Standing Committee on Public Accounts, Independent Officers and Other Entities' Review of the Information and Privacy Commissioner's Report on the Privacy Audit of the Qikiqtani General Hospital **Iqaluit, Nunavut** **May 10, 2017**	ᑮᓇᐅᔭᖅᑐᕆᑎᒥᓂᕐᓂᑦ, ᐃᒻᒥᒃᑯᖅᑐᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᐊᓯᖏᓐᓄᓪᓗ ᑎᒥᐅᔪᓄᑦ ᑲᑎᒪᔩᑦ ᕿᒥᕐᕈᓂᖏᑦ ᑐᓴᕈᑎᖃᖅᑎᑦᑎᓂᕐᒧᑦ ᑲᓐᖑᓇᖅᑎᑕᐅᔪᓕᕆᓂᕐᒧᓪᓗ ᑲᒥᓯᓇᐅᑉ ᐅᓂᒃᑳᖓᓂᒃ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᖃᐅᔨᓴᕐᓂᕆᓚᐅᖅᑕᖓᓄᑦ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕝᕕᒻᒥ ᐃᖃᓗᐃᑦ, ᓄᓇᕗᑦ ᒪᐃ 10, 2017
Members Present: Tony Akoak Pat Angnakak, Chair Joe Enook David Joanasie Simeon Mikkungwak Paul Okalik Emiliano Qirngnuq Allan Rumbolt Alexander Sammurtok Tom Sammurtok Isaac Shooyook	ᒪᓕᒐᓕᐅᖅᑏᑦ ᐅᐸᒃᑐᑦ: ᑑᓂ ᐋᕐᑯᐊᖅ ᐹᑦ ᐊᕐᓇᒃᑲᖅ, ᐃᒃᓯᕙᐅᑕᖅ ᔫ ᐃᓄᒃ ᑕᐃᕝᑦ ᔪᐊᓇᓯ ᓯᒥᐅᓐ ᒥᑭᓐᖑᐊᖅ ᐹᓪ ᐅᑲᓕᖅ ᐃᒥᓕᐊᓄ ᕿᓐᖑᖅ ᐋᓚᓐ ᕋᒻᐳᑦ ᐋᓕᒃᓵᓐᑐ ᓴᒻᒧᖅᑐᖅ ᑖᒻ ᓴᒻᒧᖅᑐᖅ ᐊᐃᓴᒃ ᓲᔪᖅ
Staff Members: Stephen Innuksuk Karen Aglukark	ᐃᖅᑲᓇᐃᔭᖅᑏᑦ: ᓯᑏᕙᓐ ᐃᓄᒃᓱᒃ ᑭᐊᕆᓐ ᐊᒡᓘᒃᑲᖅ
Interpreters: Gwen Angulalik Andrew Dialla Allen Maghagak Philip Paneak James Panioyak Blandina Tulugarjuk	ᑐᓵᔩᑦ: ᒍᐃᓐ ᐊᖑᓛᓕᒃ ᐋᓐᑐᕈ ᑎᐊᓚ ᐋᓕᓐ ᒪᒃHᐊᒐᒃ ᕖᓕᑉ ᐸᓂᐊᖅ ᔭᐃᒥᓯ ᐸᓂᐅᔭᖅ ᐸᓚᓐᑏᓇ ᑐᓗᒑᕐᔪᒃ
Witnesses: Chris D'Arcy, Deputy Minister of Executive and Intergovernmental Affairs Gary Dickson, Q.C. Elaine Keenan Bengts, Information and Privacy Commissioner Colleen Stockley, Deputy Minister of Health Jessica Young, Manager of Access to Information and Protection of Privacy	ᐊᐱᖅᓱᖅᑕᐅᔪᑦ: ᑯᕆᔅ ᑖᓯ, ᒥᓂᔅᑕᐅᑉ ᑐᓪᓕᐊ ᒐᕙᒪᐅᕐᑲᑎᒌᑦᑐᓕᕆᔾᒃᑯᓐᓄᑦ ᒋᐊᕆ ᑎᒃᓴᓐ, ᒪᓕᒐᕐᓂᐊᖅᑎ ᐃᓚᐃᓐ ᑮᓇᓐ ᐸᐃᖕᔅ, ᑐᓴᕈᑎᖃᖅᑎᑦᑎᓂᕐᒧᑦ ᑲᓐᖑᓇᖅᑎᑕᐅᔪᓕᕆᓂᕐᒧᓪᓗ ᑲᒥᓯᓇ ᑳᓖᓐ ᓯᑖᒃᓕ, ᒥᓂᔅᑕᐅᑉ ᑐᓪᓕᐊ ᐋᓐᓂᐊᕐᑲᕐᓇᙱᑦᑐᓕᕆᓂᕐᒧᑦ ᔭᓯᑲ ᔭᖕ, ᐊᐅᓚᑦᑎᔨ ᑐᓴᕈᑎᖃᖅᑎᑦᑎᓂᕐᒧᑦ ᑲᓐᖑᓇᖅᑎᑕᐅᔪᓕᕆᓂᕐᒧᓪᓗ

