



Health and Social Services
Corporate Policies

POLICY IM-010

Title: Privacy Training and HIPMA Pledge Policy

Category: Information Management

Effective: February 3, 2023

1.0 Scope

1.1 Application

This policy applies to all Health and Social Services employees.

1.2 Purpose

This policy outlines the process for agents completing the Health Information Privacy and Management Act (HIPMA) privacy training and employees completing the Introduction to the Access to Information and Protection of Privacy (ATIPP) Act: Level 1 training.

1.3 Definitions

Agent means a person (other than a person who is prescribed not to be an agent of the custodian) who acts for or on behalf of the custodian in respect of personal health information, including for greater certainty such a person who is (a) an employee of the custodian, (b) a person who performs a service for the custodian under a contract or agency relationship with the custodian, (c) an appointee, volunteer or student, (d) an insurer or liability protection provider, (e) an information manager, (f) if the custodian is a corporation, an officer or director of the corporation, or (g) a prescribed person.

Custodian means the Department of Health and Social Services ("HSS").

Information Manager means a person (other than a person who is prescribed not to be an information manager) who, for or on behalf of a custodian (a) processes, stores, retrieves, archives or disposes of information, (b) strips, encodes or otherwise transforms identifying information to create information that is not identifying information, (c) provides information management or information technology services, or (d) provides a prescribed service.

Pledge means a pledge of confidentiality that includes an acknowledgement by the agent that they are bound by HIPMA and are aware of the consequences of breaching it.

There are 2 types of pledges:

- (1) the HSS Pledge of Confidentiality signed by employees, volunteers, students, and appointees.
- (2) Contract terms which stipulate the pledge of confidentiality requirements for agents working on a contract basis for the Department.

Privacy training means the HIPMA privacy training courses developed by the Access and Information Management Office on the collection, use, disclosure, management, and protection of personal health information.

There are 2 separate HIPMA privacy training courses:

- (1) *Ensuring Trust in Us*: the privacy training course for HSS employees and if stipulated in section 3.2 below, students, volunteers, and appointees.
- (2) *Privacy Awareness*: the privacy training course for information managers, service providers and insurers.

2.0 Policy Statement

2.1 General

This policy sets out the criteria and process for how HSS will fulfill its s.14 requirements of the *HIPMA Health Information General Regulation* with respect to its agents. Under section 14(a)(ii) and (iii), a custodian must ensure that each of the custodian's agents signs a pledge of confidentiality and provide privacy training, where appropriate.

Program areas may also require agents to complete training on a more frequent basis or when a change has been made to an information system. Agents may also be required to redo their training following a privacy breach.

This policy will also set out employees' responsibilities for completing the Introduction to the ATIPP Act: Level 1 training.

3.0 Process for Training and Pledge requirements

3.1 Employees

Privacy training: All new employees are required to complete the *Ensuring Trust in Us* privacy training course as part of their onboarding process and prior to accessing any personal health information held by HSS. This training must be completed on an **annual basis by October 1st of each year** unless the employee has undergone the training within the past 3 months. The Certificate of Completion is maintained on the employee's YG Learn profile.

Employees must also complete the Introduction to the ATIPP Act: Level 1 training on an **annual basis by October 1st of each year** unless the employee has undergone the training within the past 3 months. The Certificate of Completion is maintained on the employee's YG Learn profile.

Pledge: All employees joining HSS are required to sign the *HSS Pledge of Confidentiality* as part of their onboarding and prior to accessing any personal health information in the custody and control of HSS. The signed Pledge is submitted to HSS Human Resources, where it is maintained on the employee's file.

Re-signing the Pledge is **not required** when an employee completes their annual refresher privacy training. The Certificate of Completion is stored within the individual's YG Learn profile and can be accessed upon request, if required.

3.2 Appointees, students, volunteers

Privacy training: Appointees, students, or volunteers are required to complete the *Ensuring Trust in Us* training course only **if they are directly involved** in the collection, use, management, or disclosure of personal health information. The Certificate of Completion is maintained on the individual's YG Learn profile.

Appointees, students, and volunteers must also complete the Introduction to the ATIPP Act: Level 1 training only **if they are directly involved** in the collection, use, management, or disclosure of personal information. The Certificate of Completion is maintained on the employee's YG Learn profile.

Pledge: All appointees, students, or volunteers must sign the *HSS Pledge of Confidentiality*. The pledge is maintained by the program area they are affiliated with.

3.3 Service providers, information managers, insurers

Privacy training: Service providers, information managers and insurers are required to complete the *Privacy Awareness* training course only **if they are directly involved** in the collection, use, management, or disclosure of personal health information.

Service providers, information managers, and insurers must also complete the Introduction to the ATIPP Act: Level 1 training only **if they are directly involved** in the collection, use, management, or disclosure of personal health information. The Certificate of Completion is maintained on the employee's YG Learn profile.

Pledge: All service providers, information managers and insurers must sign a pledge of confidentiality, either the *HSS Pledge of Confidentiality* or as embedded in their contract with HSS. The pledge is maintained by the program area they are affiliated with.

