

Management of Individual Rights Requests Operating Guideline

Version: 2

Date of last revision: August 1, 2024

Effective Date: August 1, 2024

CONFIDENTIAL

1. OBJECTIVE

- 1.1 This Management of Individual Rights Requests Operating Guideline (“**Operating Guideline**”) details how Dialogue must manage requests related to the exercise of privacy rights granted under Applicable Privacy Legislation from any individual with whom Dialogue interacts (for example, Members, website visitors, job candidates and employees).

2. DEFINITIONS

- 2.1 Refer to Appendix A of the Internal Privacy Policy for the Glossary of Terms.

3. ROLES AND RESPONSIBILITIES

- 3.1 The Privacy Officer is responsible for the implementation and revision of this Operating Guideline.
- 3.2 Dialogue Agents are required to adhere to this Operating Guideline.

4. SCOPE

- 4.1 Pursuant to Dialogue’s Internal Privacy Policy, individual rights requests must be centralized so that they can be managed efficiently and in compliance with Applicable Privacy Legislation.
- 4.2 Dialogue must also work with Health Services Providers to assist them with meeting their obligation to respond to privacy rights requests.
- 4.3 Requests from Individuals
 - 4.3.1 Dialogue’s Privacy Policy informs individuals other than Dialogue Agents of their rights under Applicable Privacy Legislation and provides the method to exercise these rights.
 - 4.3.2 Requests from Members related to Personal Health Information collected during the provision of Clinical Services (i.e. access to, transfer of, or correction of Personal Health Information and medical records) are to be made through the Virtual Care App.
 - 4.3.3 Dialogue’s Care Team will review the request and involve the relevant Health Services Provider, where applicable, for consideration.
 - 4.3.4 Dialogue will provide access to or correction of Personal Health Information at the direction of the Health Services Provider when the Health Services Provider is the Custodian of the information.
 - 4.3.5 Requests from Members who wish to close their account or seek access to a deactivated account must be directed to the Customer Success Team via

support@dialogue.co who may liaise with the Privacy Officer, where required.

- 4.3.6 Any other requests should be made to the Privacy Officer by submitting a written request at privacy@dialogue.co.
- 4.3.7 If a Dialogue Agent receives such a request directly, the Dialogue Agent must immediately forward the request to the Privacy Officer, who shall handle the request in accordance with this Procedure and coordinate with the Appropriate Team (i.e., Care Team or Customer Success Team).

4.4 Requests from Dialogue Agents

- 4.4.1 Dialogue's Personnel Privacy Notice informs Dialogue Agents of their individual rights under Applicable Privacy Legislation and provides the method to exercise these rights.
- 4.4.2 Managers who receive requests from Dialogue Agents exercising such individual rights should seek guidance from the Privacy Officer.
- 4.4.3 If a Dialogue Agent is not satisfied with the response provided by their manager, the Dialogue Agent must forward their request to the Privacy Officer, who shall handle the request in accordance with this Operating Guideline.

5. DETAILS

5.1 Management of Individual Rights Requests

- 5.1.1 Dialogue's Privacy Officer is responsible for implementing and overseeing the response processes to be followed by the Appropriate Team in relation to individual rights requests. The steps below must be followed.
- 5.1.2 Step 1: Determining which Applicable Privacy Legislation applies
 - 5.1.2.1 The Appropriate Team, assisted by the Privacy Officer, must make a preliminary determination regarding where the individual resides and the nature of the Personal Information in scope in order to identify the Applicable Privacy Legislation.
- 5.1.3 Step 2: Confirming receipt within 2-5 business days and explain the process
 - 5.1.3.1 Within 2-5 business days of receiving the request, the Appropriate Team must confirm receipt of the request to the individual and provide them with information about how it intends to process their request, including the method for

verifying their identity, if appropriate in the circumstances. This confirmation of receipt must:

- (a) **Request any missing information necessary to identify the individual making the request.** The Appropriate Team must comply with the Identity Verification Procedure detailed in section 5.2 of this Operating Guideline to determine if any information is missing and required to identify the individual making the request.
- (b) **Request any further information necessary to enable Dialogue to respond to the request.** This may include: (i) details about the types of Personal Information being requested; (ii) the kinds of details about Dialogue's Processing activities or operations that are of interest to the individual; (iii) the particular decision with respect to which the individual seeks to exercise automated decision-making rights; or (iv) the context in which Dialogue may have collected information about the individual in order to help the Appropriate Team locate this information in its systems.

For instance:

- (i) If the individual is asking for the deletion of all information related to a phone number / employee number / email address, the Appropriate Team must determine if they can locate that information in Dialogue's systems and, if so, whether it matches with other information provided by the individual (e.g. the name and email address included in the request). If the Appropriate Team is unable to locate the information, they should ask for additional details in the confirmation email or through the Virtual Care App.
- (ii) The individual (if the individual is a Member) may be asking for an account to be deactivated, without naming the account. In this case, the confirmation email/communication sent by the Appropriate Team must ask the individual to confirm the account to which their request relates.
- (iii) If the individual is asking to have certain types of Personal Information communicated to them (or to a third person designated by that individual) in a structured, commonly used technological format, the Appropriate Team must identify the categories of Personal Information concerned and, with the assistance of the Privacy Officer, determine whether such information falls within the scope of the right to data portability under Applicable Privacy Legislation. For example, in Quebec, the right to data portability (in force as of September 2024) is limited to computerized Personal Information collected directly from the individual and specifically excludes information that has been created or inferred from Personal Information. If the Appropriate Team is unable to identify the categories of Personal

Information in respect of which the request is made, they should ask for additional details in the confirmation email.

