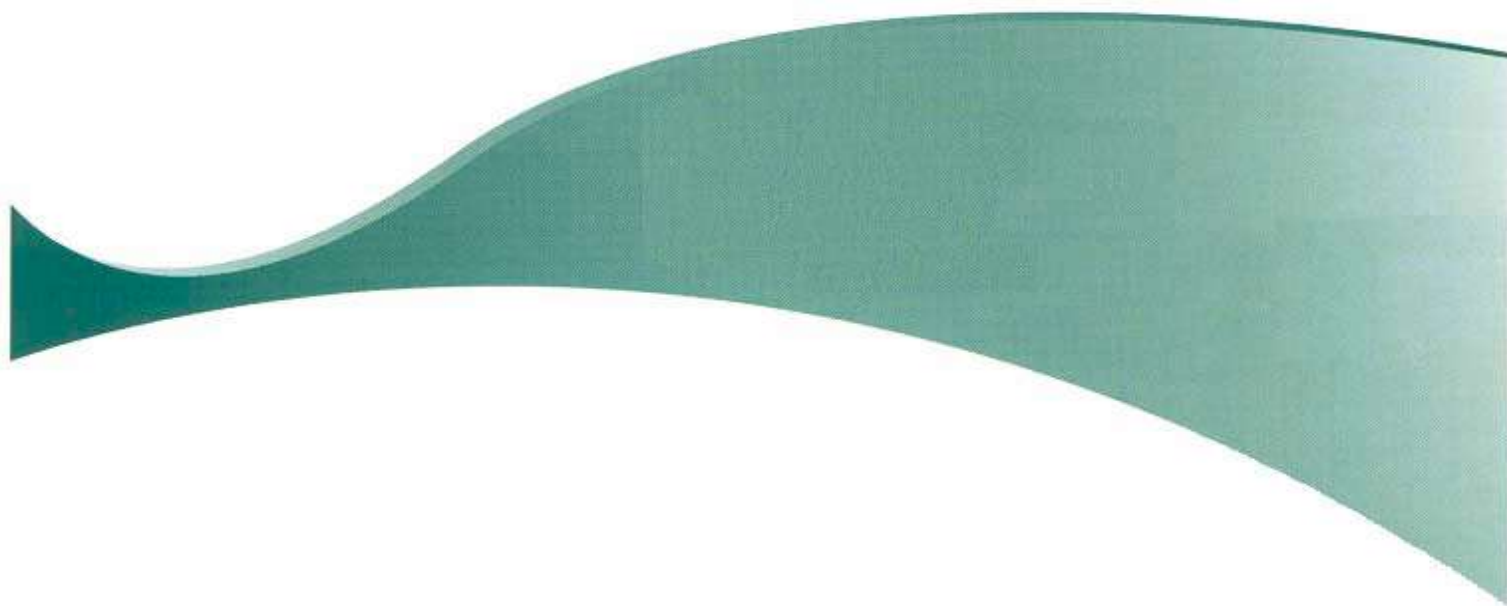


Privacy Impact Assessment (PIA) Form

Private & Confidential



*This form should be completed with reference to the HSE Privacy Impact Assessment
Process Guidance Document*

Version 2.0

June 2019

Document Information

Title:	HSE Privacy Impact Assessment (PIA) Form
Purpose:	A PIA is a process to help identify and minimise the data privacy risks of a project or activity so as to ensure that patients and service users’ rights to privacy and confidentiality are appropriately protected.
Author:	Joe Ryan
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1.0	HSE	Joe Ryan	August 2018
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Privacy Impact Assessment Form

Section 1 – Initial Details (Threshold Assessment)

Title of the activity: _____

Name of person completing this form: _____

Title: _____

Service Area: _____

Is personal data being collected or used? Yes ☐ No ☐

Are special categories of personal data being collected or used? (as listed below) Yes ☐ No ☐

If yes, indicate the categories involved:

- ☐ Health data
- ☐ Data revealing racial or ethnic origin
- ☐ Political opinions
- ☐ Religious or philosophical beliefs
- ☐ Trade union membership
- ☐ Sex life data
- ☐ Genetic data
- ☐ Biometric data

If you answered 'No' to both of the questions above you do not need to complete the remainder of the form as a PIA is not required

If you answered 'Yes' to any of the questions above you may need to complete a PIA - answer the questions below to establish if a PIA is required:

Does the processing include the processing on a large scale of special category data?

