



Yukon
Information
and Privacy
Commissioner

Privacy is a public interest

2016 Annual Report



Yukon Information and Privacy Commissioner
Diane McLeod-McKay



The Honorable Nils Clarke
Speaker, Yukon Legislative Assembly

Dear Mr. Speaker:

As required by section 47 of the *Access to Information and Protection of Privacy Act* and Section 97 of the *Health Information Privacy and Management Act*, I am pleased to submit the Annual Report of the Information and Privacy Commissioner for the calendar year 2016.

In keeping with past practice, I am also pleased to share this with the Yukon public.

Kind regards,

Diane McLeod-McKay,
Yukon Information and Privacy Commissioner

A legislative review, a brand new act & help for public bodies to manage privacy

I am very pleased to present my third Annual Report for the Office of the Information and Privacy Commissioner (IPC). It has been my pleasure to serve in this role over the past three years. I am looking forward to 2017, when I plan to carry out more outreach to the public, public bodies and custodians.

2016 has been a very busy year for our office. Not only did we have our regular work to do (which was plentiful, with 64 files opened) but in addition to this, a review of the *Access to Information and Protection of Privacy Act* (ATIPP Act) was launched and the *Health Information Privacy and Management Act* (HIPMA) was brought into force on August 31, 2016.

HIPMA – A prescription for privacy

HIPMA applies to ‘personal health information’ collected, used and disclosed by ‘custodians’. These include the Department of Health and Social Services, a hospital or health facility, a health care provider (such as a doctor, dentist, dental hygienist, dental assistant, dental therapist, chiropractor,

staff to support the increased workload. We also developed new resources designed to help custodians meet their requirements under HIPMA and to help the public understand their rights. By the end of 2016, we had opened 12 HIPMA files.

HIPMA has several important features. It establishes the rules that custodians must follow to collect, use and disclose personal health information. For example, there are rules that require custodians to limit the collection, use or disclosure of personal information to the amount necessary, after first determining the need to collect, use or disclose it at all. I call these rules the **limitation rules**. The only time a custodian is not required to apply the limitation rules is *when a law requires* the collection, use or disclosure of personal health information.

HIPMA also requires custodians to develop information management policies and procedures and to take all reasonable steps to prevent a security breach. They must also appoint a privacy contact, who is responsible for addressing complaints and processing access to information requests. If a breach occurs, a custodian must notify the affected individuals if they are at risk of significant harm from the breach. They must notify my office at the same time.

Another unique feature of HIPMA is that the *Health Information General Regulation* requires some custodians to submit privacy impact assessments to the IPC in certain

circumstances. This is very positive, as it ensures these custodians are following HIPMA and enables them to identify and mitigate any risks to privacy.

HIPMA also establishes rights for individuals:

1) Individuals have **the right to control their own personal health information** through the rules established under HIPMA.

HIPMA is consent-based legislation. This means that, subject to limited exceptions (noted below), a custodian may only collect, use or disclose

your personal health information with your consent. Whether express or implied, your consent will only be valid if it relates to the personal health information, if it is given voluntarily and not obtained by fraud or misrepresentation, and if it is ‘knowledgeable’. For your consent to be knowledgeable, you must know the purpose of the collection, use or disclosure, and you must be informed that you can withhold or withdraw your consent. You must also be informed that without your consent, the custodian can only collect, use or disclose your personal health information if HIPMA allows it.

Under HIPMA, there are some circumstances that authorize a custodian to collect, use or disclose your personal health information without your consent. These are primarily for the purpose of providing you with health care or for other health care related purposes, such as billing, education of health care providers, and management of the health care system. Although the rules that allow the collection, use and disclosure of personal health information without your consent may seem troubling, it must be remembered that the limitation rules apply to a majority of these collections, uses or disclosures.

2) Individuals have **the right to request access to their own personal health information**. The custodian must provide it unless an exception authorizes the custodian to refuse. There may be a fee for receiving the information.

As well, in recognition of the extensive use of technology to process personal health information, you also have the right to request a custodian to provide you with a record of ‘user activity’. This record will show you who has accessed any of your personal health information that is stored in a database.