- (iv) If the individual is asking to know more about the reasons and principal factors and parameters that led to a decision, the Privacy Officer, in collaboration with the Appropriate Team (where applicable), must identify the decision concerned and determine whether it falls within the scope of automated decision-making rights under Applicable Privacy Legislation. For example, in Quebec, the decision must be based exclusively on an automated Processing of the individual's Personal Information. If the Privacy Officer is unable to identify the decision in respect of which the request is made, they should ask for additional details in the confirmation email.
- (c) **Indicate whether a fee will be charged in connection with the request.** Any fees that will be charged to the individual to respond to their request shall be issued in accordance with Applicable Privacy Legislation and the fee schedule(s) approved by Dialogue from time to time (which have been prepared to comply with applicable legislation and regulatory standards).

5.1.4 Step 3: Responding to the request

5.1.4.1 Responding to an access or rectification request.

- (a) If the Appropriate Team has confirmed the individual's identity in accordance with the Identity Verification Procedure detailed in section 5.2 of this Operating Guideline, the Appropriate Team must process the access or rectification request (including data portability) and answer within the timeframe prescribed under Applicable Privacy Legislation by referring to general guidance on how to respond to individuals' requests (including the circumstances in which Dialogue may deny such requests) available in Appendix A.
- (b) Where an access or ratification request relates to Personal Health Information collected to facilitate and/or during the provision of Clinical Services (e.g., the Member's medical record), Dialogue's Care Team will work with the Health Services Provider, where appropriate, in order to evaluate and respond to the request. Dialogue's Care Team has implemented processes to respond to transfer of medical record requests.

5.1.4.2 Notifying third parties of record rectification or amendment.

- (a) Where a request for rectification or amendment of Personal Information has been accepted, the Appropriate Team will advise any third parties of the change to the individual's Personal Information, in accordance with Applicable Privacy Legislation.

5.1.4.3 Denying an access or rectification request.

- (a) If the Appropriate Team cannot verify the individual's identity, the Appropriate Team must deny the access or rectification request (including data portability) and inform the individual accordingly.
- (b) Otherwise, the only other situations where Dialogue is entitled to deny the access or rectification request are those provided for by Applicable Privacy Legislation.
- (c) The concerned individual shall be informed of the basis for denying the request, regardless of whether such refusal concerns all or part of the request, as well as any other information that must be provided under Applicable Privacy Legislation when responding to an individual's request.
- (d) Where required by Applicable Privacy Legislation, the individual will be informed of their right to request a review of the decision by the appropriate privacy regulator or submit a statement of disagreement.

5.1.4.4 Automated decision-making (Quebec).

- (a) If applicable, the Privacy Officer must generally handle any request related to automated decision-making in accordance with the procedure outlined above in respect of access and rectification requests, as adapted to the particular context.
- (b) If the Privacy Officer reasonably believes that a request for information about Dialogue's use of automated decision-making may reveal confidential commercial information, the Privacy Officer must document its justification for such belief, including any relevant consultations with stakeholders within Dialogue, and limit the level of detail provided in response to the request but only to the extent necessary and proportionate to avoid revealing confidential commercial information.

5.1.4.5 Other individual rights requests (Quebec).

- (a) If the Privacy Officer receives a request for certain details about its information handling practices in general, the Privacy Officer may choose to provide a response to the request without verifying the individual's identity, provided that the response does not otherwise reveal or confirm the existence of Personal Information about any particular individual, including the individual purporting to make the request. For example, this may include a request to obtain information about the overall categories of Personal Information collected from individuals, the retention period normally applied to such categories (or, if not possible, the criteria used to determine the retention period) and the categories of persons within Dialogue who are normally granted access to such information.

- (b) In all other situations, the Privacy Officer should apply the procedure outlined above in respect of access and rectification requests, as adapted to the particular context.

5.1.5 Step 4: Keeping a record of the request.

5.1.5.1 After having processed and answered an individual right request, the Appropriate Team (with oversight by the Privacy Officer) must keep the following information for a minimum period of 24 months:

- (a) the date of the request;
- (b) the nature of the request;
- (c) the manner in which the request was made;
- (d) the date of Dialogue's response;
- (e) the nature of the response; and
- (f) if applicable, the basis for denying the request in whole or in part.

5.2 Identify Verification Procedure.

5.2.1 Upon receipt of a request, the Appropriate Team must confirm that it has all necessary information to verify the identity of the individual or request any missing information within 2-5 business days, consistent with Step 2 of section 5.1.3 of this Operating Guideline.

5.2.2 If the Privacy Officer reasonably believes they can respond to a request for details about Dialogue's information handling practices without revealing or confirming the existence of Personal Information about any particular individual, including the individual purporting to make the request, the Privacy Officer may choose to provide a response to the request without verifying the individual's identity, as detailed in Step 3 of section 5.1.4 of this Operating Guideline.

5.2.3 **Identification through matching.** The Appropriate Team must always begin by attempting to verify the identity of an individual making a request by matching the information provided by the individual and that already maintained by Dialogue.

5.2.4 **Avoid Collecting Sensitive or New Information.** The Appropriate Team should avoid collecting sensitive information, such as social insurance number, driver's licence number, government identification card number, tax identification number, passport number, military information number, other government-issued number or document. The Appropriate Team should also avoid requesting information not already maintained by Dialogue.

5.2.5 Verification through other means.

5.2.6 The Appropriate Team must abide by the following rules:

5.2.6.1 Request to know categories and specific pieces of:

- (a) For in-App requests, this may be achieved by matching at least two approved data points provided by the individual with data points maintained by Dialogue.
- (b) For non-App requests (email, fax, phone, postal mail), this may be achieved by matching at least three approved data points (beyond name), at least one of which having a recent temporal component (e.g. date of last consult).
- (c) All requests relating to Personal Health Information require an on-camera meeting where the Member presents a piece of government-issued photo ID which is to be compared against their image.

