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| 1. **INSTRUCTIONS**
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| **Privacy Impact Assessment (PIA)**Under sections 44 to 48 of the *Act respecting health and social services information* (CQLR, c. R-22.1, hereinafter, AHSSI), a researcher attached to a body[[1]](#footnote-2) referred to in that Act may, under certain conditions, be informed of the existence of and have access to health and social services information (hereinafter, health information) held by a body to carry out a research project. Under those provisions, in order to have access to health information, the attached researcher must conduct a PIA, obtain authorization from the person exercising the highest authority within the body (or any person mandated for that purpose) to which he/she is attached, and sign a communication agreement with that body.In a context of access requests for the purpose of verifying eligibility criteria, **IF** the project is multi-centre in the Réseau de la santé et des services sociaux (RSSS), the local researcher at each site is required to complete a PIA and sign a communication agreement with the body to which he/she is attached.Each body is then responsible for providing the Commission d’accès à l’information (CAI) with a copy of this agreement, including the referenced schedules.This form must be completed and submitted with the completed submission form for the filing of the authorization request to carry out the research project (institutional suitability) within the body to which the researcher is attached when:* the goal of consulting and collecting identifiable health information is solely for the purpose of verifying eligibility criteria specific to the research project;
* it is provided that consent be obtained from eligible individuals who agree to take part in the research project;
* the information consulted and collected will not be communicated to or shared with a third party and will be stored on a secure system within my body.
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| 1. **IDENTIFICATION OF RESEARCHER[[2]](#footnote-3) ATTACHED TO THE BODY**
 |
| First/last name: |       |
| Email: |       |

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| 1. **NATURE OF THE REQUEST**
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| [ ]  | New request |
| [ ]  | Changes to a previous request Reference # of previous request: |  |  |
|  |  | ***(For internal use)*** |  |
|  | [ ]  |  Change to observed period – New specific period from:       to       |
|  | [ ]  |  Addition of health information to be consultedPlease detail what information:       |

**Note:** *If changes are being made to a previous request, you can go directly to section 9*.

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| 1. **BRIEF DESCRIPTION OF PROJECT**
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| *To complete this section, we recommend using the information provided in the completed submission form for the filing of the authorization request to carry out the project within this body (institutional suitability*). Research project title:     Project number with reviewing REB (e.g., 2025-5555) :       Please provide a brief summary of the research goals, target population, methodology, and timelines.**Problem:**(Study rationale - Define the research problem - State the reasons for conducting the study - State the research question or hypothesis)      |
| **Goals/hypotheses**:(State the primary goal (and if applicable the secondary goals). The primary goal should answer the main research question/hypothesis.)      |
| **Methodology**:(Identify the study design)      |
| **Profile of target participants:**(Briefly describe the inclusion criteria)      |
| **Timeline:**       |

**Note:** *Complete Schedule A of this request to detail the health information sought by the “Request”.*

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| 1. **PROJECT’S PUBLIC INTEREST VALUE**
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| **In your opinion, how do your project’s goals meet public interest needs (social relevance) and, in light of the public interest, outweigh the protection of individual privacy? Please check all that apply.**[ ]  Research to improve knowledge of a disease or disorder[ ]  Research to develop or improve diagnostic practices[ ]  Research to develop treatments, programs, or intervention methods to improve the health or quality of life of the Quebec population[ ]  Research to improve the well-being of future users of the health and social services network in Quebec[ ]  Research to address a public health need or a need for prevention or health promotion[ ]  Research to improve the delivery of health care or social services[ ]  Research to facilitate the delivery of one or more other public services[ ]  Research to guide decision-making in the area of public policies[ ]  Other, please specify:       |

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| 1. **USE OF HEALTH INFORMATION**
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| **What is the observed period for which you wish to access this health information to verify eligibility criteria?**[ ]  Specific period from:      to      *(E.g., from September 2009 to September 2011)* [ ]  For the active phase planned for soliciting and recruiting participants**Note:** *If the observed period needs to be extended, a change to this access request must be made.* |
| **In verifying eligibility criteria, the identifiable health information thus consulted will be used to reach out directly to the persons concerned in order to obtain their consent to take part in this research project.****Please specify the information to be communicated to these persons:**[ ]  Telephone script approved by reviewing REB[ ]  Consent form approved by reviewing REB[ ]  Other, please specify:       |
| **How long will this health information be retained after the research project is closed?**[ ]  10 years \*\*\*[ ]  15 years \*\*\*[ ]  Other:      *\*\*\* Retention periods based on retention rules in effect at the body to which I am attached.* |

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| 1. **IDENTIFICATION OF PERSONS FOR WHOM ACCESS IS REQUIRED**
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| **Who will determine the existence of health information and have access to the original source of that information (e.g., users’ medical records)?**[ ]  Research team:[ ]  Remote access with username and password authentication[ ]  On-site access with username and password authentication[ ]  On-site access to physical records[ ]  Other, please specify:      ***Researcher’s responsibilities****:*1. Identify on the task delegation log, all individuals who require access to the original source of health information in order to perform their delegated tasks to carry out the research project and who have signed a confidentiality agreement in accordance with section 48 of the AHSSI.
2. This log **MUST BE** kept with the essential documentation of the research project for presentation in the event of an audit.