3) Individuals have **the right to limit access by a custodian or their agents** (including employees, contractors, volunteers and students) to the individual’s personal health information stored in an information system that has been designated as part of the Yukon Health Information Network (YHIN). There are currently three

information systems designated as YHIN systems. They are the Yukon Hospital Corporation’s Meditech system as well as the drug information and client registry systems operated by the Department of Health and Social Services (HSS).

4) Individuals have **the right to make a complaint to the IPC** upon reasonably believing that a custodian is not complying with HIPMA. The IPC has broad authority to investigate the complaint and make recommendations to remedy any non-compliance, including recommending that the custodian stop collecting, using or disclosing personal health information contrary to HIPMA and destroy any information collected without authority.

In 2017, I plan to host some HIPMA information sessions for the public and some workshops for custodians to help them understand and apply this important legislation.

ATIPP Act currently under review

The Department of Highways and Public Works (HPW), which is responsible for the ATIPP Act, conducted a survey in the summer of 2016, inviting the public to provide their views on the ATIPP Act. In December, HPW released a Review



Report that contained information about the ATIPP Act and the input provided so far.

The report, unfortunately, suggested there were significant problems with the ATIPP Act, which led me to provide comments in response, attend meetings



pharmacist, nurse, or optometrist), the Minister of Health and Social Services, Emergency Medical Services in the Department of Community Services, Kwanlin Dün First Nation Health Centre, Many Rivers Counselling and Support Services Society, and the Child Development Centre.

In anticipation of HIPMA being brought into effect, our office had to make a number of changes to our website and our internal complaint management procedures, as well as hire additional

to share my views with government and MLAs, and hold public information sessions to inform the general public. In addition, I issued a news release and a comments document to Yukon media, and held a news conference to speak with reporters directly. These initiatives were all aimed at ensuring the public and those responsible for the review are more informed about the ATIPP Act.

In my comments, I indicated that the ATIPP Act is a good law. I clarified that the primary purpose of all privacy laws, including the ATIPP Act, is to protect an individual's right to control their own personal information. I stated that any amendments to the act must preserve this right.

I also indicated that the challenges experienced by public bodies mentioned in the report had more to do with the lack of full implementation by public bodies - including the development of privacy policies and procedures, and the training of staff - than with the law itself.

I was informed by representatives from HPW that a draft law would likely be available to the public for additional feedback before being tabled in the Yukon Legislative Assembly. I would encourage all Yukoners to take the opportunity to review the draft law, when it becomes available. The ATIPP Act affects every single person in Yukon, which makes this a very important discussion for us all.

Privacy management in public bodies

In my 2014 Annual Report, after expressing my concern that public bodies do not have privacy management programs inclusive of privacy policies, procedures and training, I indicated that I would evaluate the maturity of privacy management programs in 2015. In October of 2015, the Yukon government developed a policy that obligates all departments to establish a privacy management program. In recognition of this work, I said I would wait another year to evaluate the status of these programs. In December of 2016, I sent a letter to all public bodies inviting them to provide me with the status of their privacy management programs. To ensure consistency in responses, I provided each with a form to identify what aspects of the program were in place. The form referenced components that are needed to ensure a privacy management program is effective under the ATIPP Act. These components had been shared with public bodies in 2014. They are:

- **Public body commitment** – This includes executive support for a properly-resourced privacy management program and the appointment of a privacy officer at a senior level. The officer is responsible for ensuring the public body is compliant with the ATIPP Act, for the management and direction of the privacy management program, and for reporting to the executive management so they are kept informed about the program.
- **Program controls** – This includes the development and use of a personal information inventory, privacy policies and procedures including breach management and risk assessment tools (privacy impact assessments and security threat risk assessments). Employees must be trained on the policies and procedures and there must be sufficient protections for

privacy built into service provider contracts. The public must receive adequate communication about the collection, use and disclosure of their personal information, about their rights under the ATIPP Act, and about the public bodies' program controls.

