



CTCMPANL Privacy and Confidentiality Policy

Policy category and number:	Administration
Developed by:	CTCMPANL Board
Approval:	CTCMPANL Board
Date:	October 13, 2016

Overview of policy:

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Newfoundland and Labrador (College) will require individuals applying for provincial and national examinations and as well membership in the College to provide personal information as part of the application process. Members of the College Board as well as Committee members engaged in College activities must sign an oath of confidentiality. The College will adopt for use by the College the NLCHP Council policies for the collection, use, access, sharing and destruction of personal information, record management and security practices. (see attached policy list) .

The information collected as part of the College application and other College processes is for College use and will be utilized for several purposes inclusive of examination registration and results reporting, participation in College required education, certification, and College membership. Personal information is defined in the *Access to Information and Protection of Privacy Act (ATIPPA)*.

Policy:

Personal information collected shall be limited to that which is necessary to carry out the College roles and responsibilities. Personal information should be accurate and complete.

Employees, contractors, and individuals who are engaged in fulfilling the mandate of College must ensure that information that they become aware of as a result of their interaction with or on behalf of the College is kept private and confidential.

Employees, contractors, College and individuals who are engaged in fulfilling the mandate of College must sign an oath of confidentiality.

Procedure:

1. The College identifies the purpose for which information is to be used prior to request for personal information. The information collected shall be limited to that which is necessary for the identified purpose.
2. Consent is required of the individual for the collection, use or disclosure of personal information.
3. Personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law.
4. Personal information shall be accurate, complete and up to date as is necessary for the purpose for which it is to be used.
5. Persons engaged in activities of the College must sign an oath of confidentiality prior to engagement in College activities. See Schedule A. Signed Oath of confidentiality forms will be maintained at the College office.

References:

ATIPPA

NLCHP policies (with the permission of the NLCHP) that will be followed by the College in conducting the business of the College included:

Client File Management (May 2015)

Confidentiality and Privacy (Sept 11, 2013)

Managing office documents including personal Information (July 22, 2013)

Registration Records management (Aug 22, 2012)

Travel expenses (July 12, 2012)

Conflict of Interest (January 14, 2014)

***This policy was adopted and amended with permission from the NLCHP policy "Confidentiality and Privacy (Sept 11, 2103)"**

Policy History: Original policy October 13, 2016

Schedule A



Oath of Confidentiality

I affirm that I will faithfully, truly and impartially to the best of my knowledge, skill and ability and in the best interest of the public execute and perform my duties as an member of the College of Traditional Chinese Medicine Practitioners and Acupuncturists (College) executive and or a member of a College appointed committee and or as an appointed representative of the College and that I will not, except in the discharge of my duties as member of executive of the College, member of a college appointed committee or the appointed representative of the College and as required by law, disclose to a person any information or any other matter that I become aware of in carrying out my duties and responsibilities.

Name _____

(Please print)

Signed _____

Witness _____

Date _____

Schedule B

Template letter for Reason to Share Information



47 Leslie Street, St. John's, NF A1E 2V7
Tel: (709) 769-1003 Fax: (709) 722-5527

DATE

RE: CONSENT TO SHARE PERSONAL INFORMATION

Dear Applicant:

As you know, the 2016-2017 Newfoundland and Labrador TCM Acupuncture Registration Examinations includes Pan-Canadian Written Exam and Pan-Canadian Clinical Case-study Exam, which will be administered by a third party, Assessment Strategy Inc. ("ASI"). As such, the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Newfoundland and Labrador (CTCMPANL) is required to share your personal information with ASI.

Your information is collected and protected in accordance with *Newfoundland and Labrador Access to Information and Protection of Privacy Act (2002)*. Your personal information will be provided to ASI for the sole purpose of exam administration. However, before we disclose your personal information, a completed consent form is required to authorize the CTCMPANL to do so.

Please read the enclosed Consent Form carefully, and return a signed, dated Consent Form to the CTCMPANL office by 5:00 PM, on _____ 2016. Your understanding and cooperation is appreciated.

If the CTCMPANL Office does not receive the completed Consent Form by the deadline, your information will not be shared with the ASI, and you will not be permitted to sit the Pan- Canadian Exam components. Your examination fee, if you have paid, will be refunded to you.

If you have any questions, please do not hesitate to contact us.

Sincerely,

Ethne Munden
Chair CTCMPANL

Schedule C

Consent to Share Information



Consent to Share Personal Information

I, the undersigned, _____ (print your name), understand

- My personal information is collected, used and protected by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Newfoundland and Labrador (the "CTCMPANL") in accordance with the NL Access to Information and Protection of Privacy Act (2002);
- My personal information is required to be shared with Assessment Strategy Inc. (the "ASI") for the sole purpose to administer the Pan-Canadian Examination components.

I hereby certify that,

- I have read and understood this Consent Form;
- I have had the opportunity to ask and receive satisfactory answers to all my questions;
- I had sufficient time to make my decision; and
- I freely accept that my personal information be shared with the ASI.

By signing this Consent Form, I hereby authorize the CTCMPANL to share my information with the ASI for the sole purpose of administering the Pan-Canadian Examination components.

Signature

Date

Signatory's Address and Postal Code