5.2.6.2 Request to delete:

- (a) The same process applies, as above.
- (b) Note that a request to delete Personal Health Information shall always be refused due to medical record retention rules that exist to protect Members and Health Services Providers (unless the applicable retention period has passed). In such a context, any Health Services Provider will be notified of the request before it is refused.

5.3 Information that Must Not Accessed or Deleted

5.3.1 The Appropriate Team must not provide access to Personal Information by email; only through the Virtual Care App or fax/mail (under cover of “Confidential”).

5.3.2 Dialogue’s Care Team, when responding to requests on behalf of and/or in coordination with its Health Services Providers, *must refuse* to provide access to Personal Health Information to a requester:

- 5.3.2.1 if it is about an individual other than the requester, unless it was originally provided by the requester in the context of receiving Clinical Services, or the requester has authority to receive the information (e.g. guardian of a minor, executor of an estate);
- 5.3.2.2 if it sets out procedures or contains results of an investigation, discipline proceeding, practice review or an inspection related to a Health Services Provider, or
- 5.3.2.3 if access is prohibited by provincial or federal legislation.

- 5.3.3 Dialogue's Care Team *may refuse* to provide access to Personal Health Information if doing so could reasonably:
 - 5.3.3.1 be expected to result in immediate and grave harm to anyone's mental or physical health or safety;
 - 5.3.3.2 lead to the identification of a person who provided Personal Health Information to Dialogue in confidence; or
 - 5.3.3.3 be expected to prejudice the use or results of audits, diagnostic tests or assessments. In such instances the exempt information will be removed from the record before the requestor is granted access to the record.
- 5.3.4 The requester will be advised that certain information is exempt from access, and under which Applicable Privacy Legislation the exceptions have been made.
- 5.3.5 As part of Dialogue's Care Teams' response, the requester shall be told:
 - 5.3.5.1 whether access to the record or partial record is granted or refused;
 - 5.3.5.2 if access is granted, where when and how access will be given; and
 - 5.3.5.3 if access is refused: the reasons for refusal and basis of refusal and the name, title, business address and phone number of the Dialogue Privacy Officer and Medical Director, and that the requester has a right to request a review of the decision by the applicable provincial privacy regulator.
- 5.3.6 At the request of the requester, a Dialogue Care Team member shall provide an explanation of any terms, codes or abbreviation used in the records. Questions regarding reports generated by other Health Services Providers and specialists may have to be referred to the original Health Services Provider or specialist for explanation.
- 5.3.7 Dialogue shall refuse to delete any Personal Health Information (i.e. medical records) in accordance with legitimate legal and regulatory record retention requirements.
- 5.4 Procedure to Follow When the Request Is Not Related to Privacy.
 - 5.4.1 Any request not related to privacy (e.g. employee inquiries about other human resources issues, customer service questions from clients, etc.) must be redirected to the appropriate persons within Dialogue.

5.4.1.1 HR-related inquiries from Dialogue Agents (not related to privacy) must be redirected to the Talent and Culture Team.

5.4.1.2 Requests from clients related to customer service issues must be redirected to the Customer Success Team.

6. ENFORCEMENT

6.1 The Privacy Officer may audit at any time to ensure compliance with this Operating Guideline. Failure to report known violations of this Operating Guideline to the Privacy Officer is considered a violation of this Operating Guideline.

6.2 Dialogue Agents who violate this Operating Guideline may be subject to appropriate disciplinary action up to and including termination or termination of contractual agreements, denial of access to information technology resources, and other actions as well as both civil and criminal penalties.

Version History:

Version Number	Effective Date	Revision Date	Approval
1	August 1, 2022	August 1, 2022	Nathalie Delisle, Chief Privacy Officer Dr. Marc Robin, Medical Director
2	August 1, 2024	August 1, 2024	Dominique Payette, Privacy Officer

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APPENDIX A
OVERVIEW OF RULES PERTAINING TO INDIVIDUALS' RIGHTS

	Quebec	British Columbia	Alberta	All other provinces
	<u>Act Respecting the Protection of Personal Information in the Private Sector</u> ("ARPPIPS") ¹	<u>Personal Information Protection Act</u> ("BC PIPA")	<u>Personal Information Protection Act</u> ("AB PIPA")	<u>Personal Information Protection and Electronic Documents Act</u> ("PIPEDA")
1. Right of Access	<ul style="list-style-type: none"> Every person carrying on an enterprise who holds personal information on another person must, at the request of the person concerned, confirm the existence of the personal information, communicate it to the person and allow them to obtain a copy of it.² 	<ul style="list-style-type: none"> An individual may request an organization to provide them access to their personal information. The individual may ask for a copy of the record containing the personal information or to examine the record. An individual may also request access to 	<ul style="list-style-type: none"> An individual may request an organization to provide them access to their personal information. The individual may ask for a copy of the record containing the personal information or to examine the record. An individual may also request access to 	<ul style="list-style-type: none"> Upon request, an individual shall be informed of the existence, use, and disclosure of his or her personal information and shall be given access to that information. An organization is not required to provide the applicant with a copy of

¹ In Quebec, articles 38 to 41 of the *Civil Code of Quebec* will also apply with respect to access requests.

² ARPPIPS, s.27, 29 and Civil Code of Quebec, art. 38.

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	<ul style="list-style-type: none"> Computerized personal information must be communicated in the form of a written and intelligible transcript.³ 	information concerning the use and disclosure of their personal information, which means information. ⁴	information concerning the use and disclosure of their personal information. ⁵	their personal information. ⁶
2. Right to Data Portability	<ul style="list-style-type: none"> Upon request, computerized personal information collected directly from the individual must be communicated to that individual, or to any person or body authorized by law to collect such information, in a structured, commonly 	N/A	N/A	N/A

³ ARPP/IPS, s.27.

