personal Information?

- Single instance of collection within one semester or quarter
- Ongoing collection up to a single year
- Ongoing collection over more than one year

12. How many individuals' Personal Information will be collected?

- 1 - 50 51 - 500 Over 500

13. If the Initiative involves a Third Party, are you able to test the product to see what personal information it collects?

- Yes No N/A (No Third-Party product involved)

14. Why is the Personal Information being collected? (check all that apply)

- The Personal Information is necessary and directly related to college operations. The collection of this Personal Information is directly related to the college's documented strategic directives, goals, or mandate letter directions.
- The Personal Information is necessary and directly related to requirements explicitly stated in college bylaws, policy, and procedure.
- The Personal Information is collected because collection is required or authorized under local, provincial, or federal law. Be prepared to directly cite the section of a particular law that applies if asked.
- The Personal Information is collected for determining suitability for an honour or award including a scholarship, prize, or bursary.
- The Personal Information is being collected for a quality assurance or improvement Initiative that has been approved by the college Executive.

Privacy Officer's Note: **s. 13(1)**

15. How will you reduce the risk of collecting unnecessary Personal Information? (Check all that apply.)
- The Initiative will only collect specific information deemed necessary for and directly related to the initiative
 - The Initiative will use forms with primarily closed-ended questions and minimal open-ended questions
 - The Initiative will use forms with drop-down menus
 - The Initiative will have documented data gathering and aggregation processes for open ended submissions or fields
 - The Department needs Privacy Officer review and support because none of the above apply
16. FIPPA Collection Notice: When collecting Personal Information, FIPPA requires that you provide a collection notice (except in limited circumstances). Please fill in the template collection notice below and remove bold and square brackets.

The College of New Caledonia ("CNC") collects your Personal Information under with section 26(a) and 26(c) of the Freedom of Information and Protection of Privacy Act ("FIPPA"), R.S.B.C. 1996, c.165 for the purposes of delivering medical support services to students and managing student health information according to relevant health profession bylaws. If you have any questions about the processing of your Personal Information in MOIS, please contact the Health & Wellness Centre at health@cnc.bc.ca.

Please ask the Privacy Office for assistance drafting your collection notice if your Initiative requires indirect collection of Personal Information (i.e. if a service provider collects Personal Information from students or employees on behalf of CNC). The Privacy Office may recommend changes to the FIPPA Collection Notice that you draft above.

PART 3: USE

FIPPA sets out requirements and restrictions related to use of Personal Information. This section will help you identify the legal authority for **using** Personal Information and ensure that the use of Personal Information is limited to the original purpose for collection.

17. What is the intended use of the Personal Information collected? (check all that apply)

- The Personal Information will be used for the purposes checked off in Question 14
- The Personal Information will be used for secondary purposes, and I have a consent notice attached as an appendix to this PIA that meets the requirements found in FIPPA regulations. I will work with the Privacy Office to determine if secondary use is appropriate and compliant with FIPPA.
- The Personal Information will be used for a purpose for which the information may be disclosed to the public body under [section 33](#). The Privacy Office will attach the relevant section number to this selection if it applies.

Privacy Officer's Note: s. 13(1)



18. How will you ensure that parties using the Personal Information will use it only for the purposes stated in 17 above? Check all that apply.

- Documented department information management practices and training
- Documented use restrictions communicated from your department to another CNC department
- Written contract between CNC and a Third Party including explicit conditions
- The Department needs Privacy Officer review and support because none of the above apply

19. Does your Initiative use Personal Information to make decisions that directly affect an individual?

- Yes No

20. What is the intended impact of the decisions that are being made that directly affect an individual? (check all that apply).

- Directly affects academic status or grades
- Directly affects how an individual accesses their courses, campus activities, or student supports
- Directly affects employment status, employee remuneration, or contract opportunities, and pay
- Directly affects how employees and service providers will complete their work
- Directly affects how employees access campus activities and support services
- Directly affects the College's capacity to protect individuals from harm
- Directly affects the College's capacity to interact with and support external parties
- N/A - The decisions are not intended to have a direct impact on individuals



21. Who will be using the Personal Information collected by this Initiative? (Check all that apply and provide details.)

| | |
|---------------------------------|--|
| Your department: | Health & Wellness Centre |
| Other Departments at CNC | External Partners and Service Providers |
| N/A | BrightHealth |

PART 4: STORAGE

22. Is all Personal Information involved in your Initiative stored within standard CNC storage locations, technologies, or services?

- Yes No

If you answered yes, please list the approved standard CNC storage locations, technologies and/or services.

- Microsoft 365 (Teams, SharePoint, OneDrive)
- Other Microsoft 365 Apps Approved by CNC. Specify: _____
- Colleague
- CNC Local Servers (S: Drive, R: Drive) [check with IT for accuracy]
- Moodle
- Sitefinity
- Team Dynamix
- Direct Line Web

23. Is any Personal Information involved in your Initiative stored outside of Canada?

- Yes No

24. Where is the Personal Information stored? Please identify applicable geographic locations for primary storage and backups. If Personal Information is stored in more than one primary location, the Privacy Office can expand the response field in this question.

Primary Storage

City (if applicable): s. 15(1)(l) [redacted]
[redacted]
Province, Region, or State: [redacted] s. 15(1)(l)
Country: Canada

Back-up Storage (if applicable)

City (if applicable): s. 15(1)(l) [redacted]
[redacted]
Province, Region, or State: [redacted] s. 15(1)(l)
Country: Canada

25. Does your Initiative involve Sensitive Personal Information? (Any Personal Information can be Sensitive Personal Information in different contexts. Please contact the Privacy Office to discuss.)

- Yes No

26. Is any of the Sensitive Personal Information stored outside of Canada?

- Yes No

27. Where is the Sensitive Personal Information stored? Please identify applicable geographic locations for primary storage and backups. **Type N/A in the cells on the first row if Sensitive Personal Information is not stored outside of Canada as indicated in Question 26.**

| Name of Third Party | Name of cloud infrastructure and/or platform provider(s) (if applicable) | Where is the Sensitive Personal Information stored (including backups)? |
|---------------------|--|---|
| N/A | N/A | N/A |

PART 5: DISCLOSURE

FIPPA sets out requirements and restrictions related to disclosure of Personal Information. This section will help identify the legal authority for **disclosing** Personal Information, and consider risks related to that disclosure. **Fill out this section if Question 26 was answered "Yes"**

Complete this section if you are disclosing Sensitive Personal Information to be stored outside of Canada. You may need help from the Privacy Office.

28. Is any Personal Information being disclosed outside of Canada under FIPPA section 33(2)(f)? This section allows for information to be made available to the public under an enactment that authorizes or requires the information to be made public.
- Yes No
29. Is any of the Personal Information being disclosed outside of Canada under FIPPA section 33(2)(p)? This section allows disclosure for the purposes of (i) a payment to be made to or by CNC, (ii) authorizing, administering, processing, verifying, or cancelling a payment, or (iii) resolving an issue regarding a payment.
- Yes No
- The payment processor is out of scope of this PIA

30. Describe the privacy risks for disclosure of Personal Information outside of Canada.

Use the table to indicate the privacy risks. For each privacy risk you identify, describe the potential impact to individuals or CNC, and describe a privacy risk response that is proportionate to the level of risk posed.

This may include reference to the measures to protect the Sensitive Personal Information (contractual, physical, technical, administrative measures) you outline elsewhere in this PIA. Privacy risks below are examples only; add new rows if necessary.

| Privacy risk | Impact to individuals or CNC | Risk response |
|--------------|------------------------------|---------------|
| N/A | N/A | N/A |

PART 6: PROTECTION

Please share how the initiative will secure Personal Information to protect personal privacy. People, organizations, or governments outside of your Initiative should not be able to access the Personal Information you collect, use, store or disclose. You need to make sure that the Personal Information is safely secured in both physical and technical environments.