Dennis Stavrou, Executive Director of Iqaluit Health Services	ᑕᓂᐠ ᓱᒋᐅᔨ, ᑐᑭᒧᐊᖅᑎᑎᕐᓂᒪᓕᒃ ᐃᖅᑲᓇᐅᓂ ᐊᐅᓂᐊᖅᑲᓐᓂᕐᑕᓚᓂᖓᒧᑦ ᐱᕐᑎᑭᑎᓄᓂ
>>Committee commenced at 13:30	*>>ᑲᑎᒪᓱᑎᐊᖅᑐᑦ 13:30-ᒥ*
Chairperson (Ms. Angnakak): Welcome to the House, everybody. Good afternoon. I'm going to begin by my opening comments.	**ᐃᒃᓱᕈᐅᑕᖅ** (ᐊᖅᓇᒃᑲᖅ)(ᑐᐊᓕᑎᒍᑦ): ᑐᓴᖓᓱᓂᑎ ᐃᓕᓴᓇᓱ ᑲᑎᒪᓚᕕᖅᑎᓴᓄᑦ. ᐅᓴᓄᓴᒃᑯᑦ. ᐱᑎᐊᕈᑎᖅᑲᖅᑐᖓᔪᓄ ᒪᑐᐃᕈᓴᖅᑎᑦ.
Before proceeding, I ask members witnesses, and visitors to put their cellphones, BlackBerrys, and other electronic devices on silent mode, please.	ᑲᔪᓱᓪᓗᓂᑎᓂᑎᓴᓐ, ᑲᑎᒪᓕᔪᑦ ᐊᐱᖅᓱᖅᑕᐅᓂᐊᖅᑐᑦᓗ ᐅᓪᓚᐊᖅᓱᒪᔪᑦᓗ ᐅᖅᑲᓚᐅᑎᕋᓚᒥᐅᒃ ᐊᓱᖓᓴᓂᓗ ᓂᐱᖅᓴᓂᖅᑎᓱᒪᔪᓴᖏᓱᐅᒃ.
I would like to formally welcome everyone present to this meeting of the Legislative Assembly's Standing Committee on Public Accounts, Independent Officers and Other Entities.	ᐃᑐᓴᓇ ᑐᓴᖏᓱᓕᔪᓂᑎᐊᖅᑉᐊᓱ ᑲᑎᒪᔨᕋᓚᑦ ᒐᒪᒃᑯᑦ ᑭᓇᐅᑦᔪᓂᖅᑎᑦᓴᓂᖅᓯᓕᓂᖅ ᑲᑎᒪᓂᖓᓴᓇᑦ, ᐃᓚᒃᑯᖅᑐᑦᓗ ᐱᑕᖃᓚᐅᑦ ᐊᓱᖓᓴᑦ.
We are meeting today on the occasion of our Standing Committee's televised hearing on the Information and Privacy Commissioner's report on the privacy audit of the Qikiqtani General, which was tabled in the House on November 8, 2016.	ᐅᑦᓗᒥ ᑲᑎᒪᔨᔪᑎᖅᑲᖅᓴᔪᑦ ᑲᑎᒪᔨᕋᓚᓵᔪᑎᑎᑦ ᑕᓪᓕᐊᓂᒃᑯᑦ ᑕᑯᓂᐅᑎᑕᐅᓂᖓᓕᑦ ᑐᑭᖓᓪᓕᐊᓂᖅᑲᖅᓴᓐᓗ ᑲᑎᒪᔨᕋᓚᑦᓴᓂᓗ ᑲᒥᔪᓪᓚᐅᑦ ᐅᓂᒃᑲᖓᓂᒃ ᑲᑎᒪᓂᖓᓴᓇᑦᓗ ᑕᒪᓕᖅᓱᓚᖅᓱᐅᖅᑕᐅᓪᓚᐅᑦᓴᓂᖓᓪᓕᐅᑦ ᖃᐅᑭᖅᑕᓂ ᐊᓱᖓᓴᐊᕐᓕᒥ, ᓂᖅᑭᑕᐅᓪᓚᐅᖅᑐᖅ ᒪᓕᑎᓕᐅᖅᓄᖅ ᔪᓚᑎᓕᐅᖅᑐᑦ ᔪᓄᑦᓴᓐᓗ 8, 2016-ᒥ.
