

Responsibility of Trustees

1. Trustees are ultimately responsible for the collection, use, disclosure and protection of patient health information within their organization; therefore it is incumbent on them to monitor the access to this information by staff within their Trustee Organization. Each PIP Approver at a Pharmacy Trustee Organization should be assigned responsibility for monitoring PIP access of all those individuals approved for access to PIP by that PIP Approver utilizing the following guidelines:
 - a) **Frequency of Monitoring:** The frequency of monitoring PIP usage should be determined by the volume of accesses and the number of users with access to the PIP application. Where volumes of accesses are heavy for a particular Trustee organization, the frequency of monitoring should increase. It is important that monitoring be completed on a regular basis, with a minimum frequency of at least once per month. This allows any inconsistencies with access to be addressed in a timely manner thereby protecting both patient information and the Trustee.
 - b) **Method of Monitoring:** The web-enabled version of the PIP application has a built-in tool for monitoring PIP usage. Every user of PIP can view his or her own usage, while PIP Approvers can monitor usage for all users for a given location.
 - c) **Items to Review:** Based on interactions with patients, each Trustee should have a good idea about how and when patient data is accessed within PIP. Some, but not all, areas that should be reviewed include:
 - Same last name or family member profile accesses
 - Frequency of patient profile accesses within a given time period
 - Patient profile access outside normal work hours
 - Profile accesses without a matching, appropriate service event
 - d) **Further Investigation:** The PIP Approver should consult with the Trustee organization's Privacy and Security Officer. In cases where unauthorized access of patient data has occurred, the Privacy and Security Officer ((306) 787-3155) should report the situation to the Ministry of Health, Chief Privacy Officer.

2. Trustees are required to take all reasonable steps to ensure that the following rights of individuals are respected:
 - a) **Consent:** Consent is obtained for use and disclosure of personal health information.
Note: In certain circumstances a trustee will disclose personal health information to another trustee so that a service can be performed. In such circumstances the trustee receiving the information may act on the consent gathered by the first trustee and may use or disclose the information for the purpose it was received or for a consistent purpose, without the need to get consent a second time.
 - b) **Revoke Consent:** An individual may revoke his or her expressed or implied consent to the collection of personal health information or the use or disclosure of personal health information in the custody or control of a trustee.
 - c) **Prevent Access to Comprehensive Health Records:** Individuals have the right to prevent access to a comprehensive health record that is created and controlled by the Saskatchewan Health Information Network or by a person prescribed in the regulations under the act.
 - d) **Right to be informed:** HIPA requires that trustees take steps to inform individuals of the anticipated uses and disclosures of their personal health information and to establish policies and procedures to promote knowledge and awareness of the rights extended to individuals by the Act.
 - e) **Tracking Disclosures without Consent:** All trustees must be able to inform individuals about disclosures of their personal health information made without their consent.
 - f) **Collecting the Health Services Number (HSN):** HIPA places restrictions on the collection of HSN from individuals. Collection by a trustee for a health service or program but collection for other reasons must be in accordance with HIPA.
 - g) **Individual's Request to Review or Appeal and action/decision of a Trustee:** HIPA gives individuals the right to apply to the information and Privacy Commissioner to request a review of the action taken or a decision made by a trustee with respect to the individual's personal health information. Individuals also have the right to appeal to a court the decision of the trustee regarding whether the trustee will or will not comply with the recommendation of the commissioner.

Note: HIPA gives individuals the right to designate another person to act on their behalf regarding any of the individual's rights with respect to their personal health information.

3. The trustee must have policies and procedures that result in administrative, technical and physical safeguards that protect the integrity, accuracy and confidentiality of personal health information.
4. All trustees must have a written policy concerning the retention and destruction of personal health information and the policy must meet the requirements set out in regulations.
5. Trustees that use the services of a third party to process, store, archive, destroy, combine or otherwise manage personal health information must have a written agreement with that third party that meets the requirements of HIPA.
6. A trustee must take reasonable steps to ensure that personal health information collected is accurate and complete.
7. The trustee must know the identity of the person receiving personal health information any time it is disclosed. If the person is not a trustee, the Act requires the trustee to take reasonable steps to inform the recipient that the information must not be used for any purpose other than the reason it was disclosed.
8. Trustees are responsible for educating staff to ensure they are aware of the policies and procedures of the trustee that ensures compliance with the Act.
9. HIPA requires that if a trustee ceases to be a trustee, the personal health information must still be cared for in accordance with the Act.

For complete and detailed information regarding Trustee's responsibilities as outline in HIPA, please refer to the complete document at:

<http://www.gp.gov.sk.ca/documents/english/Statutes/Statutes/H0-021.pdf>