

Please note this document is under review as a result of amendments to *The Health Information Protection Act* (HIPA) and its regulations.

In the meantime, please refer to the checklist below to determine whether your pharmacy is compliant with the new legislation.

Trustee Checklist for New HIPA Legislation

Employee training and acknowledgement:	 Do you have written policies and procedures in place to protect the personal health information ("PHI") in your
	 custody or control? Have you provided orientation and ongoing training to each of your employees (and any contractors) who have access to PHI about your policies and procedures for protecting PHI?
	 Have each of your employees (and any contractors) who have access to PHI signed a pledge of confidentiality acknowledging that: they are bound by your policies and procedures; and they are aware of the consequences of breaching those policies and procedures?
Record retention and destruction policy:	 Do you have a written record retention and destruction policy in place for PHI in your custody or control?
	 Does your record retention and destruction policy include either: a requirement that PHI be retained for at least 10 years after the last episode of care or until age 20 if the patient is a minor - whichever period is longer; or a retention schedule that sets out:



	 all legitimate purposes for retaining the PHI; and the retention period and destruction schedule for each one of those purposes? Does your record retention and destruction policy describe how the PHI will be securely retained and destroyed to minimize the risk of unauthorized access, use or disclosure? Does your record retention and destruction policy include a process for recording: the name of each individual whose personal health information is destroyed; a summary of what personal health information; the method of destruction of the personal health information; and the method of destruction of the personal health information; and
Agreement with information management service provider *HIPA defines "information management service provider" as follows: a person who or body <u>that processes, stores,</u> <u>archives or destroys records of a trustee</u> <u>containing PHI</u> or <u>that provides information</u> <u>management or information technology</u> <u>services to a trustee with respect to records</u> <u>of the trustee containing PHI</u> , and includes a trustee that carries out any of those activities on behalf of another trustee, but does not include a trustee that carries out any of those activities on its own behalf	 Do you use an information management service provider (IMSP) as defined in HIPA? If yes, do you have a written agreement with your IMSP that includes: a description of the specific service the IMSP will deliver; provisions setting out the obligations of the IMSP for the security and safeguarding of the PHI; provisions for the destruction of the PHI, if applicable; a requirement that the IMSP not use, disclose, obtain access to,



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	 process, store, archive, modify or destroy PHI received from a trustee except for the purposes set out in subsection 18(1) of HIPA; a requirement that the IMSP 	
	comply with the terms of your agreement; and	
	a requirement that the IMSP notify you of any breach of the agreement at the first reasonable opportunity?	
If the answer to ANY of the questions above is NO, you will need to update your policies, procedures, and agreements to ensure legislative compliance		

We also encourage you to refer directly to:

The Health Information Protection Act (HIPA) and

The Health Information Protection Regulations, 2023