I would first like to introduce my Standing Committee colleagues:	ᓱᓕᓕᓚᖅᓯᒥᐅ ᑐᓴᖏᓱᓄᑎᑎᔪᒪᓕᖅᖏᓐᓄ ᑲᑎᒪᓕᔪᓕᖅᓴᖅᑎᑎᕐᔪᓂᖅᓂᖅ:
• Tony Akoak, Member for Gjoa Haven; • Joe Enook, Member for Tununiq; • David Joanasie, Member for South Baffin; • Pauloosie Keyootak, Member for Uqqummiut; • Simeon Mikkungwak, Member for Baker Lake; • Paul Okalik, Member for Iqaluit-Sinaa; • Emiliano Qirngnuq, Member for Netsilik; • Allan Rumbolt, Member for Hudson Bay; • Alexander Sammurtok, Member for	▯ ᑐᓂ ᐊᐅᔪᐊᖅ, ᒪᓕᑎᓕᐅᖅᑎᑐ ᐅᖅᓱᖅᑐᒃᑯᒥ; ▯ ᓄᐩ ᐃᓄᒃ, ᒪᓕᑎᓕᐅᖅᑐᑐ ᑐᓄᓂᖓᓪᓕᑦ; ▯ ᑕᐃᔨᑦ ᓴᐊᓇᓱ, ᒪᓕᑎᓕᐅᖅᑎᑐ ᖃᑭᖅᑕᒍᔪᓴᐅ ᓂᑎᐊᓄᑦ; ▯ ᐸᐅᒍᓱ ᖃᓱᒃᑕᖅ, ᒪᓕᑎᓕᐅᖅᑎᑐ ᐅᖅᔪᓂᒥᐅᓄᑦ; ▯ ᓱᒥᐅᓵ ᒥᑭᓵᐃᐊᖅ, ᒪᓕᑎᓕᐅᖅᑎᑐ ᖃᒃᒪᓂᑕᐊᖅᓪᓚᑦ; ▯ ᐸᑦ ᐅᑲᓕᖅ, ᒪᓕᑎᓕᐅᖅᑎᑐ ᐃᖅᑲᓇᐃᑦᓱᓄᓐ; ▯ ᐃᒥᓕᐊᓄ ᖃᑭᓵᐃᖅ, ᒪᓕᑎᓕᐅᖅᑎᑐ ᓄᑦᑎᓕᓵᓚᓪᓚᑦ; ▯ ᐊᓪᓚᓵᓴ ᖁᓕᓐᓂ, ᒪᓕᑎᓕᐅᖅᑎᑐ ᑕᓱᐅᖅᓴᐊᓚᑦ; ▯ ᐊᓕᖅᑎᓵᑐ ᓂᓕᑎᖅᑎᑐ

Rankin Inlet South; • Tom Sammurtok, Member for Rankin Inlet North-Chesterfield Inlet; and • Isaac Shooyook, Member for Quttiktuq. Ms. Elaine Keenan Bengts was appointed Nunavut's first Information and Privacy Commissioner in 1999. She was reappointed in February of 2015 for a fourth five-year term of office. The *Access to Information and Protection of Privacy Act* exists to achieve two broad goals: ensuring that the public has access to government information while preventing the unauthorized use or disclosure of personal information held by government departments and other public bodies. The Information and Privacy Commissioner plays a key role in maintaining this balance. In addition to providing independent reviews of decisions made by