Yes ☐ No ☐

Could the processing likely result in a high risk to the rights and freedoms of data subjects?

Yes ☐ No ☐

Does the processing include a systematic monitoring of a publicly accessible area on a large scale e.g. CCTV?

Yes ☐ No ☐

Does the processing involve the automated processing, including profiling, on which decisions are based that produce legal effects concerning the data subjects?

Yes ☐ No ☐

If you have answered 'Yes' to any of the four questions above then you need to complete the remainder of this form as a PIA is required.

In order to complete this form please note that it is obligatory for you to have completed the HSELandD GDPR/Data Protection Awareness training. Please confirm that you have completed this training: Yes ☐ No ☐



Section 2 – Activity Details

Briefly outline the activity (name, purposes, context of use, etc.)

Describe how the activity generally works (from data collection to data destruction, different processing stages, storage etc.) give a detailed description of each of the processes carried out.

What is the legal basis for processing the data?

- ☐ Consent from the data subject.
- ☐ Processing is necessary for the performance of a contract.
- ☐ Processing is necessary for a legal obligation to which the HSE subject.
- ☐ Processing is necessary to protect the vital interests of the data subject.
- ☐ Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the HSE.

If processing special categories of data what is the legal basis?

- ☐ Explicit Consent
- ☐ For the purposes of preventative or occupational medicine, for the assessment of the working capacity of an employee, for medical diagnosis, for the provision of medical care, treatment or social care, for the management of health or social care systems and services. Or pursuant to a contract with a health practitioner.
- ☐ Other (please state)

If applicable describe the relevant legal obligation (act, regulation, article etc.):



Name the Data Controller(s) involved in this activity:

Describe the Role of the data controller(s) for this activity:

Provide details of all data processors involved in this activity:

Describe the role of data processor(s) as relevant to this activity:

For each data processor, describe their responsibilities (duration, scope, purpose, documented processing instructions, prior authorisation, contracts in place) for this activity:



Provide details of all data sub-processors involved in this activity:

Does the activity use automated decision making?

Yes ☐ No ☐

If 'Yes' briefly describe the automated decision making

If 'Yes' what are the consequences of the automated decision making for the data subject:

Explain why all personal data collected is necessary for the purposes of your processing:

List the data supporting assets (hardware, software, networks, people, paper or paper transmission channels):



Is the personal data going to be shared?

Yes ☐ No ☐

If yes, list the recipients (or categories of recipients) of the personal data and for what purpose it is being shared:

Is the data being sourced from another source?

Yes ☐ No ☐

If yes, please state where the data originates from and if applicable, did it come from a publicly accessible source:

What is the retention period for the different items of personal data:

Describe the steps taken to ensure that the personal data is kept up to date and accurate:

How are data subjects informed of the processing?



How can data subjects exercise their right to access and to data portability under Article 15 and Article 20 of the GDPR?

How can data subjects exercise their right to rectification and erasure under Articles 16 & 17 of the GDPR?

How can data subjects exercise their right to restriction and object under Article 18 and Article 21 of the GDPR?

Is the personal data being transferred outside of the Republic of Ireland? Yes ☐ No ☐

If yes, list the countries where the personal data is to be transferred:

For each country outside of the EEA (European Economic Area) where data is stored or processed, name it and describe the provisions concerning the transfer:

Describe the organisational security measures associated with this activity:



Describe the technical security measures associated with this activity:

Describe the additional measures taken to ensure data security for this activity:

Section 3 – Research

Please complete the following section only if you are completing this PIA as part of a research proposal. If you are not completing this PIA as part of a research proposal you can go immediately to Section 4.

Please specify what arrangements are in place to ensure that personal data will be processed as is necessary;

- (a) to achieve the objective of the health research and;**
- (b) to ensure that data shall not be processed in such a way as to damage or distress the data subject:**

The provision of training in data protection law and practice to anyone involved in carrying out the health research is a mandatory legal requirement. Please specify the data protection training undertaken by those involved in this research:



Please specify the controls in place to log whether and by whom personal data has been consulted, altered, disclosed or erased:

Please specify the arrangements to anonymise, archive or destroy personal data once the health research has been completed and how this will be carried out:

Please specify other technical and organisational measures designed to ensure that processing is carried out in accordance with the Data Protection Regulation, together with process for testing and evaluating the effectiveness of such measures:



Section 4 – Risks and Risk Mitigation

Is there a risk of:

- a. ☐ Illegitimate access to personal data
- b. ☐ Unwanted modification to personal data
- c. ☐ Personal data disappearance
- d. ☐ Other (please state)

Section 4 (a) – Illegitimate access to personal data

Complete the following questions if you selected a. (Illegitimate access to personal data)

What are the main threats that could lead to the risk?