⁴ BC PIPA, s.23(1), 28(c)].

⁵ AB PIPA, s. 24(1)-(1.2), 26(2), 27(2).

⁶ PIPEDA, s.8(2), 10.

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	<p>used technological format.⁷</p> <ul style="list-style-type: none"> • Does not apply to computerized personal information that has been created or inferred from personal information. • Does not apply where it raises “serious practical difficulties.” 			
3. Content and Format of the Request	Requests must be made in writing. ⁸			

⁷ ARPP/IPS, s.27.

⁸ ARPP/IPS, s.30; BC PIPA, s.27; AB PIPA, s. 26(1)(a); PIPEDA, s.8(1), Principle 4.9.2.

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4. Common Exceptions to the Access Right Include	<ul style="list-style-type: none"> • Disclosing the information would reveal personal information about a third person and may seriously harm that person.⁹ • Information protected by solicitor-client privilege or professional secrecy of lawyers.¹⁰ 	<ul style="list-style-type: none"> • Information too costly to provide.¹³ • Disclosing the information would reveal personal information about a third party.¹⁴ • Information that would reveal confidential commercial information that if disclosed, could, in the opinion of a reasonable person, harm the competitive position 	<ul style="list-style-type: none"> • Information too costly to provide.¹⁹ • Disclosing the information would reveal personal information about a third party.²⁰ • Information that would reveal confidential commercial information, unless that information can be redacted or severed from the record.²¹ 	<ul style="list-style-type: none"> • Disclosing the information would reveal personal information about a third party.²⁶ • Information that would reveal confidential commercial information, unless that information can be redacted or severed from the record.²⁷ • information is protected by professional secrecy or solicitor-client privilege.²⁸

⁹ ARPP/IPS, s.40.

¹⁰ Professional Code, s.60.4; Vaziri c. Association des étudiantes et étudiants 2e et 3e cycles, Université McGill, 120021 C.A.I. 158 (C.A.I.); Jou c. Allstate du Canada, compagnie d'assurances, 2003AIE-109 (C.A.I.).

¹³ BC PIPA, s.28. Although not an explicit exception, if providing access would incur a particularly high cost, this could fall outside of the “reasonable efforts” that an organization is required to make to provide access.

¹⁴ BC PIPA, s.23(4)(c)(d).

¹⁹ AB PIPA, s. 27; Alberta OIPC, Order P2012-04. Although not an explicit exception, the AB OIPC has previously determined that if providing access would incur a particularly high cost (i.e. \$50,000-\$100,000), this could fall outside of the “reasonable efforts” that an organization is required to make to provide access.

²⁰ AB PIPA, s. 24(3)(b)(c).

²¹ AB PIPA, s.24(2)(b); Alberta OIPC, Order P2009-010.

²⁶ PIPEDA, s. 9(1)(2).

²⁷ PIPEDA, s. 9(3)(b); PIPEDA Report of Findings #2011-010; PIPEDA Report of Findings #2009-023; PIPEDA Case Summary #2003-147.

²⁸ PIPEDA, s. 9(3)(a).

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	<ul style="list-style-type: none"> • Disclosure of the information would be likely to affect judicial proceedings in which either person has an interest.¹¹ • Organizations may refuse access for serious and legitimate reason, or if the information may seriously injure a third person.¹² 	<p>of the organization, unless the information can be severed or redacted from the record.¹⁵</p> <ul style="list-style-type: none"> • Information protected by solicitor-client privilege, unless the information can be severed or redacted from the record.¹⁶ • Information that was collected for an ongoing investigation¹⁷ • Disclosure could reasonably be expected to threaten the safety or 	<ul style="list-style-type: none"> • Information is protected by professional secrecy or solicitor-client privilege.²² • Information is protected by any litigation privilege or was collected for an investigation or a legal proceeding.²³ • Information that was collected for an investigation.²⁴ • Disclosure could reasonably be expected to threaten the life or security of another 	<ul style="list-style-type: none"> • Information is protected by any litigation privilege or was collected for an investigation or a legal proceeding.²⁹ • Information that was collected for an investigation.³⁰ • Providing access could reasonably be expected to threaten the life or security of another individual, unless that information can be

¹¹ ARPP/IPS, s.39(2).

¹² Civil Code of Quebec, art. 39.

¹⁵ BC PIPA, s.23(3)(b),(5).

¹⁶ BC PIPA, s.23(3)(a)(f),(5).

¹⁷ BC PIPA, s.23(3)(c),(5).

²² AB PIPA, s.24(2)(a); Alberta OIPC, Order P2006-002.

²³ AB PIPA, s. 24(2)(a)(c); Alberta OIPC, Alberta Motor Association, File Reference P1241, 8 March 2010.

²⁴ AB PIPA, s. 24(2)(c); Alberta OIPC, Order P2015-10]

²⁹ PIPEDA, s. 9(3)(a)(d); PIPEDA Case Summary #2011-003; PIPEDA Report of Findings #2014-017]

³⁰ PIPEDA, s. 9(3)(c.1),(5);

PIPEDA Case Summary #2002-84; PIPEDA Case Summary #2002-73]

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		physical or mental health of another individual or the person who made the request, unless the information can be severed or redacted from the record. ¹⁸	individual, unless the information can be severed or redacted from the record. ²⁵	redacted or severed from the record. ³¹
5. Delay to Respond (and Extensions)	<ul style="list-style-type: none"> • 30 days³² • Delay may be extended with prior authorization from the QC CAI (subject to certain conditions)³³ 	<ul style="list-style-type: none"> • 30 days • Delay may be extended by an additional 30 days or by a longer period with the BC OIPC's prior authorization (subject to certain conditions)³⁴ 	<ul style="list-style-type: none"> • 45 days • Delay may be extended by an additional 30 days or by a longer period with the AB OIPC's prior authorization (subject to certain conditions)³⁵ 	<ul style="list-style-type: none"> • 30 days • Delay may be extended by an additional 30 days (subject to certain conditions)³⁶

¹⁸ BC PIPA, s.23(4)(a)(b).