public bodies concerning requests made under the legislation, the Information and Privacy Commissioner may conduct reviews concerning possible contraventions of the *Access to Information and Protection of Privacy Act*. On September 18 and 19, 2014 the Standing Committee on Oversight of Government Operations and Public Accounts held televised hearings to review the Information and Privacy Commissioner's 2012-13 and 2013-14 annual reports to the Legislative Assembly. In its own report to the Legislative Assembly, which was presented on October 28, 2014, the Standing Committee recommended that "the Government of Nunavut co-operate with the Office of the Information and	ᑲᖏᕆᓪᓗᓂᐅᑦ ᓂᕈᐊᓄᑦ; • ᑕᒻ ᓴᓪᒍᖅᑐᖅ, ᒪᓕᒐᓕᐅᖅᑎᑎ ᑲᖏᕆᓪᓗᓂᐅᑦ • ᐅᐊᖏᓇᖏᓄᑦ ᐃᓗᑐᓕᑎᕐᖏᒍᑦᑐᓂ; ᐊᓪᒪᓗ ᐊᐃᓴᓴᒃ ᓱᓚᖅᖢ, ᒪᓕᒐᓕᐅᖅᑎᑎ ᖃᐅᔨᕆᑐᑐᓂ. ᒥᓵ ᐃᓕᐃᓐ ᑭᓇᓐ <ᐃᖏᓵ ᑎᒃᑯᐊᖅᑕᐅᓕᐅᖅᓱᒪᔪᖅ ᑐᓴᕈᑎᓕᓵᓂᕆᒍᑦ ᑲᖏᕐᓇᖅᑐᑐᓕᓵᓂᕆᒍᑦᓗ ᑲᒥᓱᓇᐅᓂᕆᒍᑦ ᓱᕐᓂᓕᖅᐸᖏᑦᓗᓂᑐ 1999-ᒥ. ᑎᒃᑯᐊᖅᑕᐅᒃᑲᓐᓂᓕᐅᖅᓱᒪᔪᖅ ᐃᖏᕐᐊᕆᒥ 2016-ᒥ ᐃᓕᓱᒪᓂᐊᕐᓗᓂ ᐊᖅᖁᔭᓕᑦ ᑎᓴᒪᓕᑦ ᑕᑦᓕᒪᓕᑦᓗᑭᐊᖅ. *ᐊᑐᐃᓐᓇᖏᓂᖅ ᑐᓴᕐᑎᓕᑦ ᐊᒪᒻᒪ ᓴᓗᓱᕆᒃᓕᓂᕆᒍᑦ* *ᑲᓇᖏᓇᖅᑎᑕᐅᔪᓕᑦ ᒪᓕᒐᓱᖅ ᑐᓴᕆᖅᖁᓂᖅᑐᑐᓂ* *ᒪᓕᖅᖢᓂᕆᑦ ᑐᓴᕐᑎᓕᑦ ᐃᓕᓴᕐᓂᖅᑐᑐᓂ* *ᐊᑐᐃᓐᓇᖏᓂᖅ ᑐᓴᕐᑎᓕᑦ ᐊᒪᒻᒪ ᓴᓗᓱᕆᒃᓕᓂᕆᒍᑦ* *ᑲᓇᖏᓇᖅᑎᑕᐅᔪᓕᑦ ᒪᓕᒐᓱᖅ ᑎᒍᑦᑐᓂ ᐊᑐᐃᓐᓇᖏᓂᖅ* *ᐊᑐᐃᓐᓇᖏᓂᖅ ᑐᓴᕐᑎᓕᑦ ᐊᒪᒻᒪ ᓴᓗᓱᕆᒃᓕᓂᕆᒍᑦ* *ᑲᓇᖏᓇᖅᑎᑕᐅᔪᓕᑦ ᒪᓕᒐᓱᖅ ᑎᒍᑦᑐᓂ ᐊᑐᐃᓐᓇᖏᓂᖅ* *ᐊᑐᐃᓐᓇᖏᓂᖅ ᑐᓴᕐᑎᓕᑦ ᐊᒪᒻᒪ ᓴᓗᓱᕆᒃᓕᓂᕆᒍᑦ* *ᑲᓇᖏᓇᖅᑎᑕᐅᔪᓕᑦ ᒪᓕᒐᓱᖅ ᑎᒍᑦᑐᓂ* *ᐊᑐᐃᓐᓇᖏᓂᖅ ᑐᓴᕐᑎᓕᑦ ᐊᒪᒻᒪ ᓴᓗᓱᕆᒃᓕᓂᕆᒍᑦ* *ᑲᓇᖏᓇᖅᑎᑕᐅᔪᓕᑦ ᒪᓕᒐᓱᖅ ᑎᒍᑦᑐᓂ* ᑕᒪᐃᔨᓪᓚᒃ ᖁᑎᖁᓕᒃᑕᕐᓂᕆᑦᑐᒃ ᐃᓬᐃᔨᓴᖅᑐᑦᑐᒃ ᐊᔨᖅᑭᒃᑕᐅᔫᓂᕆᓂᑦ ᓴᖏᒪᐃᔨᓴᑦ ᑎᑎᕐᔪᑎᖏᓐᓄᑦ ᑐᐃᓱᕆᐅᑕᐅᔫᓂᐅᑐᑦ ᑕᒪᑐᒪᐅᑦ ᒪᓕᒐᓕᐅᖅᑐᑦ ᐊᑕᒍᑭᑦ. ᕆᐃᒪᓐᓇᖅᑐᑦᑎᓪᓗᓂᑦ ᐃᓕᓴᕐᓂᖅᑐᑐᓂ ᐃᓕᓴᕐᓂᖅᑐᑐᓂ ᔪᓕᐊᒥᔾᔨᑕᐅᔫᓂᐅᑐᐃᓐᓇᖅᑐᖅᑕᐅᓂᖅᑐᑦ ᐊᑐᐃᓐᓇᖏᓂᖅ ᑐᓴᕐᑎᓕᑦ ᐊᒪᒻᒪᓗ ᓴᓗᓱᕆᒃᓕᓂᕆᒍᑦ *ᐊᑐᐃᓐᓇᖏᓂᖅ ᑐᓴᕐᑎᓕᑦ ᐊᒪᒻᒪ ᓴᓗᓱᕆᒃᓕᓂᕆᒍᑦ* *ᑲᓇᖏᓇᖅᑎᑕᐅᔪᓕᑦ ᒪᓕᒐᓱᖅ ᑎᒍᑦᑐᓂ* ᔪᑎᐱᓇ 18 ᐊᓪᒪᓗ 19, 2014-ᖓᑎᓪᓗᒍ, ᑲᑎᒪᔨᕐᕕᓪᓕᓪ ᖁᑎᖁᓕᓴᐅᑲᑎᓪ ᒪᓕᒐᓱᖅ ᐊᐅᓪᓚᕐᓂᐅᑐᖅ ᑭᓇᐅᔭᖏᓂᐅᑐᓪᓗᓂᑐ ᑕᓪᓕᐊᓴᖅᑯᓂᖅᑎᑕᐅᔪᓕᑦ ᑐᓴᖅᑎᑎᓂᕆᑐᓂᖅᓴᓪᓚᐅᕐᓱᒪᔪᓕᒃ ᖁᑎᖁᓕᓪᓗᑎᒃ ᑐᓴᕐᑎᓕᑦᓗᓂᕆᒍᑦ ᑲᖏᕐᓇᖅᑐᑐᓕᓵᓂᕆᒍᑦᓗᓂᑐ ᑲᒥᓱᓇᐅᓂᕆ 2012-13 ᐊᓪᒪᓗ 2013-14 ᐊᖅᑭᒍᑕᒧᑦ ᐅᓂᒃᑲᖏᓂᓂᖅ ᒪᓕᒐᓕᐅᖅᓱᓚᒍᑦ. ᒪᓕᒐᓕᐅᖅᑎᑎᒃᑯᐊᓄᑦ ᐅᓂᒃᑲᓕᕆᑦ ᐅᑐᐃᓪᓚ 28, 2014-ᖓᑎᓪᓗᒍ, ᑲᑎᒪᔨᕐᕕᓪᓕᓪ ᐊᑐᖅᑯᓕᐅᓕᐅᖅᓱᒪᔪᓕᑦ ᓄᓇᕐᑐᑦ ᑲᓚᒪᐃᓂᖏᓂᑦ ᐃᑲᔪᖅᑎᖅᑎᓗᑎᒃ ᑐᓴᐅᒪᔪᑦᑎᓂᕆᒍᑦ ᑲᒥᓱᓇᐅᑦ

Privacy Commissioner in undertaking at least one formal privacy audit of a department, Crown agency, or territorial corporation during the 2015-2016 fiscal year.”	ᑎᑎᕋᕐᕕᓐᖓᓂᒃ ᐊᑕᐅᓯᕐᒥᒃ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᕐᓂᕐᒥᒃ ᐊᑐᕈᒪᓪᓗᑎᒃ ᒐᕙᒪᒃᑯᑦ ᐱᓕᕆᕝᕕᖏᑦ ᑎᒥᖁᑎᖏᓪᓗ 2015-2016 ᐊᕐᕌᒍᐊᓂ.
On September 13, 2016, during her most recent appearance before this Standing Committee, the Information and Privacy Commissioner stated that she had undertaken her office’s first formal privacy audit in Nunavut during the 2015-16 fiscal year. She also stated that she had selected the Qikiqtani General Hospital as the subject of her first formal privacy audit due to the fact that it housed the largest quantities of the most sensitive personal information about Nunavummiut.	ᓯᑎᐱᕆ 13, 2016-ᖑᑎᓪᓗᒍ ᒦᓐᓇᕈᓘᓚᐅᖅᑐᖅ ᑲᑎᒪᔨᕋᖨᑦ ᓵᖓᓃᕐᓗᓂ, ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇ ᐅᕐᑲᓚᐅᖅᓯᒪᔪᖅ ᑎᑎᕋᕐᕕᖓᒎᖅ ᓯᕗᓪᓕᖅᐹᑦᑎᐊᒥᒃ ᑭᓪᓕᓯᓂᐊᕐᓂᐊᖅᑐᑦ ᓄᓇᕗᒻᒥ 2015-16 ᑮᓇᐅᔭᓕᕆᓂᐅᑉ ᐊᕐᕌᒍᖓᓂ. ᐅᕐᑲᒃᑲᓐᓂᓚᐅᖅᓯᒪᔪᖅ ᑕᐃᔅᓯᒪᓂ ᕿᑭᖅᑖᓂ ᐋᓐᓂᐊᕕᖕᒥᒎᖅ ᑭᓪᓕᓯᓂᐊᕈᒪᔪᖅ ᑖᓐᓇ ᓯᕗᓪᓕᖅᐹᑦᑎᐊᕆᓪᓗᒍ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᕐᓂᕆᓂᐊᕐᓂᖅᓗᓂᐅᒃ ᐱᔾᔪᑎᒋᓪᓗᒍ ᐅᓄᖅᑐᐊᓗᖕᓂᒃ ᐃᒻᒥᒨᒪᖓᔪᓂᒃ ᑐᓴᐅᒪᔾᔪᑎᓂᒃ ᓄᓇᕗᒻᒥᐅᓂᒃ ᐸᐸᑦᑎᓂᖏᑦ ᐱᔾᔪᑎᒋᓪᓗᒋᑦ.
