

## OCINet Participant Privacy Re-Attestation Form

### Purpose:

- To update Participant information where there are changes to privacy contact information; or for ICHSCs, where there are changes to the locations of service, and/or to business ownership.
- To confirm the Participant’s ongoing readiness to comply with the privacy obligations identified in the OCINet Data Sharing Agreement (DSA), OCINet Participant Privacy Manual, and the the obligations of a Health Information Custodian (HIC) under Ontario’s *Personal Health Information Protection Act, 2004* (PHIPA) and associated regulations as it pertains to use of OCINet services.
- To confirm the Participant’s ongoing readiness to support its agents with appropriate use of OCINet services and systems that facilitate sharing of PHI among Participant HICs who collect, use or disclose personal health information (PHI) through the services and system(s), and ability to comply with the shared privacy policies included in the OCINet DSA and OCINet Participant Privacy Manual.

### Instructions:

Please have your organization’s privacy contact complete the privacy contact and attestation information below and submit it to [privacy@ocinet.ca](mailto:privacy@ocinet.ca). Any questions can be submitted to the same email address. The OCINet Privacy Office will review and reach out to address any findings requiring follow-up.

### Participant Privacy Contact Information

<b>Privacy Contact Name:</b>	
<b>Privacy Contact Role Title:</b>	
<b>Privacy Contact Email:</b>	
<b>Privacy Contact Phone:</b>	
<b>Privacy Office Contact Email/Phone if different from above</b>	

### Attestation of Privacy Compliance

To the best of our knowledge and based on reasonable efforts, the undersigned re-attests that the following privacy and security practices are **in place**, **partially in place**, or **not in place**, and will identify remaining activities and associated timelines where applicable.

Requirement	Status	Provide any pertinent notes on program changes made	Identify Partial or Incomplete Items, Timeline for Completion
<p>Our organization has a privacy program in place (i.e., established through policy and implemented in the organization) that meets the PHIPA obligations of a Health Information Custodian.</p> <p>For more information on privacy program requirements please consult this manual from Ontario's Information and Privacy Commissioner: <a href="#">Privacy Management Handbook for Small Health Care Organizations   Information and Privacy Commissioner of Ontario.</a></p>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		
<p>Our organization has a designated privacy contact responsible for addressing privacy matters in compliance with PHIPA and other applicable legislation.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		
<p>Our organization's privacy policies and procedures outline how our organization will manage privacy activities associated with our privacy obligations under PHIPA as a HIC and the shared policies in OCINet's Participant Privacy Manual including:</p> <ul style="list-style-type: none"> <li>• Handling access and correction requests</li> </ul>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		

Requirement	Status	Provide any pertinent notes on program changes made	Identify Partial or Incomplete Items, Timeline for Completion
<ul style="list-style-type: none"> <li>• Handling privacy inquiries or complaints</li> <li>• Privacy breach management</li> <li>• Handling consent directive requests</li> <li>• Conducting privacy audits of access to PHI</li> <li>• Conducting and tracking completion of privacy training for all agents</li> </ul>			
<p>Our organization's privacy policies outline expectations for staff or other Agents regarding:</p> <ul style="list-style-type: none"> <li>• Authorized purposes for collection, use and disclosure of PHI</li> <li>• Consent and consent management</li> </ul>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		
<p>Our organization has a statement of information practices available publicly that meets the expectations established in PHIPA.</p> <p>Our statement of information identifies the OCINet systems that store and provide access to our patients' clinical imaging information.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		
<p>Our organization provides all new Agents with privacy training when they join the organization. All Agents received privacy</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		

Requirement	Status	Provide any pertinent notes on program changes made	Identify Partial or Incomplete Items, Timeline for Completion
<p>refresher training annually. Completion of training is tracked and compliance reportable.</p>			
<p>Our organization’s privacy training and awareness materials identify that our Agents, when provisioned with accounts in other systems such as OCINet systems, are subject to our own privacy policies and procedures.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		
<p>All Agents of the organization sign a privacy and confidentiality agreement that obligates them to support their organization with privacy compliance and follow organizational privacy policies and procedures.</p> <p>Our organization tracks completion of these agreements when new Agents are onboarded and annually thereafter</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		
<p>Our organization reviews and confirms that there are privacy and security terms are in contracts with third parties with access to PHI in systems to support us in meeting our privacy obligations in the</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		

Requirement	Status	Provide any pertinent notes on program changes made	Identify Partial or Incomplete Items, Timeline for Completion
<p>OCINet DSA and Participant Privacy Manual.</p> <p>Our organization has a process to review the privacy and security practices of our third-party providers whose systems are connected to OCINet to validate their ability to comply with their obligations.</p>			
<p>Our organization will ensure that privacy assessments have been conducted for new or substantively updated systems connected to OCINet that send or receive PHI.</p> <p>Our organization has a documented procedure for responding to and tracking privacy risks.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		
<p>Our organization has policies or procedures in place to ensure compliance with OCINet's Privacy Considerations for Information Handling Policy in the Participant Privacy Manual pertaining to retention of logs or other documents associated with privacy events.</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		
<p>Our organization has processes in place to regularly review user accounts created for Agents to confirm access is required and to deprovision accounts in a</p>	<input type="checkbox"/> In Place <input type="checkbox"/> Partial <input type="checkbox"/> Not in Place		

Requirement	Status	Provide any pertinent notes on program changes made	Identify Partial or Incomplete Items, Timeline for Completion
timely fashion when an Agent leaves the organization.			

By submitting this completed form, our organization affirms that:

- To the best of our knowledge and based on reasonable efforts, the information provided in this attestation is accurate and reflects our organization’s current privacy practices and compliance status.
- Any identified gaps or areas for improvement have been disclosed, and our organization commits to addressing these in a timely and reasonable manner, in collaboration with OCINet and in accordance with mutually agreed-upon remediation plans.
- We understand that our ongoing connection to OCINet services is contingent upon maintaining reasonable and demonstrable compliance with PHIPA and related privacy obligations.
- Our organization affirms that all privacy and security practices described herein are implemented to the extent that is reasonably practicable.

**Name:**

**Title:**

**Date:**

**Information for Independent Community Health Service Centres (ICHSCs)**

Where the Participant uses the Diagnostic Repository Services of OCINet at one or more facilities please verify the following list of facilities and related information and provide any updates where the information has changed or is no longer accurate.

Name of Facility	
Licensee Name	
Licence Number	
Address	
Services Provided	
Contact Information (name, email, phone)	
Provide Details of Facility Change if any (i.e., closure, transfer of ownership)	