31. Does your Initiative involve digital tools, databases, or information systems?

- Yes No

32. What physical security safeguards are in place to protect Personal Information in this Initiative?

Identify the elements of physical security that protect where the records for your Initiative are stored (Check all that apply. Specify, "Other" if applicable)

| Safeguard | At CNC | At Third Party |
|-------------|--------------------------|--------------------------|
| s. 15(1)(l) | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |

33. What technical security safeguards are in place to protect Personal Information in this Initiative?

Describe the elements of technical security that protect where the records for your Initiative are stored (e.g. secure passwords, encryption, firewalls, etc.) (More options on the following page)

| Safeguard | At CNC | At Third Party |
|-------------|--------------------------|--------------------------|
| s. 15(1)(l) | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |
| [Redacted] | <input type="checkbox"/> | <input type="checkbox"/> |

34. What administrative safeguards are in place to protect Personal Information?

Describe the elements of administrative security that protect where the records for your Initiative are stored (e.g. aliasing, aggregation, policies/procedures, standards of practice, etc.)

| Safeguard | At CNC | At Third Party |
|-------------|-------------------------------------|-------------------------------------|
| s. 15(1)(l) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [Redacted] | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [Redacted] | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [Redacted] | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [Redacted] | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [Redacted] | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [Redacted] | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [Redacted] | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [Redacted] | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

35. If the Initiative involves a Third Party, please indicate what type of Agreement governs the relationship between CNC and the Third Party. Please select one.

- CNC's GSA (negotiated Agreement between CNC and the Third Party)
- Vendor's Agreement (negotiated Agreement between CNC and the Third Party)
- Online "Terms of Service" or "Terms of Use" (often non-negotiable)
- Memorandum of Understanding/Memorandum of Agreement ("MOU"/"MOA")
- Other (specify):
- No Agreement

36. If the Initiative involves a Third Party, does an End User License Agreement ("EULA") apply to the individuals whose Personal Information is involved?

- Yes No

Privacy Officer Note: s. 13(1) [Redacted]

37. The Privacy Officer will need to review all draft/proposed Contracts/Agreements (and related materials, i.e. contract appendices/schedules; Third Party privacy policies or online terms and conditions, if any) involved in the Initiative. Have you ensured these have been provided? Check only one.

- Yes No N/A (No Third Party involved)

38. Where are the privacy related terms referenced in the contract or agreement if applicable? (Check all that apply)

- In the body of the contract or agreement
- Third Party will sign CNC's Privacy Protection Schedule
- Third Party will sign CNC's Data Security Schedule
- In the Third Party's privacy or data protection policy or appended schedules
- In a separate Information Sharing Agreement
- There are no privacy related terms in the contract or agreement (or related documentation)
- There is no contract or agreement for this Initiative

39. Controlling and tracking access

Review each strategy below that describes how to limit or restrict who can access Personal Information and how to keep track of who has accessed Personal Information in the past. Check all that apply. Specify "Other" if applicable.

- Managed role-based access to Personal Information for CNC employees
- Managed role-based access to Personal Information for Third Party
- Third Party access is time limited for installing, implementing, maintaining, repairing, troubleshooting, or upgrading an electronic system
- Third Party access escorted by authorized CNC employee
- Audit logs at CNC
- Audit logs from Third Party
- Other: *(fill in details)*

PART 7: ACCURACY AND CORRECTION

FIPPA section 28 states that a public body must make every reasonable effort to ensure that an individual's Personal Information is accurate and complete. FIPPA also gives an individual the right to request correction of errors or omissions to their Personal Information.

In this section, please demonstrate how you will make a reasonable effort to ensure the Personal Information you have on file is accurate and complete.