In recent years a number of important themes and issues had emerged during consideration of the Information and Privacy Commissioner’s annual reports to the Legislative Assembly, including the management of electronic health records and the development of health-specific privacy legislation.	ᐊᕐᕌᒍᓂᒃ ᐊᓂᒍᖅᑐᓂᒃ ᐊᒻᒪᓗ ᐃᓱᒪᒃᓴᖅᓯᐅᕈᑎᒋᔭᐅᑎᓪᓗᒋᑦ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᑦ ᑲᒥᓴᐅᑉ ᐊᕐᕌᒍᑕᒫᖅᓯᐅᑎᖏᑦ ᐅᓂᒃᑳᑦ ᐃᓚᓕᐅᕐᓗᒋᑦ ᖃᕋᓴᐅᔭᒃᑯᖅᑎᑕᐅᓕᕐᓂᖏᑦ ᐃᓅᓕᓴᐃᔾᔪᑎᕕᓃᑦ ᐊᒻᒪᓗ ᐋᖅᑭᒃᓱᐃᓂᖅ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᑐᕌᖓᔪᓂᒃ ᒪᓕᒐᕐᓂᒃ.
While the Information and Privacy Commissioner’s *Report on the Privacy Audit of the Qikiqtani General Hospital* focuses on the issues of management of electronic health records and the development of health-specific privacy legislation, it also addresses other specific areas concerning privacy practices at the hospital, including:	ᑖᓐᓇ ᕿᑭᖅᑖᓂ ᐋᓐᓂᐊᕕᒃ ᖃᐅᔨᓴᖅᑕᐅᑎᓪᓗᒋᑦ ᓵᓐᖓᓗᐊᓚᐅᖅᑐᑦ ᒪᑯᐊ ᖃᕋᓴᐅᔭᒃᑯᖅᑎᑕᐅᓕᖅᑐᑦ ᑎᑎᖅᑲᖁᑏᑦ ᐊᒻᒪᓗ ᐱᕙᓪᓕᐊᑎᑦᑎᓂᖅ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐱᕐᑯᔭᕐᔪᐊᕐᒥ. ᐱᓗᐊᕐᓗᒋᑦ ᑕᒪᒃᑯᐊ ᐱᐅᓯᕆᔭᐅᖃᑦᑕᖅᑐᑦ ᐋᓐᓂᐊᕕᖕᓂᑦ ᐃᓚᒋᔭᐅᕐᑲᑕᐅᓪᓗᓂ:
- The need for a privacy officer within the hospital;	- ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᒪᔩᑕᕐᑲᓕᕐᓗᓂ ᐋᓐᓂᐊᕕᖕᒥ;
- The need for a more robust educational campaign to inform the public of their rights as they relate to personal health information;	- ᐆᒻᒪᕆᖕᓂᖅᓴᓂᒃ ᐃᓕᓐᓂᐊᕈᑎᒃᓴᓂᒃ ᑕᖅᑲᐅᓐᖓᐃᓗᑎᒃ ᐃᓄᐃᑦ ᖃᐅᔨᒪᓕᕐᓂᐊᕐᒪᑕ ᖃᓄᐃᑦᑐᓂᒃ ᐱᔪᓐᓇᐅᑎᖃᕐᒪᖔᑦ ᐃᒻᒥᒨᖕᖓᔪᑦ ᐱᔾᔪᑎᒋᓪᓗᒋᑦ;

• The need for more comprehensive training for hospital staff to ensure adherence to privacy legislation, policies, and directives and to inform staff of the proper collection, use, and disclosure of personal health information; and	• ᐃᓗᐃᒃᑲᐅᓂᖅᓴᓂᒃ ᐋᓐᓂᐊᕙᖕᒥᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᔪᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᖃᑦᑕᕐᓗᑎᒃ ᒪᓕᖕᓂᐊᕐᒪᑕ ᐃᒻᒥᒨᖕᒐᔪᓄᑦ ᑳᓐᖑᓇᖅᑑᑎᑦᑎᓂᕐᒧᑦ ᐱᕐᑯᔭᕐᔪᐊᓂᒃ ᐊᑐᐊᒐᕐᓂᒃ ᑎᓕᐅᕆᑎᓂᒡᓗ ᑕᐃᒫᑦᑎᐊᖅ ᐊᑐᖅᑕᐅᖃᑦᑕᕐᓂᐊᕐᒪᑕ ᑕᒪᒃᑯᐊ ᐃᒻᒥᒨᖕᒐᔪᑦ ᐋᓐᓂᐊᕙᓕᐊᖅᐸᒃᑐᑦ ᑐᓴᐅᒪᔾᔪᑎᖏᑦ;
