

DATE

Information and Privacy Commissioner
Suite 410, 9925-109 Street NW
Edmonton, AB T5K 2J8

Dear Information and Privacy Commissioner:

**Re: Privacy Impact Assessment for Alberta Netcare Portal and Connect Care Provider Portal
[CUSTODIAN NAME]**

I am submitting this PIA for Alberta Netcare Portal (ANP), including access to Connect Care Provider Portal (CCPP) via ANP. I am making this submission under the expedited PIA process originally described in Alberta Health's PIA for ANP (OIPC file H3879).

Alberta Health has made the latest PIA for ANP available to me, as well as the amendment to the ANP PIA that describes CCPP access via ANP. Further, Alberta Health has provided a summary of Alberta Health Services' (AHS) Connect Care PIA for my review which includes relevant sections that describe CCPP (OIPC file 032045).

I understand my related responsibilities as a Netcare "authorized custodian," under Part 5.1 of the *Health Information Act* (HIA) and the *Alberta Electronic Health Record Regulation* and as described in Sections A, C and D of the latest ANP PIA Alberta Health submitted on my behalf.

In accordance with section 3 of the *Alberta Electronic Health Record Regulation* I have completed a Provincial Organizational Readiness Assessment (pORA) and submitted it to Alberta Health for approval and will agree to the Alberta Netcare Body of Rules (described in the latest ANP PIA).

I have also signed the AHS Connect Care Provider Portal Access Agreement ("the CCPP Access Agreement"). As such, AHS has reviewed and accepted my CCPP Privacy and Security Self-Assessment and Certification, which asserts that I have met AHS privacy and security requirements regarding CCPP use.

I understand that this PIA applies to my use of ANP and my use of CCPP via ANP only and that I am responsible for maintaining and updating my HIA policies. Further, I understand that I am responsible for submitting PIAs to you for review and comment for any other proposed systems under my custody or control that collect, use and disclose identifying health information, as required by section 64 of the HIA.

[OPTION 1]

Please find attached a copy of my policies, as required by section 63 of the *Health Information Act* (HIA) and in support of Sections B and E of the OIPC PIA Requirements.

[CUSTODIANS REVIEW AND ADAPT WHERE NECESSARY MODEL POLICIES PROVIDED BY THEIR HEALTH PROFESSIONAL COLLEGE/ASSOCIATION]

[OPTION 2]

I have previously submitted a PIA to you for my [PRACTICE MANAGEMENT SYSTEM NAME] system, which was accepted on [DATE] file number [OIPC file #]. I have reviewed the policies I included with that submission and, in my opinion, they are sufficient to cover my use of ANP [OR] I have made the attached policy changes to accommodate my use of ANP. Please consider these policies in support of Sections B and E of the PIA Requirements.

Yours truly,

CUSTODIAN NAME