

Policy and Procedure

Title:	Audit of Security Safeguards
Policy Number:	06.023
Effective Date:	May 5, 2014
Revised Date:	August 19, 2014
Approving Body:	President and CEO
Authority:	CancerCare Manitoba Act
Responsible Officer:	President and CEO
Delegate:	
Contact:	Health Information Services and CCMB Privacy Officer
Applicable to:	CCMB Community

1.0 **BACKGROUND:**

Not Applicable

2.0 **PURPOSE:**

2.1 To ensure that the security safeguards to protect personal health information at all stages of its collection, use, disclosure, retention, storage and destruction, are appropriate, complied with and implemented in accordance with *The Personal Health Information Act (PHIA)*.

3.0 **DEFINITIONS:**

3.1 **Information Systems Designate (IS Designate):** The individual with expertise in information systems and technology designated by the CancerCare Manitoba Chief Officer, Operations to work with the Privacy Officer to develop policies and procedures to safeguard and audit the confidentiality and integrity of personal health information stored, transmitted, or processed electronically.

4.0 **POLICY:**

4.1 CancerCare Manitoba (CCMB) as a trustee of personal health information under PHIA shall conduct an audit of security safeguards at least every two (2) years.

4.2 CCMB shall document the findings of the audit along with any recommendations to monitor and ensure compliance with PHIA, with a report to the CCMB President and Chief Executive Officer.

5.0 **PROCEDURE:**

5.1 The Privacy Officer shall oversee an audit of security safeguards related to personal health information and compile a summary report for the President and Chief Executive Officer at least every two (2) years.

5.2 The IS Designate and Privacy Officer shall complete a specific audit of electronic security safeguards related to personal health information and include a summary

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with the report to the President and Chief Executive Officer at least every two (2) years.

5.3 The audit of security safeguards shall include:

5.3.1 Confirmation that Confidentiality Pledges have been signed by all applicable employees and Persons Associated with CCMB;

5.3.2 Review of the restrictions on the collection of personal health information, including electronically;

5.3.3 Review of the effectiveness of the safeguards in place to protect the confidentiality, integrity and security of personal health information;

5.3.4 Ensuring appropriate policies and procedures are in place to allow only authorized individuals to download or compile personal health information for authorized purposes;

5.3.5 A compilation of reports of breaches of security and corrective procedures implemented;

5.3.6 Any disciplinary action taken shall be referred to Human Resources to report to the President and Chief Executive Officer.

6.0 **REFERENCES:**

6.1 *The Personal Health Information Act, Division 2, 18 (1)*

6.2 *The Personal Health Information Act, Personal Health Information Regulation 245/97, Registered December 11, 1997, 8 (1) (2)*

6.3 WRHA Policy, Audit of Security Safeguards, #10.40.060

Policy Contact:

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DOCUMENTATION

Policy Location:

This policy is located (hard and e-copy formats):

1. The original signed and approved policy is on file in the Executive Office, CCMB
2. The e-copy is on file in the CCMB Governing Documents Library, SharePoint
- 3.

Revision History:

Date	Version	Status	Author	Summary of Changes
dd/mm/yyyy	#	Initial, Draft Final Minor/Major revision		
05/05/2014	1	Initial	L Costa WRHA	New CCMB policy, adapted from WRHA policy
19/08/2014	2	Minor revision	Policy Team	Minor revisions made by Policy Team.
28/03/2018	2	Minor revision	S.Friedenberger	Reformatted to new template

Approvals Record:

This Policy requires approval by:

Approval	Date	Name / Title	Signature
		Not required.	

FINAL APPROVAL:

Date	Name / Title	Signature
12/09/14	Dr. S. Navaratnam President and CEO, CCMB	<i>Original signed by Dr. S. Navaratnam</i>