• The need to develop and implement a number of policies specifically for the Qikiqtani General Hospital and other health care providers in the territory to address areas such as the use of mobile devices, access to electronic databases, emails, and fax transmissions.	• ᐊᒻᒪᓗ ᐋᖅᑭᒃᓱᐃᓗᑎᒃ, ᐊᑐᓕᖅᑎᑦᑎᓗᑎᒡᓗ ᐊᑕᐅᓯᐅᓐᖏᑦᑐᒥᑦ ᐊᑐᐊᒐᕐᓂᒃ, ᐊᑐᓗᐊᖅᑐᓂᒃ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕙᖕᒥ ᐊᒻᒪᓗ ᐊᓯᖏᓐᓄᑦ ᐃᓅᓕᓴᐃᔨᐅᖃᑦᑕᖅᑐᓄᑦ ᓄᓇᕗᒻᒥ. ᓲᕐᓗ ᓄᒃᑕᖅᑕᐅᔪᓐᓇᖅᑐᑦ ᐊᑐᖅᑕᐅᓂᖏᑦᑕ ᐅᐊᔭᓅᖅᑐᑦ ᖃᕋᓴᐅᔭᒃᑰᖅᑎᑕᑦ, ᖃᕋᓴᐅᔭᒃᑯᑎᒍᑦ ᓱᒃᑲᔪᒃᑯᓪᓗ.
Last week the Standing Committee received the government's written response to the Information and Privacy Commissioner's specific recommendations. For the benefit of our visitors, copies of this response will be available outside the Chamber.	ᐱᓇᓱᐊᕈᓯᐅᓚᐅᖅᑐᒥᑦ ᑲᑎᒪᔨᕋᓛᑦ ᒐᕙᒪᒃᑯᑦ ᑎᑎᕋᖅᓯᒪᔪᓂᒃ ᑭᐅᔾᔪᑎᓂᒃ ᑖᔅᓱᒧᖓ ᑲᒥᓯᓇᐅᑉ ᐊᑐᓕᕐᑯᔭᓕᐊᕙᓂᖏᓐᓄᑦ ᐱᓚᐅᖅᑕᕗᑦ. ᐊᒻᒪᓗ ᑖᒃᑯᐊ ᑕᑯᓐᓇᖅᑐᑦ ᐱᔾᔪᑎᒋᓪᓗᒋᑦ ᑭᐅᒍᑎᖏᑦ ᐅᑯᐊ ᐊᑐᐃᓐᓇᐅᓂᐊᖅᑐᑦ ᑭᐸᒥ ᐆᒪ ᑲᑎᒪᕐᔪᐊᕐᕕᐅᑉ ᓯᓚᑎᑦᑎᐊᖓᓂ.
Today's televised hearing provides an opportunity for the Information and Privacy Commissioner's observations, concerns, and recommendations to be discussed in public. The Standing Committee looks forward to a productive exchange this afternoon and tomorrow with the Information and Privacy Commissioner.	ᐅᓪᓗᒥ ᑕᓚᕖᓴᒃᑯᑦ ᑐᓴᖅᑕᐅᑲᐅᑎᒋᓗᑕ ᖃᓄᖅᑑᕈᑎᒋᓂᐊᖅᑕᕗᑦ ᑳᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇᐅᑉ ᑎᑎᕋᓚᐅᖅᑕᖏᑦ, ᐃᓱᒫᓘᑎᒋᔭᖏᑦ ᐊᑐᓕᕐᑯᔭᓕᐊᓂᒡᓗ ᑕᖅᑲᒃᑯᓄᖓ ᑑᓴᔭᐅᓪᓗᑕ. ᑲᑎᒪᔨᕋᓛᑦ ᓂᕆᐅᒃᐳᑦ ᐅᓐᓄᓴ, ᖃᐅᒃᐸᓪᓗ ᑲᑎᒪᖃᑎᒌᑦᑎᐊᕐᓂᐊᕐᓂᑦᑎᓐᓂᑦ ᑖᓐᓇ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇ.