What are the potential impacts on data subjects arising from the risk?

What are the risk sources?

What controls are in place to address the risk and are these controls adequate?



How do you estimate the likelihood of the risk, especially in respect of threats, sources of risk and planned controls?

- ☐ 1 – Rare
- ☐ 2 – Unlikely
- ☐ 3 – Possible
- ☐ 4 – Likely
- ☐ 5 – Highly Certain

How do you estimate the potential impact of the risk on data subjects?

- ☐ 1 – Negligible
- ☐ 2 – Minor
- ☐ 3 – Moderate
- ☐ 4 – Major
- ☐ 5 – Critical

What is the overall risk rating (likelihood x impact)?

- ☐ Low
- ☐ Medium
- ☐ High

Section 4 (b) – Unwanted modification to personal data

Complete the following questions if you selected b. (Unwanted modification to personal data)

What are the main threats that could lead to the risk?

What are the potential impacts on data subjects arising from the risk?

What are the risk sources?



What controls are in place to address the risk and are these controls adequate?

How do you estimate the likelihood of the risk, especially in respect of threats, sources of risk and planned controls?

- ☐ 1 – Rare
☐ 2 – Unlikely
☐ 3 – Possible
☐ 4 – Likely
☐ 5 – Highly Certain

How do you estimate the potential impact of the risk on data subjects?

- ☐ 1 – Negligible
☐ 2 – Minor
☐ 3 – Moderate
☐ 4 – Major
☐ 5 – Critical

What is the overall risk rating (likelihood x impact)?

- ☐ Low
☐ Moderate
☐ High

Section 4 (c) – Personal data disappearance

Complete the following questions if you selected c. (Personal data disappearance)

What are the main threats that could lead to the risk?

What are the potential impacts on data subjects arising from the risk?



What are the risk sources?

What controls are in place to address the risk and are these controls adequate?

How do you estimate the likelihood of the risk, especially in respect of threats, sources of risk and planned controls?

- ☐ 1 – Rare
- ☐ 2 – Unlikely
- ☐ 3 – Possible
- ☐ 4 – Likely
- ☐ 5 – Highly Certain

How do you estimate the potential impact of the risk on data subjects?

- ☐ 1 – Negligible
- ☐ 2 – Minor
- ☐ 3 – Moderate
- ☐ 4 – Major
- ☐ 5 – Critical

What is the overall risk rating (likelihood x impact)?

- ☐ Low
- ☐ Moderate
- ☐ High



Section 4 (d) – Other

Complete the following questions if you selected d. (Other)

Describe in detail the risk

What are the main threats that could lead to the risk?

What are the potential impacts on data subjects arising from the risk?

What are the risk sources?

What controls are in place to address the risk and are these controls adequate?



How do you estimate the likelihood of the risk, especially in respect of threats, sources of risk and planned controls?

- ☐ 1 – Rare
- ☐ 2 – Unlikely
- ☐ 3 – Possible
- ☐ 4 – Likely
- ☐ 5 – Highly Certain

How do you estimate the potential impact of the risk on data subjects?

- ☐ 1 – Negligible
- ☐ 2 – Minor
- ☐ 3 – Moderate
- ☐ 4 – Major
- ☐ 5 – Critical

What is the overall risk rating (likelihood x impact)?

- ☐ Low
- ☐ Medium
- ☐ High

Section 5 – Data Subject Consultation

Were data subjects (or a representative) consulted as a part of the PIA process? ☐ Yes ☐ No

If Yes, state the number of data subjects consulted, method of consultation and describe the outcome of the consultation:

If No, explain the reasons for not consulting data subjects:



Section 6 – DPO/DDPO Consultation

DPO opinion (please ensure the previous questions are completed fully before the DPO can provide an opinion):

Section 7 – Approval

To be completed by the data controller

Outcome:

- ☐ Approved
- ☐ Denied
- ☐ DPC Consultation Needed
- ☐ Further Updates Needed

Signed:

Date:

Appendix A: Personal Data

The following table sets out the personal data that will be processed by the Monkeypox Immunisation System. Data marked with '*' is mandatory.