- **Assessing and revising program basics** – This means that the privacy management program must be reviewed at least annually to ensure it is operating effectively and that changes are made as needed to improve the program.

The responses I received from public bodies are set out in the table on the facing page. Unfortunately, we did not receive many responses. Although the Department of Highways and Public Works provided a response on behalf of all Yukon government bodies, individual department responses would have provided us with more detail.

In the next year or so, I plan to develop guidance for custodians on how to develop a privacy management program to ensure compliance with HIPMA. Following that, I expect that the status of custodians' privacy management programs will be evaluated.

More work needed to improve access to information

During our review in 2016 of some access to information requests, I became concerned that not enough education and training is provided to staff who are managing these requests.

In one case, a public body took it upon itself to direct a request for access to information to its own internal process, rather than sending the request to the records manager. However, the only way for an individual to exercise their right to access information is through Part 2 of the ATIPP Act. This requires that the request be made to the records manager. Using an internal process, which bypasses the records manager, has the effect of removing the rights afforded to applicants under Part 2.

In another case, it was discovered that the department, rather than applying the provisions of the ATIPP Act that authorize a public body to refuse disclosure of a record, decided not to disclose the existence of the record to the applicant, solely on the basis that it contained an unfavourable opinion about the applicant.

In my comments issued in anticipation of the 2015 review of the ATIPP Act, I indicated that to improve the management of access to information by public bodies, the staff responsible for managing access to information requests should be employed at the appropriate level within a public body, trained to properly carry out their role, and given autonomy for decision-making about the application of the ATIPP Act. The review report, issued by the Yukon government in December of 2016, stated that "Yukon government staff noted that the role of ATIPP coordinator is typically undervalued within government...".

I encourage public bodies to examine these roles to ensure the staff who are responsible for managing requests for access to information are educated sufficiently to apply the ATIPP Act properly, so that citizens are able to exercise their right to access information in accordance with Part 2.

Update on goals

In my 2013 Annual Report, I identified three goals that I intended to work on during my term. They are improving performance, building relationships and demonstrating our accountability. Below is an update on these goals.

Improving Performance

In my last two annual reports, I included updates on what we had done to improve performance. One of the key changes we made during that period was the development of our early case resolution model. The purpose of creating this model was to improve timelines for resolving complaints that came into our office. In 2015, I reported that we had made significant improvements in meeting our performance measures. However, in 2016 we experienced some difficulty in meeting our targets.

Even though we are committed to resolving complaints quickly, we learned that some complaints are more challenging than others to resolve, due to the complexity of the issues that arise. In 2016, we saw an increase in privacy complaints and we found that investigating these complaints took longer than expected and resulted in a considerable number of exchanges back and forth between us and public bodies. We will be looking at these investigations to determine how we can manage this kind of work more effectively in the future. In addition to these challenges, in four cases, a public body agreed to settle the investigation by completing

a privacy impact assessment. Unfortunately, it took them more than a year to get the assessments to us for our comments. This caused our timelines on these files to exceed our performance measure.

In recognition of these issues and the need to build some flexibility into our informal process, we changed the name of our 'early case resolution process' to 'informal case resolution.' For those cases that are complex, we plan to build a mechanism into our informal case resolution process to establish more realistic timelines for resolution for complex cases. This will help ensure we give ourselves enough time to properly consider the issues and to communicate with the complainant and the public body or custodian more clearly about whether we can settle a complex complaint.

Under HIPMA, we adopted the same performance measures that we use for our review settlement work under the ATIPP Act. This means we only have 90 days to settle a complaint under HIPMA.

Building relationships

We continued to work with public bodies to resolve complaints informally and achieved some success.

Only two inquiries and one formal

investigation were completed in 2016. The decision to conduct a formal investigation was not because the informal resolution process failed, but because I was of the view that the circumstances warranted a full investigation.

We also worked proactively with public bodies in several ways to help them meet their obligations under the ATIPP Act, including through providing feedback on privacy impact assessments, breach investigations, policies and procedures, and privacy program development.