40. How will CNC ensure that the Personal Information is accurate and complete? (Check all that apply)

- Individuals input their own Personal Information
- Individuals update their own Personal Information
- Employee verifies that information is accurate and complete before processing
- Documented processes to ensure accurate and complete data entry and maintenance
- The Third Party manages the accuracy and completeness of Personal Information under the direction of CNC
- Software or service uses automated processes to enter and manage Personal Information
- Other: *(fill in details)*
- Other: *(fill in details)*

41. Is there a documented process in place to correct Personal Information?

- Yes No

42. Sometimes it is not possible to correct the Personal Information. FIPPA requires a process to make a note on the record about the request for correction if it isn't possible to correct the record itself. Is there a documented process in place to annotate the record?

- Yes No N/A (Corrections possible)

43. If there is a request for correction from an individual and CNC or the Third Party disclosed that individual's Personal Information in the last year, FIPPA requires that CNC or the Third Party provide the applicable other public body or Third Party about the request for correction. Will CNC or the Third Party ensure that these notifications are done when necessary?

- CNC will forward correction notifications
- Third Party will forward correction notifications
- CNC and Third Party will split responsibility based on who was authorized to disclose Personal Information to third parties before a correction request was made.

PART 8: RETENTION AND DISPOSITION

FIPPA requires that public bodies keep Personal Information for a minimum of one year after it is used to make a decision. Personal Information needs to be disposed of to limit privacy risk after legal retention timelines.

44. How long will CNC need to retain the records containing Personal Information? If there are different retention timelines for different types of records, please state each retention timeline based on record type.

| | |
|--|--|
| Record Type: Medical Records (based on individual profile) | Retention Period (in years/months): 16 years |
| Record Type: Scheduling Records | Retention Period (in years/months): 16 years |
| Record Type: | Retention Period (in years/months): |
| Record Type: | Retention Period (in years/months): |

45. How long will the Third Party need to retain the records containing Personal Information? If there are different retention timelines for different types of records, please state each retention timeline based on record type.

| | |
|---------------------------------|--|
| Record Type: Medical Records | Retention Period (in years/months): s. 21(1) |
| Record Type: Scheduling Records | Retention Period (in years/months): s. 21(1) |
| Record Type: | Retention Period (in years/months): |
| Record Type: | Retention Period (in years/months): |

46. How will you ensure that the records containing Personal Information are disposed of in accordance with the retention schedule noted in questions above? (Check all that apply)

- Schedule records review and disposition dates in Outlook calendars
- Build conditions for disposal into department Standard Operating Procedures
- Send direct written communication to staff or service providers.
- Other (explain):

47. What methods will be used to dispose of Personal Information following retention period? (Check all that apply.)

- CNC business unit shredding on campus
- CNC contracted shredding service provider
- CNC deletion of electronic record(s)
- Service Provider shredding/deletion of record(s) under CNC contract
- Service Provider shredding/deletion of record(s) under CNC written instruction
- Other (explain):
- Other (explain):

PART 9: INFORMATION FLOW

48. Complete the Information Flow Table

Use column 1 to describe the way Personal Information moves through your Initiative step by step. Describe the steps as if you were explaining it to someone who does not know about your Initiative.

Use column 2 to identify whether the action in column 1 is a collection, use or disclosure of Personal Information.