4.0 Roles and Responsibilities

Managers will:

- Ensure that privacy training is completed by all new and current employees, prior to accessing any PHI or PI and on an annual basis by October 1st.
- Based on the criteria set out in section 3.3, ensure agents complete the appropriate privacy training. If uncertain on whether an agent is required to complete privacy training, contact the HSS Privacy Office at healthprivacy@yukon.ca.
- Ensure a pledge of confidentiality is completed and stored in accordance with section 3.
- Complete Introduction to the ATIPP Act: Level 1 training.

Employees will:

- Complete privacy training and sign a pledge of confidentiality.
- Complete Introduction to the ATIPP Act: Level 1 training.

HSS Human Resources will:

- Accept receipt of the *HSS Pledge of Confidentiality* from employees joining HSS and include a copy of the pledge on the employee's HR file.

VERSION: 1

DATE APPROVED: Feb. 03, 2023

APPROVED BY: Paul Dayne
Assistant Deputy Minister (print)

[Signature]
Assistant Deputy Minister (signature)

SPONSOR: Chief Information Officer

CONTACT: HSS Privacy Officer

KEYWORDS: HIPMA Training, ATIPPA

RELATED REFERENCES: *Health Information Privacy and Management Act, ATIPPA*

DATE TO BE REVIEWED: February 1, 2024

DATE AMENDED:

Appendix A



HEALTH AND SOCIAL SERVICES PLEDGE OF CONFIDENTIALITY

As an agent of the Yukon Government's Department of Health and Social Services (HSS), I pledge to keep information obtained during the performance of my duties with HSS confidential. I understand that confidential information includes, but is not limited to, information relating to:

- Personal health and personal information of individuals that is in the custody of HSS (including but are not limited to: health records, case notes, conversations, registration information, financial history);
- Personal information of HSS employees and other associates (including but are not limited to: employee records, disciplinary action);
- HSS business and corporate information (including but are not limited to: contracts, government business documentation)

- I acknowledge that if I knowingly breach the obligations described herein then I may be personally subject to a statutory fine of up to \$25,000 for each breach.
- I understand and agree to abide by the conditions outlined in this pledge, and they will remain in force even if I cease to be employed by or have an association with HSS.
- I further understand that as an agent of HSS I am bound by the Health Information Privacy and Management Act (HIPMA) and I am aware that any breach of my duty to maintain confidentiality may result in corrective action. Corrective action may include, but is not limited to: retraining, loss of access to systems, suspension, reporting my conduct to a professional regulatory body or sponsoring agency, restriction or revocation of privileges, financial penalties and immediate dismissal. I understand that it is my responsibility to familiarize myself with the terms of HSS policies and applicable legislation and to keep myself informed of any changes to them or of any new policies issued to replace or supplement them.

If I require help in retrieving or understanding these policies, I will seek help from my supervisor or HSS Privacy Officer.

I also understand and agree that:

- I will collect, use, disclose and access only the minimum amount of confidential information as required by my role or as required by law.
- I will not access confidential information of family, friends, co-workers, or any other individuals unless they are under my direct care, or I need to as part of my official duties at HSS.
- I will only access my own personal health information through the methods available for the public.
- I will only access, process and transmit confidential information using authorized hardware, software or other authorized equipment.
- I will not communicate or disclose confidential information either within or outside HSS, except to persons authorized to receive such information.
- I will not share HSS electronic information system password(s) with anyone. I understand that I am responsible for protecting the password(s) and all actions performed when the HSS electronic information system(s) have been opened using my password(s).
- I shall not remove confidential information from HSS premises except as authorized. In transit, I shall securely store the information and ensure it is in my custody and control at all times.
- I will not alter, destroy, copy or interfere with confidential information, except with authorization and in accordance with HSS policies and procedures.
- I shall immediately report all incidents involving loss, theft or unauthorized access and/or disclosure of confidential information to my immediate supervisor and to HSS Privacy Officer.
- I understand that HSS will conduct regular audits, that may include user logs, to ensure proper information and management policies and practices are followed during the collection, use, disclosure and access of personal health information.



HEALTH AND SOCIAL SERVICES
PLEDGE OF CONFIDENTIALITY

- Employee
- Contractor/Insurer/Service Provider
- Appointee/Student/Volunteer

First and last name (print)

Signature

Signature of witness

____ / ____ / ____
Date

____ / ____ / ____
Date

Instructions

Print, sign, and return completed pledge to:

New HSS Employees

Deliver completed pledge to your HR representative

All other signees

Deliver completed pledge to the HSS program area you are affiliated with

Personal information is collected under sections 15(a) of the Access to Information and Protection of Privacy Act for the purpose of complying with the HIPMA Health Information General Regulations s.14(1)(a)(2) pledge of confidentiality requirement.

For further information please contact the HSS Privacy Office by phone at 867-667-5919, toll free in Yukon 1-800-661-0408 (ext. 5919), by email at healthprivacy@yukon.ca.

YG(6341HSS) Rev.12/2022

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