Given our expectation that HIPMA would be brought into force in 2016, we reached out to a number of custodians to begin discussions with them about the act and to hear any concerns. Several staff from our office were part of the HIPMA Implementation Custodian Advisory Committee, led by the Department of Health and Social Services (HSS). The purpose of this committee was to develop resources to assist custodians in meeting their obligations under HIPMA. A number of custodians also participated in this work.



For 2017, I will expand this goal to include building relationships with the public. To date, it has proven very challenging to get the message out to the public about what my office does and so I have requested some additional money in next year's budget to hire a resource to help me improve communications to the public.

Demonstrating our accountability

Our ability to meet our performance measures was tested this year for the reasons already noted.

That said, our new case management system (implemented last fall) will assist us in producing better information about our procedures, so they can be more easily improved.

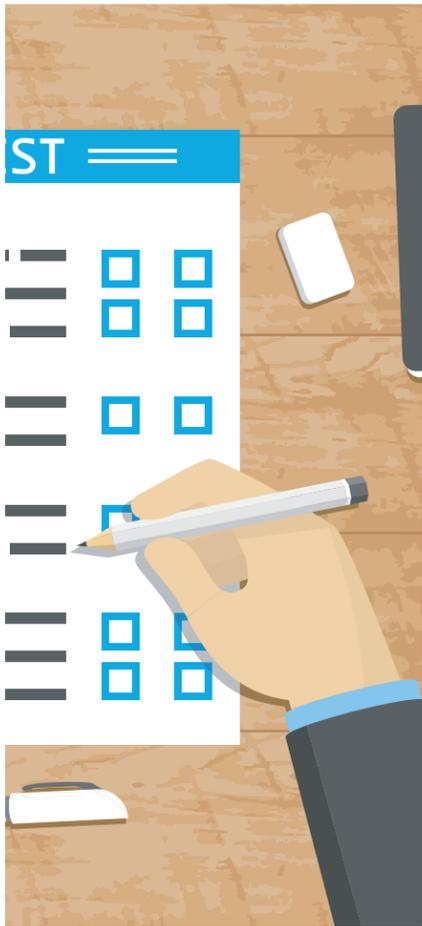
Please see the stats section for more information about our performance in 2016.

For more information about the role and work of the Information and Privacy Commissioner, please go to www.ombudsman.yk.ca/ipc or contact our office. Our contact information is given at the end of this report.

Diane McLeod-McKay
Information and Privacy Commissioner

► Privacy Management Program Self-Evaluation Responses

At right is a table setting out the responses received from public bodies about the maturity of their privacy management programs. These responses were mentioned in the section of this report entitled “Privacy management in public bodies”.



Yukon Development Corporation provided some information about the status of its privacy management program but did not complete the tool. The self-evaluation tool and accompanying guidance can be found at: www.ombudsman.yk.ca/PMPself-evaluation.

Public body	Program Building Block	Requirement in place (yes/no/partial)	
The Department of Highways and Public Works provided one response on behalf of all Yukon government public bodies (the departments) and the Yukon Liquor and Housing Corporations, in respect of the development of a corporate-wide privacy management program	Public Body Commitment	Executive Support	TBD
		Privacy Officer	Yes
		Reporting	Yes
	Program Controls	Personal Information Inventory	In progress
			In progress
		Policies and Procedures	(All policies and procedures were identified as “Yes” except ‘facilitating access to’ and ‘correction of information’ which were marked “In progress”.)
		Risk Assessment Tools	Yes
		Training	Yes
		Service Provider Management	In progress
		Communication with Individuals	In progress
Assess/Revise Program Basics	Commitment Review	Yes	
	Controls Review	Yes	
Yukon Workers’ Compensation Health and Safety Board	Public Body Commitment	Executive Support	Yes
		Privacy Officer	Yes
		Reporting	Yes
	Program Controls	Personal Information Inventory	Partial, in progress
		Policies and Procedures	Yes
		Risk Assessment Tools	Yes
		Training	Yes
		Service Provider Management	Partial, in progress
	Assess/Revise Program Basics	Communication with Individuals	Yes
		Commitment Review	Yes
Yukon College	Public Body Commitment	Controls Review	Yes for all except ‘information inventory’ which is marked “Partial”.
		Executive Support	Yes
		Privacy Officer	Yes
	Program Controls	Reporting	No
		Personal Information Inventory	Partial
		Policies and Procedures	Partial
		Risk Assessment Tools	Yes
		Training	No
		Service Provider Management	Partial
		Communication with Individuals	Partial
Assess/Revise Program Basics	Commitment Review	Yes	
	Controls Review	No	
Yukon Hospital Corporation	Public Body Commitment	Executive Support	Yes
		Privacy Officer	Yes
		Reporting	Yes
	Program Controls	Personal Information Inventory	Yes
		Policies and Procedures	Yes
		Risk Assessment Tools	Yes
		Training	Yes
		Service Provider Management	Yes
	Assess/Revise Program Basics	Communication with Individuals	Yes
		Commitment Review	Yes
	Controls Review	Yes	