²⁵ AB PIPA, s. 24(3)(a).

³¹ PIPEDA, s.9(3)(c),(4).

³² ARPPIPS, s.32

³³ ARPPIPS, s.46.

³⁴ BC PIPA, s.29, 31.

³⁵ AB PIPA, s.28, 31.

³⁶ PIPEDA, s.8(3)(4)(5).

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6. Content and Format of the Response	<p>Procedure for Granting Request</p> <ul style="list-style-type: none"> • Every person carrying on an enterprise who holds personal information on another person must, at the request of the person concerned, confirm the existence of the personal information, communicate it to the person and allow them to obtain a copy of it.³⁷ • If access concerns computerized personal information, it must also be communicated in the form of a written and intelligible transcript. 	<p>Procedure for Granting Request</p> <ul style="list-style-type: none"> • Organizations must provide the requested personal information (i.e. a copy) or, if the requested personal information cannot be reasonably provided, a reasonable opportunity to examine the personal information.³⁹ <p>Procedure for Denying Request</p> <ul style="list-style-type: none"> • If the organization refuses in whole or in part, it must provide (i) the reasons for refusal; (ii) the provision on which 	<p>Procedure for Granting Request</p> <ul style="list-style-type: none"> • In their response, organizations must inform the applicant: (i) whether it has possession of the personal information requested; (ii) whether access will be given to all or part of the personal information requested; (iii) If so, when access will be given. • In addition, organizations must provide (if requested) information (i) about the purposes for which the personal information is used; and (ii) the names of the persons to whom, and 	<p>Procedure for Granting Request</p> <ul style="list-style-type: none"> • Organizations must inform the applicant if it has possession of the personal information requested, and provide an account of the use that has been made or is being made of this information and of the third parties to which it has been disclosed. • When it is not possible to provide a list of the organizations to which it has actually disclosed information about an individual, the organization shall provide a list of organizations to

³⁷ ARPP/IPS, s.27, 33, 34, 36.

³⁹ BC PIPA, s.28, 30, 32.

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	<ul style="list-style-type: none"> If the individual exercises their right to data portability, eligible computerized personal information must also be communicated to that individual, or to any person or body authorized by law to collect such information, in a structured, commonly used technological format, unless doing so raises “serious practical difficulties.”³⁸ <p>Procedure for Denying Request</p>	<p>refusal is based; (iii) the name, position title, business address and business telephone number of an officer or employee of the organization who can answer the applicant's questions about the refusal; and (iv) that the applicant may ask for a review within 30 days of being notified of the refusal.</p> <ul style="list-style-type: none"> Organizations may refuse in a response to confirm or deny the existence of personal information collected as part of an investigation. 	<p>circumstances in which, the personal information has been and is being disclosed.</p> <ul style="list-style-type: none"> If copies will be provided/are requested, organizations must provide a copy of the information along with its response. If not, they must provide reasons for the delay.⁴⁰ <p>Procedure for Denying Request</p> <ul style="list-style-type: none"> If the organization refuses, in whole or in part, it must provide (i) the reasons for refusal; (ii) the legal basis for refusal 	<p>which it may have disclosed information about the individual.⁴¹</p> <p>Procedure for Denying Request</p> <ul style="list-style-type: none"> Refusal must be in writing, and must set out the reasons for the refusal and inform the applicant that they can make a complaint to the OPC. Although not required, it is recommended to include the name and contact information of someone within the organization who can respond to the applicant's questions.

³⁸ ARPP/IPS, s.27.

⁴⁰ AB PIPA, s.27(1), 29, 30, 32(3).

⁴¹ PIPEDA, s. 8(6)(7)(8), 11(1), Principles 4.9.1, 4.9.3, 4.9.4.

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	<ul style="list-style-type: none"> • A person who refuses to grant a request for access or data portability must inform the person concerned of their refusal in writing, giving reasons, indicate the provision of law on which the refusal is based, inform the person concerned of the remedies available under the legislation, and the time limit for exercising them (i.e. 30 days). • Upon request, the organization must also help the individual understand the refusal. • The person refusing access must retain the information for such 	<p>Requesting Fees</p> <ul style="list-style-type: none"> • If an organization intends to charge a fee, it must provide the applicant with a written estimate and wait for the applicant to accept the fee before proceeding. 	<p>including the relevant provision; (iii) the name of the person who can answer the applicant's questions related to the refusal; (iv) and information about the applicant's right to have the refusal reviewed by the AB OIPC.</p> <p>Requesting Fees</p> <ul style="list-style-type: none"> • If an organization intends to charge a fee, it must provide the applicant with a written total estimate and wait for the applicant to accept the fee before proceeding. 	<ul style="list-style-type: none"> • Organization must retain the information for as long as is necessary to allow the individual to exhaust any recourse under PIPEDA. <p>Requesting Fees</p> <ul style="list-style-type: none"> • If an organization intends to charge a fee, it must inform the applicant of the approximate cost and wait for the applicant to accept the fee before proceeding.

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	Quebec	British Columbia	Alberta	All other provinces
	<p>time as is necessary to allow the person concerned to exhaust the recourses provided by law.</p> <p>Requesting Fees</p> <ul style="list-style-type: none"> • If an organization intends to charge a fee, it must inform the applicant, in advance, of the approximate amount that will be charged for the transcription, reproduction or transmission of information. 			

