HIPA and PIPEDA - Preparing Your Community Pharmacy

In this document, unless the context indicates otherwise, “member(s) include(s) licensed pharmacist(s) and pharmacy technician(s).

TOP TEN TO-DO LIST

Background

The Health Information Protection Act (Saskatchewan) (“HIPA”) and the Personal Information Protection and Electronic Documents Act (Canada) (“PIPEDA”) outline privacy requirements for community pharmacies and community pharmacies must take, at a minimum, certain basic steps in order to comply with HIPA and PIPEDA.

The following is a list of “to-dos” recommended by MLT Aikins.

It is very important for members to note that HIPA and PIPEDA do not necessarily replace or change existing ethical requirements related to the practice of pharmacy. Practices that were, prior to HIPA and PIPEDA, unethical, but now appear to be permissible under HIPA or PIPEDA, continue to be unethical (for example, HIPA and PIPEDA make it optional for personal information to be disclosed without consent in a number of situations. In some circumstances members may not exercise that option as to do so might violate an underlying ethical obligation. Conversely, where previously permissible practices are now illegal under PIPEDA or HIPA, those practices must cease.

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<th>Top Ten To-Do’s</th>
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<td>1. <strong>One or more individuals within your pharmacy is responsible for implementing and overseeing privacy compliance.</strong></td>
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<td>- This is a mandatory requirement under PIPEDA and, although not formally required under HIPA, it will be very difficult for a pharmacy to ensure HIPA compliance without taking this step.</td>
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<td>- It is the responsibility of the pharmacy manager.</td>
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<td>- It will be important to ensure that the individual(s) is well trained and has adequate support and resources for doing the job.</td>
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<td>2. <strong>Ensure that proper confidentiality and privacy agreements are in place with service providers, affiliates, etc.</strong></td>
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<td>- Pharmacies remain responsible for personal information they provide to services providers.</td>
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<td>- This should also involve having employees sign a short privacy and confidentiality pledge. A sample form is attached.</td>
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<td>- Where existing agreements are in place with service providers, they should be reviewed to ensure they have proper confidentiality and privacy clauses.</td>
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3. **Identify the various purposes for which the pharmacy collects, uses, and discloses personal information.**
   - It is important to distinguish between primary purposes and any secondary purposes for which the personal information is being used.
   - The pharmacy must ensure that each of the purposes for which it is collecting, using, or disclosing personal information is authorized.

4. **Develop an external communications plan that will provide patients with reasonable notice of the pharmacy’s privacy practices.**
   - Options to consider include privacy brochures, website policies, posters, etc.

5. **Develop and implement privacy policies and practices for the pharmacy.**
   - This is specifically required by both PIPEDA and HIPA
   - This should include policies and procedures for managing privacy incidents and breaches and associated reporting requirements

6. **Implement privacy awareness training for employees.**

7. **Obtain express consent from patients where the patient’s consent cannot be implied in the circumstances.**
   - Legal advice should be obtained to help determine when express consent is required and when implied consent can be relied upon.

8. **Review existing security safeguards to ensure personal information under the control of the pharmacy is properly protected.**
   - Having proper security is required by law.
   - This should include implementing proper document retention and destruction policies. On this point, this is very important to remember that all documents must be retained for any minimum periods prescribed by law.

9. **Develop policies and procedures for dealing with requests by individuals for access to their personal information and handling corrections.**
   - Both HIPA and PIPEDA contain detailed rules and procedures for allowing individuals to access their personal information and handling corrections.

10. **Develop policies and procedures for dealing with privacy related complaints.**
    - A good complaint handling process can help prevent privacy related problems from escalating.
Please see the Resource Manual for template documents and additional guidance on the above items.
SAMPLE EMPLOYEE PRIVACY AND CONFIDENTIALITY PLEDGE

The privacy and confidentiality of its patient’s or client’s personal health information is a key concern of [insert name of pharmacy] (the “Pharmacy”) and accordingly the Pharmacy has policies, procedures, and practices in place to protect the privacy and confidentiality of its patient’s or client’s personal health information. One way to protect the privacy and confidentiality of personal health information is to require employees to sign a privacy and confidentiality pledge. Therefore, based on the above, I the undersigned agree as follows:

a) That I will only access personal health information on a need-to-know basis that is necessary for performing services on behalf of the Pharmacy;

b) That I will keep all personal health information in my possession in the strictest of confidence and only use such information for the purposes of performing services on behalf of the Pharmacy;

c) That upon no longer requiring the personal health information for the purposes of providing services on behalf of the Pharmacy, I will return or destroy all copies of the personal health information in my possession as instructed by the Pharmacy;

d) That I will follow all applicable Pharmacy security, privacy and confidentiality policies, procedures, and practices;

e) I acknowledge that I have read this Privacy and Confidentiality Pledge and understand that a breach of it may be in contravention of The Health Information Protection Act or other applicable laws.

Name (please print): __________________________________________________________

Position: ____________________________________________________________________

Signature: __________________________ Date: __________________________

Witness: __________________________ Date: __________________________

Questions?
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