► What’s missing matters

WHEN GOVERNMENT RECEIVES A REQUEST FOR RECORDS UNDER THE ATIPP ACT, ONE OF THE FIRST STEPS IS TO COMPILE A LIST OF EVERYTHING THAT IS RESPONSIVE TO THAT REQUEST. WHEN THE LIST IS LACKING, IT UNDERMINES THE SPIRIT AND INTENT OF THE LAW.

Rebecca approached our office with a complaint about her request for records under the ATIPP Act.

When Rebecca made her request to the Department of Education, she had a good idea about what some of the records might be. But when the department provided the Records Manager with a list of records that responded to the request, something didn’t look right to Rebecca. She knew about an email that should have been on the list, and so she made a complaint to our office. During our investigation, it came to light that an email had indeed been left off the list and that the missing

email contained an opinion about Rebecca.

It is fundamental to the operation of the ATIPP Act that all records which respond to the applicant’s request be included in the list, with very limited exceptions.

There is also an important point, which often causes some confusion, about whose personal information an opinion is. When a government employee writes an opinion of someone, that opinion

belongs to the person being written about, not the employee who wrote it. In Rebecca’s case, the opinion about her is considered part of her personal information and therefore would be released to her.

We found that the department’s decision not to include the email in the list was deliberate, but was done in good faith, resulting from a lack of understanding and training on the ATIPP Act.



Rebecca’s complaint resulted in her receiving a copy of the email, subject to some limited redactions. However, in most cases an applicant would have no way of knowing what the responsive records might be. They must trust that the public body will identify the records and provide them to the Records Manager.

As a term of settlement, we proposed that the public body ensure any staff member who responds to an access request has sufficient understanding of the ATIPP Act to be compliant with its requirements. It is not fair to expect staff to do a job for which they do not have enough training or support.

When responsive records are not identified or provided, it undermines the spirit and intent of the ATIPP Act and the individual’s right of access, as well as the Records Manager’s ability to respond openly, accurately and completely, as required by the Act. As well, it’s important to know that written opinions are personal records that belong to the person being described.

▶ Collection woes

VERY SENSITIVE PERSONAL INFORMATION IS SOMETIMES REQUESTED WHEN APPLYING FOR SOMETHING AS COMMON AND EVERYDAY AS A DRIVER'S LICENSE, SO IT IS IMPORTANT TO ENSURE SUCH INFORMATION IS COLLECTED PROPERLY.

Leonard came to us with a concern about information requested by the Motor Vehicles Office (MVO) in the

Transport Services Branch of Highways and Public Works. He was renewing his driver's license and because he was over 70, he needed to submit a Driver's Medical Report form to the MVO. The form requested two pages of detailed information about Leonard's physical and cognitive health from his physician, in order for the office to assess whether a license should be issued. Leonard was concerned that the form was asking for too much personal information.

When our office looked into the complaint, we found that Leonard's physician had an out-dated copy of the form. This was because the MVO had revised the form, but had not yet circulated it to all Yukon physicians. We then reviewed the revised form together with the MVO. Aside from some minor changes that we asked for, we found that the office did have the authority to collect all the information requested in the form. So that portion of Leonard's complaint did not end in the way he had hoped.

