



Privacy Impact Assessment Checklist

The following checklist is provided as an initial assessment for any new initiatives, program changes, or projects that may have privacy related implications. Please complete the checklist and review with your Project Leader/Coordinator, Manager, Director or other Supervisor as required. If there are IM/IT implications, please contact WCH IM/IT for further discussion and review. For any questions or concerns, please contact the WCH Privacy Office at 416-323-7702 or via email at privacyoffice@wchospital.ca

Are you:	Yes/No
Designing a new program or service?	
Making significant changes to an existing program or service?	
Embarking on a quality improvement project?	
Commencing a project under WIHV?	

1. Will you be collecting, using or disclosing any personal health information (PHI) or personal information (PI) as part of this initiative?

a. If yes, please explain: _____

b. No

2. Will participants be asked to sign a consent form to use their PHI or PI?

a. If yes, please provide a copy
 b. If no, please provide a rationale as to why consent is not needed in this instance: _____

3. Have you reviewed the following WCH policies related to privacy:

Policy Name	Policy No.	Reviewed? Yes/No
Privacy Policy	1.20.001	
Privacy and Security of Personal Health Information	1.20.002	

Secure Disposal of Personal Health Information	1.20.003	
Fax Transmission of Personal Health Information within Circle of Care	1.20.004	
Fax Transmission of Personal Health Information with Patients	1.20.005	
Email Communication with Patients/ Patient Consent for E-mail Communications	1.110.006	
Audio Records and Photographic Images of Patients or Hospital Personnel	1.110.007	
Record Destruction	1.130.002	
Retention/Destruction of Records	1.130.003	
Privacy Breach Protocol		

4. Will the program require you to collect PHI or PI from other programs within WCH or with other hospitals/organizations outside of WCH?
 - a. No
 - b. Yes – If yes, has approval already been received from the other organization?

5. Will the information collected be shared with other programs within the WCH or with other hospitals/organizations outside of WCH?
 - a. No
 - b. Yes – If yes, please provide additional information to explain how this information will be shared

6. How will information be stored?
 - a. Paper based
 - b. Electronic

7. Please provide details as to how the information will be securely stored. Please provide physical examples (locked cabinets/offices), administrative (only certain people have access), as well as technological examples (encrypted)

8. How will you de-identify patient information?