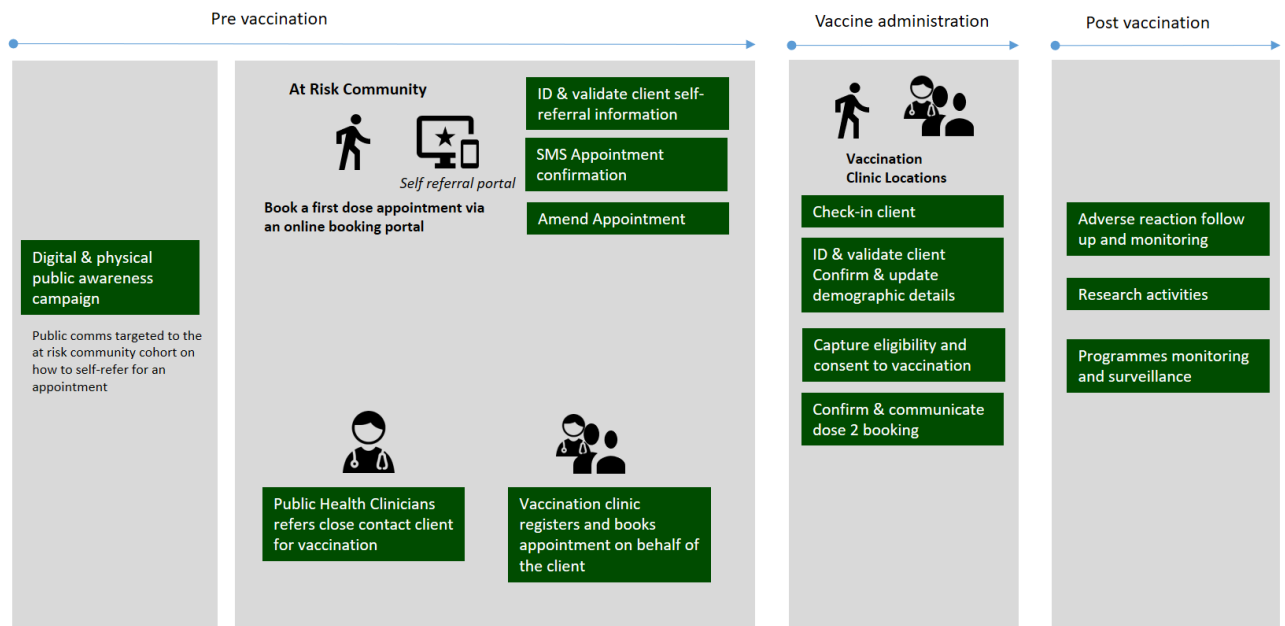
Data <i>Data Points to be collected for Support channel</i>	Data Type <i>(Personal Data / Personal Health Data)</i>	Collection Activity <i>Event at which data will be captured</i>	Collection Frequency <i>Frequency at which data will be captured</i>	Purpose of collecting data
Demographics				
First Name*	Personal Data	First time registration for a vaccination	One time	Client identification
Last Name*	Personal Data	First time booking of an appointment	One time	Client identification
Mobile phone*	Personal Data	First time booking of an appointment	One time	Communication via SMS to confirm appointment details
Home phone	Personal Data	First time booking of an appointment	One time	If booking appointment on behalf of the client and the client does not have mobile number
Sex *	Personal Data	First time booking of an appointment	One time	Client identification and data quality of IHI exact match
Address Line 1*	Personal Data	First time booking of an appointment	One time	Client identification and data quality of IHI exact match
Address line 2	Personal Data	First time booking of an appointment	One time	Client identification
Address line 3	Personal Data	First time booking of an appointment	One time	Client identification
Town*	Personal Data	First time booking of an appointment	One time	Client identification and data quality of IHI exact match
County*	Personal Data	First time booking of an appointment	One time	Client identification and data quality of IHI exact match
Eircode	Personal Data	First time booking of an appointment	One time	Client identification and data quality of IHI exact match
Email address	Personal data	First time booking of an appointment	One time	Required for follow up with the client in the case of adverse reaction
PPSN	Personal Data	First time booking of an appointment	One time	Data quality for an exact match in IHI lookup
What is your mother's maiden name	Personal Data	First time booking of an appointment	One time	Data quality for an exact match in IHI lookup
Do you identify yourself as being at high risk to Monkeypox?	Personal Data	At point of care	At first appointment	For PrEP vaccination Public Health need to know that the right people are getting access to the vaccine.
Ethnicity	Personal Data	At point of care	At first appointment	This is a Public Health requirement to ensure equity to vaccine access
Main language spoken	Personal Data	At point of care	At first appointment -	This is a Public Health require to reduce inequity to vaccine access due to client main language. It will inform action by the HSE to targeted clinic or other actions to improve uptake
Eligibility and consent questions				
Have you ever received MVA-BN Vaccine or another smallpox vaccine?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator

