# Privacy Impact Assessment – Health Information Listing Table (PIA Annotated Template - Section C)

# Document Purpose and Overview

A Privacy Impact Assessment (PIA) describes how proposed administrative practices or information systems may affect the privacy of the individuals who are the subjects of the information.

This document is intended to be adapted by the custodian when submitting a PIA in Section C: Health Information Listing Table. This table provides the Office of the Information and Privacy Commissioner (OIPC) with a list and description of the types of health information you will collect, use or disclose. Keep in mind the Health Information Act (HIA) requires that custodians only collect, use and disclose the amount of health information that is essential to meet the intended purpose.

The proper form to use is the PIA Annotated Template. This template is intended to assist community-based custodians in completing PIAs. It can be accessed on this page on the Alberta Health website.

Additional information about each section can be found on the AMA website and on the annotated template.

# Instructions for use

* Review the attached table carefully and remove or add items as needed
* Once complete, this table can be inserted in the Annotated Template with your clinic specific information in it in Section C – Project Privacy Analysis

# Privacy Training

The Alberta Medical Association offers privacy and security training to any Alberta community-based medical clinic. [Visit the AMA website today to learn more!](https://www.albertadoctors.org/leaders-partners/clinic-patient-privacy/privacy-training)

# Health Information Listing Table

This table lists the common health information collected in a community clinic. Please review it carefully and remove or add items as needed. Cut and paste this document into the Section C of the Project privacy Analysis when completed.

|  |
| --- |
| **Health Information Listing Table** |
| **Registration Information** | **Diagnostic, Treatment, and Care Information** | **Scheduling/Billing Information** |
| Patient name\*AddressPhone number (home)Phone number (work)Additional contact numbers (cell, pager)GenderDate of birthPersonal Health Number\*Contact nameContact relationshipContact AddressContact phone numbers (home, work)AlertsPharmacyChart Number\* | Family and social historyPast medical historyImmunization historyMedicationsAllergiesLab orders and resultsProblem listVital StatsProgress notesConsultsDiagnostic imaging reportsHealth service provider information (physician name, provider ID\*; referring physician name, referring Dr. ID)  | Appointment dateAppointment timeReason for visitPayerAmount owingUnitsProvider ID\*Referring Dr. ID\*Service facilityFunctional centreDateOriginating facilityOriginating locationHospital admit dateCommentsPay to entity |

\*Unique Identifier