\*\*\*Depending on how the body operates, this section may be replaced by \*\*\***Identify all individuals who are delegated the task of verifying eligibility criteria:**

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| Last/First Name: |       | Title: |       |
| Last/First Name: |       | Title: |       |
| Last/First Name: |       | Title: |       |
| Last/First Name: |       | Title: |       |
| Last/First Name: |       | Title: |       |
| Last/First Name: |       | Title: |       |

*Here, the body specifies its requirements for updating the list (with the body) while the project is being carried out.*Please note that this list must be kept up to date throughout the research project and made accessible to the appropriate authorities, if necessary (refer to the explanatory guide for more information).In accordance with section 48 of the AHSSI, these individuals must have signed a confidentiality agreement. |

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| 1. **SOURCES OF ACCESS AND/OR COLLECTION OF HEALTH INFORMATION**
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| **From which source(s) will the health information come? Please check all that apply.** [ ]  Information from a patient registry[ ]  Patient information from the body’s information systems or clinical service databases (e.g., clinical record, pharmacy, laboratories, imaging, patient record from a particular clinical service, etc.), please specify:[ ]  PACS software[ ]  Document management software (digitized physician/nurse notes, pathology reports, surgical reports, etc.)[ ]  Hospital appointment scheduling software[ ]  Lab results software[ ]  Microbiology results software[ ]  Pharmaceutical orders management software[ ]  Emergency user management software[ ]  Bed/services occupancy management software[ ]  Surgery planning and management software[ ]  Cancer/tumour board registry and software (e.g., SARDO)[ ]  Cancer treatment management software[ ]  Blood/transfusions bank software[ ]  Patient information from physical/paper records, please specify:      [ ]  Information from sources other than the body (e.g., medical/administrative files held by the Régie de l’assurance-maladie du Québec), please specify:      [ ]  Other, please specify:       |

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| 1. **SIGNATURE OF THE RESEARCHER ATTACHED TO THE BODY**
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| *Signature* |  | *Date (dd/mm/yyyy)* |

**Note:** *It is not required that the researcher complete this form. However, he/she must sign it to confirm the validity of the collected information and comply therewith.*

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| **List of Health Information Sought Through the Authorization Request** |

Which of the following types of health information should you have access to in order to verify eligibility criteria for your research project?

Please check all that apply and specify which information, when required.

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| ☐ Last/first names  |
| ☐ User file numbers |
| ☐ Telephone or fax numbers |
| ☐ Email addresses |
| ☐ Social Insurance Numbers (SIN) |
| ☐ Health Insurance Numbers (HIN, RAMQ) |
| ☐ Biometric information, including finger and voice prints |
| ☐ All geographic subdivisions smaller than a country, including mailing address, city, county, neighbourhood, postal code, and their equivalent geocodesPlease specify which are required:       |
| ☐ Information regarding sex life or sexual orientation |
| ☐ Information about religious or philosophical beliefs |
| ☐ Socio-demographic information (e.g., gender, family status, occupation, income level, education)Please specify which are required:       |
| ☐ Facial or potentially identifiable images or photographs and any comparable images |
| ☐ Genetic information  |
| ☐ Date elements directly linked to an individual (e.g., date of admission, date of death, date of diagnosis, etc.), and format (e.g., year, year and month, etc.) Please specify which are required:       |

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| ☐ Device identifiers and serial numbers |
| ☐ Health plan beneficiary numbers |
| ☐ Any other unique number, characteristic, or identification code |
| ☐ Imaging information (e.g., MRI, CT scan) Please specify which are required:       |
| ☐ Recording or video information (e.g., ECG) Please specify which are required:       |
| ☐ Information on users with a rare condition or pathology Please specify which are required:       |
| ☐ Numerical or quantitative variables (e.g., laboratory values) Please specify which are required:       |
| ☐ Category or recoded variables (e.g., BMI category, ICD-10 diagnostic codes) Please specify which are required:       |
| ☐ Open-text variables (e.g., medical notes, report notes) Please specify which are required:       |
| ☐ Other Please specify which are required:       |

1. In this form, the term “body” means any institution or organization referred to in the AHSSI. [↑](#footnote-ref-2)
2. The use of the masculine to refer to persons has no other purpose than to lighten the text. [↑](#footnote-ref-3)