The Privacy Officer will complete column 3 to identify the legal authority you have for the collection, use or disclosure.

| Information Management Steps | Collection, use or disclosure | FIPPA and other legal authorities |
|---|-------------------------------|---|
| Student connects with the Health & Wellness Centre by either calling, emailing, or visiting the centre's reception to set up an appointment. | Collection | 26(c), 26(a) – Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), |
| Medical Office Assistant (MOA) compares the student's schedule with the service provider's schedule to determine the appointment time and puts that information into the MOIS system. | Collection / Use | 26(c), 26(a) – Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), / 32(a), 32(c) - Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), |
| Student misses the appointment or needs to reschedule. No show or appointment change is put into the MOIS system. | Collection / Use | 26(c), 26(a) – Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), / 32(a), 32(c) - Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), |
| Student attends the appointment and receives care. The provider will put in encounter notes, complete requisitions, prescriptions and provide assessments and care plans when needed based on the information collected during the appointment. | Collection / Use | 26(c), 26(a) – Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), / 32(a), 32(c) - Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), |
| Student schedules a follow up appointment to receive results of a requisition / test when necessary. | Collection / Use | 26(c), 26(a) – Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), / 32(a), 32(c) - Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), |

| Information Management Steps | Collection, use or disclosure | FIPPA and other legal authorities |
|--|-------------------------------|--|
| Provider documents encounter notes for follow up appointment including any updates to prescriptions or care plans. Provider continues above steps until student's need for care is complete. | Collection / Use | 26(c), 26(a) – Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), / 32(a), 32(c) - Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1) |
| Provider indicates billing code information for MOA to process for MSP, WCB, or private invoicing to the student based on the care provided in each appointment. | Use | 32(a), 32(c) - Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1) |
| MOA completes the billing process for the care provided to the student in each appointment based on the available coverage. | Use / Disclosure | 32(a), 32(c) - Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1), / 33(2)(h), 33(2)(e) – Health Professions Act section 19(1)(x.1), 19(1)(y), 19(1)(y.1) |
| Encounter, care and billing information is stored and used for regulatory reporting requirements, quality assurance and improvement of services, and the student's access to information rights. | Collection / Use / Disclosure | See above FIPPA authorities for collection, use and disclosure with the addition of disclosure under 33(2)(j) of FIPPA. |

Optional: Insert a drawing or flow diagram here or in an appendix if you think it will help to explain how each different part is connected.

PART 10: TRAINING

49. Identify which of the following activities all employees and Third Party (as applicable), will be trained on when collecting and managing the Personal Information for the College Initiative.
- Collection: Limit the collection to only what is explicitly necessary
 - Use: Use the Personal Information only for the purpose for which it was originally collected
 - Access: Only authorized employees (and, where applicable, service providers) may access the Personal Information
 - Disclosure: Not to disclose the Personal Information inside or outside CNC unless authorized under FIPPA
 - Storage: To store the Personal Information only in CNC-provided or approved storage locations and not to store unnecessarily in multiple locations
 - Retention: to keep the Personal Information for a minimum of one year – with longer retention periods only when necessary
 - Disposal: To dispose, when applicable, in a secure method that renders the Personal Information permanently irretrievable

PART 11: PERSONAL INFORMATION BANKS

50. Will your Initiative result in a Personal Information Bank (“PIB”)? A PIB is a collection of Personal Information searchable by name or unique identifier. If yes, please complete the table below. If more than one PIB will result, copy and paste an additional copy of the table below and fill out a separate table for each PIB.

Yes No

| | |
|---|--|
| Title | Student Client/Patient Information |
| Location | MOIS Cloud Server for CNC |
| Personal Information Types | Student first and last name, Student association with CNC, Dates and times of students making clinic visits, Medical history information of students, Students’ current medical enquiries, Evaluation information about students |
| Categories of Individuals Included | Students, Former Students |
| Collection Authority | 26(a), 26(c) |
| Purpose of Personal Information | To provide clinical support services for students and to meet regulatory requirements to manage client/patient information as regulated by health professions. |
| Categories of Persons Managing Information | CNC Employees, CNC Service Providers |

PART 12: OIPC REVIEW REQUIREMENTS (Privacy Officer to Complete)

51. Is this Initiative a data-linking program under FIPPA? If this PIA addresses a data-linking program, this PIA must be submitted to the Office of the Information and Privacy Commissioner.