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Provincial Health Privacy Legislation

	Alberta	Manitoba	New Brunswick	Newfoundland and Labrador
	<u>Health Information Act</u> ("AB HIA")	<u>Personal Health Information Act</u> ("PHIA")	<u>Personal Health Information Privacy and Access Act</u> ("PHIPAA")	<u>Personal Health Information Act</u> ("PHIA")
1. Right of Access	Yes, section 7(1) . May refuse for the reasons listed at section 11 .	Yes, section 5(1) . May refuse for the reasons listed at section 11 .	Yes, section 7(1) . May refuse for the reasons listed at section 14 .	Yes, section 52(1) . May refuse for the reasons listed at section 58 .
2. Correction / Rectification Rights	Yes, section 13(1) . May refuse, see requirements at section 14(1) .	Yes, section 12(1) . May refuse, see requirements at section 12(4) .	Yes, section 15(1) . May refuse, see requirements at section 15(5) .	Yes, section 60(1) . May refuse, for the reasons listed at section 62(1)b) .
3. Duty to assist?	Yes, section 10 . Must make every reasonable effort to assist and to respond openly,	Yes, section 6(2) . Must make every reasonable effort to assist and to respond without delay,	Yes, section 8 . Must assist the individual to reformulate his or her request made under section 7 if it does not contain	Not specified.

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	<p>accurately and completely.</p> <p>If the applicant requests it, Dialogue must provide an explanation of any term, code or abbreviation used in the record.</p>	<p>openly, accurately and completely.</p>	<p>sufficient detail to permit Dialogue to identify and locate the record containing the PHI.</p> <p>Section 10(4): On request, must assist the individual in reviewing the PHI.</p>	
4. Time Limit for Responding	<p>Section 12(1) – Access: Must make a reasonable effort to respond to a request within 30 days after receiving it.</p> <p>Section 13(2) – Correction: Must decide whether the correction or amendment will be made or not within 30 days after receiving the request.</p>	<p>Section 6(1)c) – Access: Must respond as promptly as required in the circumstances but not later than 30 days after receiving the request.</p> <p>Section 6(3): Failure to respond is treated as a refusal.</p>	<p>Section 10(1) – Access: Must respond as promptly as required in the circumstances but not later than 30 days after receiving the request.</p> <p>Failure to respond is treated as a refusal.</p> <p>Section 10(6): May extend the time for responding for up to an additional 30</p>	<p>Section 55(1) and (2) – Access: Must respond without delay not more than 60 days after receiving the request. May extend the time limit for an additional 30 days.</p> <p>Section 61(1) and (2) – Correction: Must respond without delay not more than 30 days after receiving the request. May extend the</p>

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	<p>Section 15: May extend the time for responding for an additional period of up to 30 days if conditions apply.</p>	<p>Section 12(3)– Correction: Must respond as promptly as required in the circumstances but not later than 30 days after receiving the request.</p>	<p>business days if conditions apply. **Must send a written notice (section 10(8)).</p> <p>Section 15(3) – Correction: Within 30 business days after receiving the request.</p> <p>Section 15(4): May extend the time limit if approved by the Ombud.</p>	<p>time limit for an additional 30 days.</p>
5. Contents of response	<p>Section 12(2) – Access: In response, Dialogue must tell the applicant: - Whether access to a record or part of it is granted or refused.</p>	<p>Section 7(1) – Access: In response, must make the PHI available.</p> <p>Must inform in writing if the information does not exist or cannot be found.</p>	<p>Section 10(3) – Access: In response, must make the PHI available.</p> <p>Must inform in writing if the information does not exist or cannot be found.</p>	<p>Section 56 – Access: In response, must make the PHI available.</p> <p>Must give a notice in writing if the information does not exist or cannot be found.</p>

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	<ul style="list-style-type: none"> - If access is granted, where, when and how access will be given. <p>If access is refused, must inform of:</p> <ul style="list-style-type: none"> - The reasons for the refusal and the provision of this Act on which the refusal is based. - The name, title, business address and telephone number of the person who can answer the applicant's questions about the refusal. - The applicant may ask for a review by the commissioner. 	<p>Must inform in writing that the request is refused for a specified reason described at section 11 and advise the individual of the right to make a complaint under Part 5.</p> <p>Section 7(2) – Access: Upon request, must provide an explanation of any term, code or abbreviation used in the record.</p> <p>Section 12(3)– Correction: Must make the requested correction by adding the correcting information to the record. If the request is <u>refused</u>, must inform the individual in writing and the reasons for refusal + the individual's</p>	<p>Must inform in writing that the request is refused for a specified reason described at section 14 and advise the individual of the right to make a complaint under Part 6.</p> <p>Section 15(3) – Correction: Must make the requested correction by adding the correcting information to the record.</p> <p>If request is refused, must inform the individual in writing and the reasons for refusal + the individual's right to add a statement of disagreement to the record and to make a complaint</p>	<p>Must give a notice in writing that the request is refused and inform the individual that they may appeal the refusal to the Trial Division under Part VII or request a review by the commissioner under Part VI.</p> <p>Section 63(1) – Correction: Make the requested correction by recording the correct information in the record and striking out the incorrect information. If it's not possible to strike out, label the information as incorrect or store that information separately from</p>

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	Alberta	Manitoba	New Brunswick	Newfoundland and Labrador
	Section 13(3) – Correction: If the request is granted, Dialogue must: <ul style="list-style-type: none"> - Give a written notice to the applicant that the correction/amendment has been made. - Notify any person to whom that information has been disclosed during the one-year period before the request. 	right to add a statement of disagreement to the record and make a complaint about the refusal under Part 5.	about the refusal under Part 6.	the record. Provide written notice of the action taken
6. How to provide access? (describe)	Section 10(b): Must create a record for applicant if: <ul style="list-style-type: none"> - Permit the applicant to examine the record or part of it. 	Section 7(1)a): Make information available for examination and provide a copy if requested. Section 7(3): If PHI is maintained in electronic	Section 10(3)a): Make information available for examination and provide a copy if requested. Section 10(5): If PHI is maintained in electronic	Section 56(1)a): Must make the record available for examination or provide a copy upon request. Must provide explanation of any