However, in reviewing the form, we found that the stated purpose of collection on the form was overly broad, which meant that the notice requirements in the ATIPP Act were not being met. As a result of our work with the department, the form (now called the Medical Examination Certificate) was revised so the purpose of collection is accurately stated and the notice meets the requirements of the ATIPP Act.

Highways and Public Works also acknowledged the highly-sensitive nature of the personal information being collected and committed to review all the physical, administrative and technological controls over this information. It will consult our office as needed. A full Privacy Impact Assessment of all of the Motor Vehicles Office activities is scheduled for the near future.

Even though a complaint under the ATIPP Act may not achieve the result you want, it can still have lasting benefits for the general public. In this case, the purpose of collection is now properly stated on a form and a review of security controls over sensitive personal information is occurring.



▶ Information, in custody

LIKE OTHER YUKONERS, INMATES HAVE THE RIGHT TO USE THE ATIPP ACT PROCESS TO ACCESS THEIR PERSONAL INFORMATION HELD BY PUBLIC BODIES. BUT WHEN THE WHITEHORSE CORRECTIONAL CENTRE USED ITS OWN INFORMAL INFORMATION REQUEST PROCESS IT LED TO DELAYS AND CONFUSION.



Robert, an inmate at Whitehorse Correctional Centre (WCC), brought two complaints to us about the way his access to information request was handled.

Robert's access request was for records of an incident at WCC in which he was allegedly assaulted by another inmate. He complained to us that WCC had delayed his access request, and that WCC had not conducted an adequate search for information, including for photos of him that he believed had been taken and that should have been part of the response to his request.

After our investigation, we found that WCC did fail to forward Robert's request directly to the Records Manager who is responsible to process access requests under the ATIPP Act. Instead, WCC first diverted Robert's request to an informal internal process at WCC. It took a week for WCC to forward the request to the Records Manager. This resulted in a delay in the ATIPP Act access response, which includes specific timelines. We also found that the internal process strays into the domain held by the ATIPP Act.

Our recommendations to WCC were to immediately set up a practice of directly forwarding inmate access requests to the Records Manager as quickly as possible. We also recommended that WCC suspend its

internal information request process until it can be amended to distinguish itself clearly from the ATIPP Act process and to ensure it is compliant with the ATIPP legislation. In addition, we recommended that WCC train its employees on the requirements of the ATIPP Act, as the investigation showed evidence of some confusion and misunderstanding of how ATIPP Act access requests should work.

In regard to Robert's complaint about the adequacy of WCC's search for

relevant information, we found that WCC did not initially meet required standards for an open, accurate and complete response but did so after additional prompting. The first response from WCC included nine written pages and one video. A second request from Robert resulted in 14 more pages, but still no photos.

An inmate is no different from any other citizen who wishes to access information through the ATIPP Act. They have the right to use the ATIPP Act process to obtain information and not have their request re-directed to another process, however well-intentioned.



▶ Budget summary

The Office of the Information and Privacy Commissioner's budget covers the period from April 1, 2016 to March 31, 2017.

Operations and maintenance (O&M) are expenditures for carrying out day-to-day activities. A capital expenditure is for items that last longer than a year and are relatively expensive, such as office furniture and computers.

Personnel costs comprise the largest part of our annual O&M budget and include salaries, wages and employee benefits. Expenses described as 'Other' include such things as rent, contract services, supplies, travel and advertising.

For accounting purposes, capital expenses are reported jointly for the Offices of the Ombudsman, the Information and Privacy Commissioner (IPC), and the Public Interest Disclosure Commissioner (PIDC) because all staff use these assets in their work. This is also the case for the personnel category.

Our personnel budget increased slightly in 2016 to provide staff with a small increase in wages and to create a new position to support the extra work load created by the *Health Information Privacy and Management Act*, which was brought into force in August of 2016. The new position was filled in May of 2016. There was also a small increase in the O&M budget for the Ombudsman's Office to fund the Canadian Council of Parliamentary Ombudsman meeting, hosted in the territory by the Yukon Ombudsman in June of 2016.