If yes, what was the name of the vaccine?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
What date did you receive it?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
Have you had any allergies to any vaccines in the past?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
Have you had any allergies to eggs or egg products (including chicken or feathers) in the past?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
Do you have any serious allergies?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
Do you currently have a raised temperature or feel unwell?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
Do you have atopic dermatitis?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
Do you have a history of keloid scar formation?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
Do you have a condition or are you receiving treatment that weakens your immune system?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
Are you pregnant?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
Are you breastfeeding?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
Do you plan to receive a COVID-19 vaccine in the next 4 weeks?	Personal health data	At point of care	Per vaccination appointment – maximum of 2	To inform decision of client's eligibility for vaccination by the vaccinator
In best interest relationship name	Personal Data	At point of care	Per vaccination appointment – maximum of 2	If in best interest person is needed to consent on behalf of a client
In best interest relationship type	Personal Data	At point of care	Per vaccination appointment – maximum of 2	If in best interest person is needed to consent on behalf of a client
In best interest relationship contact number	Personal Data	At point of care	Per vaccination appointment – maximum of 2	If in best interest person is needed to consent on behalf of a client
Next of kin name	Personal Data	At point of care	Per vaccination appointment – maximum of 2	If client is < 16yrs old
Next of kin relationship type	Personal Data	At point of care	Per vaccination appointment – maximum of 2	If client is < 16yrs old
Next of kin contact number	Personal Data	At point of care	Per vaccination appointment – maximum of 2	If client is < 16yrs old

Are you comfortable being contacted for research purposes in the future?	Personal Data	At point of care	Per vaccination appointment – maximum of 2	Identify individuals who volunteer to support clinical research related to Monkeypox vaccination
Vaccination data				
Referral date	Personal health data	On receipt of healthmail referral submitted by Public Health clinician	Captured for referred close contacts for post exposure vaccination	Close contact referral clinical data required to progress with PEP vaccine administration
Referrer name	Personal health data	On receipt of healthmail referral submitted by Public Health clinician	Captured for referred close contacts for post exposure vaccination	Close contact referral clinical data required to progress with PEP vaccine administration
Referrer professional registration number	Personal health data	On receipt of healthmail referral submitted by Public Health clinician	Captured for referred close contacts for post exposure vaccination	Close contact referral clinical data required to progress with PEP vaccine administration
Date of last exposure	Personal health data	On receipt of healthmail referral submitted by Public Health clinician	Captured for referred close contacts for post exposure vaccination	Close contact referral clinical data required to progress with PEP vaccine administration
Eligible for vaccination	Personal health data	Decision made on review to answers of eligibility questions	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Date of vaccination	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Vaccine name and Manufacturer	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Batch number	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Injection site	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Administration route	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Use before date	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Prescriber name	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Prescriber PIN/MCRN	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Vaccinator name	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement

Vaccinator PIN/MCRN	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Dose number	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Minimum clinical data requirement
Clinical Notes	Personal health data	At vaccination point of care or any time after vaccination	At any time following vaccination	For monitoring and follow up with clients with adverse reactions
Vaccination appointment outcome	Personal health data	At vaccination point of care	Per vaccination appointment – maximum of 2	Minimum clinical data requirement for vaccination programme to understand causes and any follow up actions for uncompleted vaccinations – e.g. DNA, declined,
Consent given	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Confirm explicit consent to vaccination by the client
Consent given by in best interest relationship	Personal health data	Data entered at point of care per vaccination	Per vaccination appointment – maximum of 2	Confirm explicit consent to vaccination by the client

Appendix B: Overview of patient care pathway



Appendix C: Overview of ICT solution