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	Alberta	Manitoba	New Brunswick	Newfoundland and Labrador
	- Give the applicant access in accordance with the regulations.	form, must produce a record of the information in a form usable by the individual if it <u>can</u> be produced using Dialogue's normal computer hardware and software and technical expertise.	form, must produce a record of the information in a form usable by the individual if it <u>can</u> be produced using Dialogue's normal computer hardware and software and technical expertise.	information contained in the record if requested.
7. Fees?	Yes, section 7(2) : The right of access to a record is subject to the payment of any fee required by the regulations.	Yes, Section 10 : May charge a reasonable fee for a request under section 5, but the fee must not exceed the amount provided for in the regulations.	<p>Access: No, the examination of the record must be free of charge (section 13(1)).</p> <p>Yes, may require the individual to pay a fair and reasonable fee, in accordance with the regulations, for search, preparation, copying and delivery services (section 13(1) and 13(3)).</p> <p>Correction:</p>	Yes, section 57(1) : May charge a reasonable fee for providing a copy of a record. Fee shall not exceed the maximum fee set by the minister.

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	Alberta	Manitoba	New Brunswick	Newfoundland and Labrador
			No, section 15(8).	

	Nova Scotia	Ontario	Prince Edward Island	Saskatchewan
	<u>Personal Health Information Act</u> (“PHIA”)	<u>Personal Health Information Protection Act</u> (“PHIPA”)	<u>Health Information Act</u> (“HIA”)	<u>Health Information Act</u> (“HIA”)
1. Right of Access	Yes, section 71(1). May refuse for the reasons listed at section 72(1) or 81(1).	Yes, section 52(1). May refuse for the reasons listed at this same section.	Yes, section 8(2). May refuse for the reasons listed at section 10(1).	Yes, section 32. May refuse for the reasons listed at section 38(1).
2. Correction / Rectification Rights	Yes, section 85(1). May refuse, see requirements at section 87(2).	Yes, section 55(1). May refuse, for the reasons listed at section 55(6) or (9).	Yes, section 11(1). May refuse, see requirements at section 11(4).	Yes, section 40(1). May refuse, see requirements at section 87(2).

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	Nova Scotia	Ontario	Prince Edward Island	Saskatchewan
3. Duty to assist?	<p>Yes, section 76.</p> <p>Must offer to assist the person requesting access when the request does not contain sufficient detail to enable Dialogue to identify and locate the record with reasonable efforts.</p>	<p>Yes, section 53(3).</p> <p>Must offer assistance to the person requesting access in reformulating the request if it does not contain sufficient detail to enable Dialogue to identify and locate the record with reasonable efforts.</p> <p>Section 54(1)a): If reasonably practical, must provide an explanation of any term, code or abbreviation used in the record.</p>	<p>Yes, section 8(9).</p> <p>Dialogue shall provide assistance to an individual in reviewing the individual's PHI upon request.</p> <p>Section 8(5): Must offer assistance to the person requesting access when the request does not contain sufficient detail to permit Dialogue to identify and locate the PHI with reasonable efforts.</p>	<p>Yes, section 35(1) and (2).</p> <p>Shall respond to a request for access openly, accurately and completely.</p> <p>Must provide an explanation of any term, code or abbreviation used in the PHI. If Dialogue is unable to provide an explanation, must refer the applicant to a trustee that is able to provide an explanation.</p>
4. Time Limit for Responding	<p>Section 84: As soon as possible in the circumstances but no later than 30 days after receiving the request.</p>	<p>Section 54(2) and (3) – Access:</p> <p>As soon as possible in the circumstances but no later than 30 days after receiving the request. May extend</p>	<p>Section 8(6) – Access: Must respond as promptly as required in the circumstances but not later than 30 days after receiving the request. May extend the time limit for an additional</p>	<p>Section 36(1) – Access: Within 30 days after receiving the request.</p> <p>May extend for a reasonable period not</p>

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	Nova Scotia	Ontario	Prince Edward Island	Saskatchewan
		<p>the time limit for an additional 30 days</p> <p>Section 55(3) – Correction: As soon as possible in the circumstances but no later than 30 days after receiving the request. May extend deadline for replying for a period of not more than 30 days.</p>	<p>30 days (subsection (11) or (12))</p> <p>Section 11(3) –Correction: Must respond within 30 days after receiving the request. See requirements for extension at subsection (5).</p>	<p>exceeding 30 days (section 37(1)).</p> <p>Section 40(3) – Correction: Within 30 days after a request for amendment is received.</p>
5. Contents of response	<p>Section 81(2) – Access: When refusal is made under section 72(1) or subsection (1), must provide written notice that sets out the reasons for the refusal and that states the individual’s right to make a complaint to the Review officer.</p>	<p>Section 54(1) – Access: In response, must make the PHI available.</p> <p>Must give a written notice if the information does not exist or cannot be found.</p> <p>If refusal, must give a written notice providing the reason for the refusal and</p>	<p>Section 8(8) – Access: In response, must make the PHI available.</p> <p>Must inform the individual in writing if the information does not exist or cannot be found.</p> <p>Must inform the individual in writing that the request is</p>	<p>Section 36(1) – Access: In response, must make the PHI available.</p> <p>Must inform the individual that the information does not exist or cannot be found.</p> <p>If refusal: Must inform the individual of the refusal</p>