2015/16 Budget

Personnel (combined)	\$ 765,000
Capital (combined)	\$ 34,000
Other (Ombudsman's office)	\$ 104,200
Other (IPC's office)	\$ 131,000
Other (PIDC's office)	\$ 17,800
Total	\$ 1,052,000

2016/17 Budget

Personnel (combined)	\$ 841,000
Capital (combined)	\$ 5,000
Other (Ombudsman's office)	\$ 109,000
Other (IPC's office)	\$ 131,000
Other (PIDC's office)	\$ 18,000
Total	\$ 1,104,000

MEASURED UP IN 2016

Accountability Metrics

Part 1 – ATIPP

File management goals

- See diagrams below.

Proactive compliance work

- worked with the Yukon government ATIPP Office to help it develop privacy management policies, procedures and training for Yukon government public bodies
- met with custodians to discuss implementation of HIPMA
- participated in the development of HIPMA compliance tools
- developed HIPMA resources for custodians and the public

Skills development

- IPC and staff attended national meetings and an access to information and privacy conference

Complaints against the Information and Privacy Commissioner

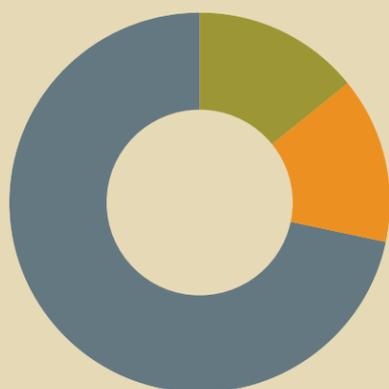
- None

ATIPP Act - 2016 activity	
Resolved at intake - no file opened	
Non-jurisdiction	49*
Referred-back	7
Requests for information	38
Informal complaint resolution	3
Total	97
Files opened by type	
Complaint investigation	19
Request for review	15
Request for comment	18
Total	52
ATIPP files opened in 2016	52
ATIPP files carried over from previous years	39
ATIPP files closed in 2016	36
ATIPP files open at the end of 2016	55

*This number is the same for all tables showing intake non-jurisdiction.

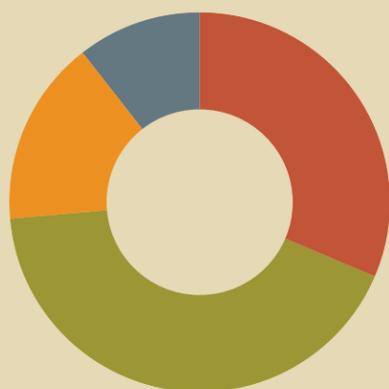
ATIPP investigation - 1 year target

Closed (within 1 year)	1
Closed (over 1 year)	0
Still open (within 1 year)	1
Still open (over 1 year)	5



ATIPP settlement - 90 day target

Closed (within 90 days)	3
Closed (over 90 days)	6
Still open (under 90 days)	8
Still open (over 90 days)	2



ATIPP compliance review activities		
Public body	PIA submitted (year submitted)	Status – Accepted (A) /Not Yet Accepted (NYA) /no review (NR)
Department of Community Services	Building Safety (2015)	NYA
	Personal Property Security Registry (2015)	NYA
Department of Education	Education Employment Assistance Database	NYA
	ASPEN (2015)	NYA
	Google Apps (2015)	NYA
Department of Environment	Challenge Day Program (2015)	NYA
	Electronic and Online Licensing System (2015)	NYA
Department of Finance	Online AR Payments (2016)	NYA
Department of Health and Social Services	Electronic Incident Management Report System (2014)	NYA
	Lab Information System (LIS) Connect Phase 1 (2015)	NYA
	Panorama Project (2013)	NYA
	Pioneer Utility Grant (PUG) program (2015)	NYA
Department of Highways and Public Works	eHealth Client Registry System Phase 1 (2016)	NR
	IDRIV System PIA (2014)	Expected
	Yukon Corporate Online Registry (2015)	NYA
	Government Services Account (2015)	NYA
Department of Justice	Access to Information Program (2015)	NYA
	Online Vehicle Registration Renewal (2016)	NYA
	Land Titles Registration (2016)	NYA
Department of Justice	Video Surveillance System (2016)	NYA
Yukon Hospital Corp.	HIS Connect: Lab Info System (2014)	NYA

