

October 31, 2023

VIA ELECTRONIC MAIL

Dr. Laszlo Radvanyi President and Scientific Director Ontario Institute for Cancer Research MaRS Centre 661 University Avenue, Suite 510 Toronto, ON M5G 0A3

Dear Laszlo Radvanyi:

RE: Review of the Practices and Procedures of the Ontario Institute for Cancer Research in respect of the Ontario Tumour Bank under the *Personal Health Information Protection Act, 2004*

Pursuant to subsection 13(2) of Regulation 329/04 under the *Personal Health Information Protection Act, 2004* ("the *Act*"), the Office of the Information and Privacy Commissioner of Ontario (IPC) is responsible for reviewing and approving, every three years, the practices and procedures implemented by an organization designated as a prescribed person under clause 39(1)(c) of the *Act*. Such practices and procedures are required for the purposes of protecting the privacy of individuals whose personal health information prescribed persons receive, and maintaining the confidentiality of that information.

As you are aware, the practices and procedures of the Ontario Institute for Cancer Research (OICR), in respect of the Ontario Tumour Bank (OTB), were last approved on October 31, 2020. Thus, the IPC was required to review these practices and procedures again and advise whether they continue to meet the requirements of the *Act* on or before October 31, 2023.

Based on this review, I am satisfied that OICR, in respect of OTB, continues to have in place practices and procedures to protect the privacy of individuals whose personal health information it receives and to maintain the confidentiality of that information in accordance with the requirements of the *Act*.

Accordingly, effective October 31, 2023, I hereby advise that the practices and procedures of OICR, in respect of OTB, continue to be approved for a further three-year period.

Appendix I to this letter contains my recommendations to further enhance the practices and procedures of OICR, in respect of OTB. My staff will continue to monitor OICR's implementation of these recommendations. Please be advised that these

recommendations are to be addressed by August 1, 2025, or sooner, if and as indicated in Appendix I.

This three-year review cycle was marked by an unprecedented challenge for the health sector: the COVID-19 pandemic. The pandemic laid bare the importance of planning for business continuity and disaster recovery, and allocating resources to privacy and security programs so that they can continue to operate effectively throughout such situations. At the same time, the pandemic has been a time of dramatic health sector transformation, providing an opportunity for prescribed persons, entities, and organizations to re-examine and improve their practices. Given the lessons learned from the pandemic, the Business Continuity and Disaster Recovery Plan of each prescribed person, entity, and organization may be one of our areas of focus in the next three-year review.

As you know, the IPC has revised its *Manual for the Review and Approval of Prescribed Persons and Prescribed Entities*, and will be reviewing prescribed persons and prescribed entities for compliance with this revised version (the *New Manual*) during the next three-year review.

I would like to extend my gratitude to you and your staff for your cooperation during the course of the review, including your diligence and timeliness in submitting the requested documentation, in responding to requests by my office for further information, and in making the amendments requested. My office will continue to monitor your implementation of the recommendations made during this review period and we look forward to the next review cycle.

Through your ongoing collaboration with my office and your demonstrable commitment to continuous improvement, these three-year reviews help reassure Ontarians in the policies, procedures and practices you have in place to protect the privacy and confidentiality of the personal health information they have entrusted in you.

Yours sincerely,

Patricia Kosseim Commissioner

Dr. Dianne Chadwick, Associate Director, OTB
Jeanette Dias D'Souza, Senior Vice President, Corporate Services and Group
Chief Financial Officer of OICR and FACIT
Ilinca Lungu, Operations Manager, OTB
Howard Simkevitz, General Counsel and Privacy Officer, OICR

Appendix I: Recommendations

- 1. It is recommended that OICR amend its *Privacy Impact Assessment Policy* to clearly set out the process that must be followed: in identifying when privacy impact assessments are required to be reviewed; in ensuring that required privacy impact assessments are conducted and completed; and in ensuring that privacy impact assessments are reviewed and amended, as necessary.
- 2. It is recommended that OICR amend its *Policy and Procedures in Respect of a Security and a Privacy Audit* to comply with the *Policy, Procedures and Practices in Respect of Information Security Audits* section of the *New Manual*.
- It is recommended that OICR amend its Policy and Procedures for Information Security and Privacy Breach Management to set out the format in which notification of an information security breach must be provided to any other persons or organizations.
- 4. It is recommended that OICR amend its *Policy and Procedures for Information Security and Privacy Breach Management* so that the requirements for notification of an information security breach to senior management are addressed separately from the requirements to communicate the findings of the investigation of the information security breach.