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 – [CUSTODIAN NAME]**

Please find attached my PIA for Alberta Netcare Portal (ANP). I am making this submission under the expedited PIA process described in Alberta Health’s PIA for ANP (OIPC file H3879).

Alberta Health has made available to me the above-noted PIA for ANP, as well as summary documents describing this PIA and the Alberta Electronic Health Record Information System. I understand my related responsibilities as a Netcare “authorized custodian,” under Part 5.1 of the *Health Information Act* (HIA) and the *Alberta Electronic Heath Record Regulation* and as described in Sections A, C and D of the ANP PIA Alberta Health submitted on my behalf.

In accordance with section 3 of the *Alberta Electronic Health Record Regulation* I will complete a Provincial Organizational Readiness Assessment (pORA) and submit it to Alberta Health for approval and will enter into an Information Manager Agreement with Alberta Health.

I understand that this PIA applies to my use of 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/ASSOCIAITON]

[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