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	Nova Scotia	Ontario	Prince Edward Island	Saskatchewan
	<p>Section 88(b) –Correction: Make the requested correction by recording the correct information in the record and striking out the incorrect information.</p> <p>If it's not possible to strike out, label the information as incorrect or store that information separately from the record.</p> <p>Must give a written notice to the individual of what correction has been done under clause (a).</p> <p>Shall provide written notice to the individual if refusal to grant the request (section 89).</p>	<p>stating that the individual is entitled to make a complaint to the commissioner under Part VI.</p> <p>Section 55(10) – Correction: Make the requested correction by recording the correct information in the record and striking out the incorrect information.</p> <p>If it's not possible to strike out, label the information as incorrect or store that information separately from the record.</p> <p>Must give a written notice to the individual of what correction has been done under clause (a).</p>	<p>refused for a specified reason described in section 10 and advise the individual of his/her right to request a review of the refusal under Part 6.</p> <p>Section 11(3) – Correction: Make the requested correction to the record of the PHI. Inform the individual in writing if the PHI no longer exists or cannot be found.</p>	<p>and the reasons for the refusal, and the applicant's right to request a review of the refusal under Part VI.</p> <p>Section 40(3) and (4)–Correction: Must advise in writing that the amendment has been made or make a notation to the record stating that the amendment.</p> <p>Must give notice of the amendment to any other trustee or person to whom the PHI was disclosed.</p>

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	Nova Scotia	Ontario	Prince Edward Island	Saskatchewan
		Shall provide written notice to the individual if refusal to grant the request (section 55(11)).		
6. How to provide access? (describe)	<p>Duty to grant access (section 80(1)a).</p> <p>Must provide the PHI as expeditiously as is necessary for the provision of health care to the individual (section 80(3)).</p>	<p>Duty to grant access (section 52(6)a).</p> <p>Must provide the PHI as expeditiously as is necessary for the health care of the individual (section 52(7)).</p> <p>Section 52(1.1): The individual has the right to access the record in an electronic format. Make information available for examination and provide a copy if requested.</p>	<p>Section 8(8): Must make the PHI available for examination or provide a copy upon request.</p> <p>Section 8(10): If the PHI is maintained in electronic form, Dialogue shall produce a record of the PHI in a form usable by the individual.</p>	<p>Section 36(1)a): Must make the PHI available for examination and provide a copy if requested.</p>

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	Nova Scotia	Ontario	Prince Edward Island	Saskatchewan
7. Fees?	<p>Yes, Section 82: May charge a fee if Dialogue gives the individual an estimate of the fee first. Must not exceed the amount of reasonable cost recovery or the prescribed amount.</p>	<p>Yes, section 54(10). May charge a fee if Dialogue gives the individual an estimate of the fee first. Must not exceed the amount of reasonable cost recovery or the prescribed amount.</p>	<p>Yes, section 80(1), (2) and (3): May require an individual to pay a fee in accordance with regulations. Dialogue shall give the individual an estimate of the total fee before providing the service.</p> <p>Correction: Charging a fee is prohibited (section 11(9)).</p>	<p>Yes, Section 39: May charge a reasonable fee not exceeding the prescribed amount.</p>

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	Northwest Territories	Yukon
	<i>Health Information Act</i> (“HIA”)	<i>Health Information and Privacy Management Act</i> (“HIPMA”)
1. Right of Access	Yes, section 94(1) .	Yes, section 24(1) . May refuse for the reasons listed at section 27 .
2. Correction / Rectification Rights	Yes, section 119(1) .	Yes, section 28(1) .
3. Duty to assist?	Yes, section 97 and 119(2) . Dialogue shall make every reasonable effort to assist the applicant, respond to the applicant openly, accurately and completely; and respond to the applicant without delay.	Duty to assist the applicant in completing the application if it's incomplete (section 25(3)).
4. Time Limit for Responding	Section 101(1) – Access: Not later than 30 days after receiving the request. See exceptions at section 101(3) . May extend up to 30 days (section 106(1)).	Section 26(1) and (2) – Access: Must respond within 30 days after receiving the request. May extend by an additional 60 days.

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	Northwest Territories	Yukon
	<p>Section 120(1) – Correction: Not later than 30 days after receiving the request. May extend for not more than 30 days (section 123(1)).</p>	<p>Section 28(2) and (3) – Correction: Must respond within 30 days after receiving the request. May extend by an additional 15 days.</p>
5. Contents of response	<p>Section 101(1) – Access: Must give information as to whether or not access will be provided.</p> <p>If refusal, must give a written notice providing the reason for the refusal and the provision on this act on which refusal is based, the contact information of a person who can respond to inquiries about the refusal and information that the applicant may request a review of the refusal.</p> <p>Section 120(1) and (2) – Correction: Give the applicant a response in writing and make the requested correction.</p> <p>If refusal, same requirements as Access.</p>	<p>Section 26(4) – Access: In response, must make the PHI available.</p> <p>Must inform the applicant if the information does not exist or cannot be found.</p> <p>If refusal, must inform the applicant of the reasons for refusal and the applicant’s right to make a complaint to the commissioner.</p> <p>Section 28(5) – Correction: Must respond by annotating the record as requested and notifying the individual, or notify if the request is declined.</p>

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	Northwest Territories	Yukon
6. How to provide access? (describe)	Section 96(4): Must give a copy of the record or make the record available to examination if requested.	Section 24(3)a): If Dialogue uses electronic means to collect PHI, must provide a copy of a record of user activity of the individual's PHI. Section 26(4) – Access: Must respond by making the PHI available for examination or by providing a copy.
7. Fees?	Yes, section 95(1) . May charge a fee in accordance with the regulations. Must not exceed the costs of processing the access request. Must give an estimate of fees not later than 20 days after receiving the request (section 104(2)). Correction: Charging a fee is prohibited (section 119(3)).	Yes, section 24(2) . May charge a fee, not exceeding the prescribed fee. Correction: Charging a fee is prohibited (section 28(10)).