Public body	Files opened in 2016 by public body							Recommendations		
	Complaints		Comments	Reviews		Total	Formal*	Accepted	Not yet implemented (includes from prior years) or Failed to comply	
	Informal resolution	Investigation		Informal resolution	Inquiry					
Department of Community Services			2 - General			2				
Department of Economic Development				1		1				
Department of Education	1		1 - Privacy breach 1 - Policy/protocol	3		6				
Department of Environment	1			1		2				
Department of Finance			1 - PIA			1				
Department of Health & Social Services	5		1 - Privacy breach 1 - PIA	1		8				
Department of Highways and Public Works	3		1 - PIA 5 - Policy/protocol 1 - General			10				
Department of Justice	2		2 - PIA	1	2	7	4	3	1	
Department of Tourism & Culture					1	1	1	1	Failed to comply	
Elections Yukon			1 - General			1				
Public Service Commission	5	1		4		10				
Yukon College			1 - General			1				
Yukon Hospital Corporation	1			1		2				

*Formal recommendations are those made by the IPC in an Inquiry or Investigation Report issued in 2016.

HOW WE MEASURED UP IN 2016 (continued)

▶ Part 2 - HIPMA

HIPMA - 2016 activity	
Resolved at intake - no file opened	
Non-jurisdiction	49*
Referred-back	1
Requests for information	6
Informal complaint resolution	1
Total	57
Files opened by type	
Consideration files	3
Request for comment	8
Request for advice	1
Total	12
HIPMA files opened in 2016	12
HIPMA files closed in 2016	2
HIPMA files open at the end of 2016	10

*This number is the same for all tables showing intake non-jurisdiction.

HIPMA compliance review activities		
Public body	PIA submitted (year submitted)	Status – Accepted (A) /Not Yet Accepted (NYA) /no review (NR)
Department of Health & Social Services	Yukon Take Naloxone Program (2016)	NYA
	Yukon Home and Health Monitoring (2016)	NYA
	e-Health Client Registry - Plexia addendum (2016)	NYA
	Request for Comment for the Drug Information System (2016)	NYA
Yukon Hospital Corporation	eHealth Client Registry (2016)	NYA
	LIS Connect Phase 2 (2016)	NYA

HIPMA settlement - 90 day target

Closed (within 90 days)	0
Closed (over 90 days)	0
Still open (under 90 days)	3
Still open (over 90 days)	0



Custodian	Files opened in 2016 by custodian					Recommendations		
	Number of files				Total	Formal*	Accepted	Not yet implemented (includes from prior years)
	Informal resolution	Consideration	Comments	Request for advice				
Department of Health and Social Services	3		4 - PIA 2 - Policy/protocol		9			
Physio Plus				1	1			
Yukon Hospital Corporation			2 - PIA		2			

*Formal recommendations are those made by the IPC in a Consideration Report issued in 2016.

2016 KUDOS



Congrats to the **Yukon government ATIPP Office** for the work staff did in 2016 toward implementing the Privacy Management Policy and to the employees in other departments who supported this work.



Shout out to the **privacy team in Health and Social Services** for the planning and implementation of the resources developed to help custodians meet their obligations under HIPMA. This is a complex law and these tools will assist them to comply with the act.



Kudos to the **public bodies** who took the time to complete the privacy program management self-evaluation tool. As can be seen from the responses, privacy management is beginning to take shape in these Yukon public bodies.



Compliments to the **Yukon Council on Aging and the Golden Age Society** for supporting seniors' ability to protect their privacy by arranging privacy awareness information sessions. At these sessions, I learned there are a lot of tech-savvy seniors in Yukon who are eager to protect their privacy.

▶ Contact us

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All services of the IPC's office are free and confidential.

We welcome your feedback on our annual report including the method of delivery.