Yes No

52. Is this Initiative a common or integrated program or activity? If this PIA addresses a common or integrated program, this PIA must be submitted to the Office of the Information and Privacy Commissioner.

Yes No

PART 13: PRIVACY OFFICE(R) COMMENTS

This PIA is based on a review of the material provided to the Privacy Office(r) as of **July 30, 2025**. If, in the future, any substantive changes are made to the scope of this PIA, the College will have to complete a PIA Update and submit it to Privacy Office(r).

s. 13(1)

Privacy Office Signature

This PIA is based on a review of the material provided to the Privacy Office as at the date in Part 13 Privacy Officer Comments above.

| Name and Title | Signature | Date signed |
|--|--------------------|---------------|
| Adam Cullum – Manager, Privacy and Records | As per email chain | July 30, 2025 |

PART 14: APPROVAL SIGNATURES

Institution Signatures

This PIA is compliant with FIPPA when it accurately documents information management practices and information flow at the time of signing. If there are any changes to the overall Initiative, including to the way Personal Information is collected, used, stored, or disclosed, the Department will inform the Privacy Office, and if necessary complete a PIA update.

By signing where required below, the signatories acknowledge and confirm their declarations as noted.

Declaration of Initiative Lead: I confirm that I understand the privacy impacts of this College Initiative and I am committed to my FIPPA obligations related to the collection and management of Personal Information involved in the Initiative. If there are any changes to the Initiative, including to the way Personal Information is collected, used, stored, or disclosed, I understand that the department will need to inform the Privacy Office and if necessary, complete a PIA update. I will establish and document information management guidelines for the Personal Information and ensure these are followed. I will ensure employees are trained on and able to comply with their obligations under FIPPA; related College policies and procedures; and CNC Privacy Office recommendations relative to this Initiative.

Signature of Initiative Lead or PIA Drafter

| Name and Title | Signature | Date signed |
|--|-----------|---------------|
| Rafael de la Pena – Director, Student Services | s. 22(1) | 31 July, 2025 |

Declaration of Dean / Director / One-Over-One Signatory: I confirm that I have reviewed this PIA and I acknowledge the residual privacy risks identified. I support the department by providing required time and operational resources to comply with FIPPA, related College policies and procedures, and CNC Privacy Office recommendations relative to this Initiative.

Signature of Dean / Director

| Name and Title | Signature | Date signed |
|--|-----------|---------------|
| Rafael de la Pena – Director, Student Services | s. 22(1) | 31 July, 2025 |

Declaration of Information Security: I confirm that I am satisfied that the Information Security safeguards employed in this college Initiative meet reasonable requirements relative to the amount or sensitivity of the Personal Information or CNC business information described in this PIA.

Signature of Information Security (Required only when college Initiative involves Information Security considerations)

| Name and Title | Signature | Date signed |
|--------------------------------------|-----------|-----------------------------|
| Liam Skelton – Cybersecurity Analyst | s. 22(1) | August 1 st 2025 |

Declaration of Information Technology: I confirm that I understand and approve of the proposed use-case of CNC IT systems described in this PIA, where applicable. I understand and approve of the Third Party's integration with CNC's IT systems for the College Initiative described in this PIA, where applicable.

Signature of Information Technology (Required when College Initiative involves use of CNC IT systems or integration of Third-Party technology with CNC IT systems.)

| Name and Title | Signature | Date signed |
|----------------|-----------|-------------|
| N/A | N/A | N/A |

Declaration of Head of Public Body or Designate: I have reviewed this PIA carefully and accept and will be accountable for the residual privacy risks identified for this College Initiative. I am satisfied with the completion of this PIA under FIPPA.

Signature of Head of Public Body or Designate Under FIPPA (Required only if Personal Information is involved in the Initiative as indicated in Question 7.)

| Name and Title | Signature | Date signed |
|---|-----------|----------------|
| Shelley Carter-Rose – Vice President, Student Affairs | s. 22(1) | August 5, 2025 |