

# Privacy Complaints and Inquiry Policy and Procedures

Version: 0.3

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## Document Control

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**Review Frequency:** Biennially or at greater frequency at the discretion of the Chief Privacy Officer

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### Approval History

Approver(s)	Approved Date
Sarah Hutchison, Privacy Officer, OntarioMD	August 29, 2013

### Revision History

Version No.	Version Date	Summary of Change
0.1	July 20 2012	First Draft
0.2	June 3, 2013	Gosia Kacprzak consistency review
0.3	June 18, 2013	Kathy Tudor – general edits and corporate communications

## 1. Purpose

An individual may request information and/or challenge OntarioMD compliance with respect to its information practices. This policy describes how OntarioMD will respond to such inquiries and complaints.

## 2. Scope

The *Privacy Complaints and Inquiry Policy and Procedures* apply to the manner in which OntarioMD handles privacy complaints and inquiries received from personnel, members of the public or stakeholders.

## 3. Procedure

OntarioMD's Privacy Officer is responsible for putting processes, practices and tools in place to manage, investigate, and remediate privacy breaches, complaints and inquiries.

### 3.1 Receiving Complaints and Inquiries

Individuals may obtain information about OntarioMD's privacy policies and procedures on OntarioMD's website. Individuals may submit a complaint or inquiry relating to OntarioMD's privacy policies, procedures and guidelines by contacting OntarioMD at:

OntarioMD Inc.  
150 Bloor Street West  
Suite 900  
Toronto, Ontario, M5S 3C1, Canada  
Attention: OntarioMD Privacy Officer  
**Email:** [privacy.officer@ontariomd.com](mailto:privacy.officer@ontariomd.com)  
**Telephone:** 416-340-2889

Individuals may submit:

1. Anonymous complaints and inquiries, or
2. Complaints and inquiries including the sender's name, address, telephone number, or e-mail address in order to receive a response.

Personal health information should not be submitted with the complaint or inquiry.

Individuals making a complaint or inquiry are requested to include the following information (as applicable):

- A detailed description of the complaint or inquiry;
- Date and time of occurrence;
- Individuals involved in the occurrence; and
- Any other pertinent information.

All privacy complaints and inquiries received by OntarioMD are reviewed by the Privacy Officer. The Privacy Officer acknowledges receipt of a complaint or inquiry within five (5) business days of receiving the complaint or inquiry. Where the sender has provided their contact information, OntarioMD may contact the individual to clarify the nature or scope of the complaint or inquiry. If OntarioMD is contacted with a complaint or inquiry regarding a Health Information Custodian's (HIC) information management or privacy practices, it will direct the individual to the appropriate HIC. If a complaint about a HIC could have an impact on OntarioMD's contract management and

compliance monitoring activities, OntarioMD may choose to follow up with the HIC regarding the investigation and resolution.

The Privacy Officer maintains a file for each complaint and inquiry and documents all related communications and any resolution that is achieved.

### 3.2 Investigating and Responding to Complaints and Inquiries

The Privacy Officer is responsible for assessing complaints and determining whether the complaint or inquiry:

- Is a privacy complaint or inquiry that should be investigated; and
- Relates to a privacy incident and should be addressed in accordance with the *OntarioMD Privacy Breach Management Policy*.

A privacy complaint or inquiry is subject to further investigation if it:

- Relates to an action on the part of OntarioMD personnel that could constitute a breach of OntarioMD's policies or procedures or the requirements of the *Personal Health Information Protection Act, 2004* and its regulation.
- Relates to an activity on the part of OntarioMD personnel that could be contrary to industry best practices, or directives or communications from the Information and Privacy Commissioner of Ontario; or
- Well-founded for any other reason.

The Privacy Officer documents the decision on whether to proceed with the investigation and the reasons for the decision in the *Log of Privacy Complaints and Inquiries*.

If the Privacy Officer determines that the privacy complaint or inquiry will *not* be investigated further, the Privacy Officer sends a letter to the complainant within ten (10) business days of receipt of the complaint or inquiry:

- Providing a response to the privacy complaint or inquiry;
- Advising that an investigation will not be undertaken; and
- Advising that a complaint may be made to the Information and Privacy Commissioner of Ontario if there are reasonable grounds to believe that OntarioMD has contravened or is about to contravene the *Personal Health Information Protection Act, 2004* or its regulation.

If the Privacy Officer determines that the complaint or inquiry *will* be investigated, a letter is sent to the complainant within ten (10) business days of receipt of the complaint:

- Advising that an investigation of the privacy complaint or inquiry will be undertaken;
- Providing an explanation of OntarioMD's privacy complaint and inquiry handling procedures;
- Indicating that if additional information is required, the complainant will be contacted;
- Setting out the timeframe for completion of the investigation;
- Setting out the nature of the documentation that will be provided upon completion of the investigation.

OntarioMD's senior management and personnel will be informed of the complaint or inquiry and impending investigation, as required and determined appropriate by the Privacy Officer. The Privacy Officer is responsible for conducting the investigation, including:

- Undertaking the review of relevant documents;
- Conducting interviews with the sender, personnel, OntarioMD's third party service providers or HICs, as appropriate; and
- Carrying out site visits and inspections, as appropriate.

Within twenty (20) business days of receipt of the complaint or inquiry, the Privacy Officer completes the investigation and documents the findings from the interviews, reviews and site visits in a report. The Privacy Officer may forward the report to OntarioMD's CEO or Board of Directors for their review. The report includes:

- Description of the complaint or inquiry;
- Findings from the investigation;
- Where OntarioMD's personnel, third party service providers and/or HICs have deviated from OntarioMD's policies and procedures and/or have been non-compliant with the *Personal Health Information Protection Act, 2004*, or its regulation;
- Any related considerations;
- Recommendations to address the concern or inquiry and timeliness for implementation; and
- A draft response to the sender.

### 3.3 Logging and Document Retention

The Privacy Officer provides status reports to OntarioMD's CEO and Board of Directors on a regular basis or as required, which include a description of the complaints or inquiries received and actions taken by the Privacy Officer to implement all recommendations until they are completed.

The Privacy Officer is responsible for the secure retention of:

- The *Log of Privacy Complaints and Inquiries*, including those for which an investigation was not undertaken; and
- Comprehensive files for each privacy inquiry and privacy complaint, including all correspondence (both external and internal) and any notes made during the investigation.

Documents are securely retained in accordance with OntarioMD's internal records management policy and procedures.

## 4. Responsibilities and Compliance

The Privacy Officer is responsible for implementing and enforcing this policy.

These procedures will be updated or revised biennially or more frequently, as needed, under the approval of the Privacy Officer. In reviewing and updating this document, OntarioMD will consult the guidelines produced by the Information and Privacy Commissioner of Ontario.