Senior officials from the Department of Health and the Department of Executive and Intergovernmental Affairs are also appearing before the Standing Committee during these proceedings to publicly account for the government's actions in response to the recommendations from the Information and Privacy Commissioner.	ᐊᖓᔪᖅᑲᐅᑎᒋᔭᐅᔪᑦ ᐋᓐᓂᐊᖅᑲᕐᓇᓐᖏᑦᑐᓕᕆᓂᕐᒥᑦ ᐊᒻᒪᓗ ᒐᕙᒪᓕᕆᔨᒃᑯᓐᓂᑦ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᑲᑎᒪᔨᕋᓛᑦ ᓵᖕᒐᓅᓐᓂᐊᕐᒥᔪᑦ ᑕᒪᓐᓇ ᑕᖅᑲᐅᖓ ᓴᖅᑮᔪᕐᓗᑕ ᑲᑎᒪᔾᔪᑎᒋᓗᑎᒍᑦ, ᓵᑕᒃᓴᐅᖕᒪᑕ ᒐᕙᒪᒃᑯᑦ ᐊᐅᓚᔾᔭᐅᑎᒋᖃᑦᑕᖅᑕᖏᑦ ᐊᑐᓕᕐᑯᔭᓕᐅᓚᐅᖅᑎᑦᑐᒍ ᑖᓐᓇ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇ.
This hearing is being televised live across Nunavut on local community cable stations and direct-to-home satellite	ᑕᒪᓐᓇ ᓈᓚᖕᓂᖅ ᑕᓚᕖᓴᒃᑯᑦ ᑕᑯᒃᓴᐅᑲᐅᑎᒋᔪᖅ ᓄᓇᕗᒻᒥ ᐊᖅᑯᑎᒋᔭᐅᓪᓗᑎᒃ ᖁᒻᒧᐊᒃᑎᑕᐅᓯᒪᔪᑦ ᐊᒻᒪᓗ ᑕᓚᕖᓴᓕᕆᔾᔪᑏᑦ.

service.	
Transcripts of the hearing will be posted on the Legislative Assembly's website.	ᑲᑎᒪᔾᔪᑎᕕᓃᑦ ᒪᓕᒐᓕᐅᕐᕕᐅᑉ ᐃᑭᐊᖅᑭᕕᖕᒋᑦᑎᒨᖅᑎᓯᒪᔭᖕᒋᑎᒍᑦ ᓴᖅᑭᑕᐅᓛᖅᑐᑦ.
In keeping with parliamentary practice, the Standing Committee anticipates reporting its findings and recommendations to the Legislative Assembly during the upcoming spring sitting. Under Rule 91(5) of the Rules of the Legislative Assembly, the government will be required to table a formal response to our report within 120 days of its presentation.	ᒪᓕᒐᓕᐅᖅᑏᑦ ᐱᐅᓯᖕᒋᑦ ᒪᓕᒃᑐᒋᑦ ᑲᑎᒪᔩᕋᓛᑦ ᓂᕆᐅᒃᑐᑦ ᖃᐅᔨᓴᒥᓂᒃ ᐅᓂᒃᑳᓕᐅᕐᓂᐊᕐᓂᕐᒥᓂᒃ ᐊᑐᓕᕐᑯᔭᓕᐅᕐᑐᑎᒡᓗ ᒪᓕᒐᓕᐅᖅᑎᓄᑦ ᐅᐱᕐᖓᒑᖅ ᑲᑎᒪᖅᔪᐊᓕᕈᑎᒃ. ᒪᓕᒐᓕᐅᖅᑏᑦ ᒪᓕᒐᖕᒋᑦᑕ ᓈᓴᐅᑖ 91(5) ᒐᕙᒪᒃᑯᑦ ᒪᓕᒐᓕᐅᕐᕕᖕᒎᑦ ᓴᖅᑭᑦᑎᕆᐊᖅᑲᕐᓂᐊᖅᑐᑦ ᐅᓂᒃᑳᑦᑎᓐᓄᑦ ᑭᐅᔾᔪᑎᓂᒃ ᐅᓪᓗᑦ 120 ᐊᓂᒍᓚᐅᖅᑎᓐᓇᒋᑦ ᐅᓂᒃᑳᓚᐅᖅᑎᓪᓗᑕ.
I would like to conclude by addressing some housekeeping matters.	ᐃᓱᓕᑦᑎᓕᕐᓗᖓ, ᐃᓚᖕᒋᑦ ᐅᑯᐊ ᓇᓗᓇᐃᑲᐃᓐᓇᕈᒪᔭᒃᑲ.
For the benefit of our recording system, I ask witnesses to wait until I invite you to speak.	ᑖᒃᑯᐊ ᓂᐱᓕᐅᕆᓖᑦ ᐃᓱᒪᒋᓪᓗᒋᑦ ᑖᒃᑯᐊ ᖃᐃᕐᑯᔭᐅᓯᒪᔪᑦ ᐅᑕᖅᑭᑲᐃᓐᓇᖃᑦᑕᕐᓂᐊᖅᑐᑦ ᓂᓪᓕᓚᐅᖕᒋᓐᓂᕐᒥᓂᒃ ᑭᓯᐊᓕ ᖃᓂᖕᒎᑖᑦ ᐃᑭᑕᐅᒃᐸᑦ.
I also ask witnesses to go through the Chair when responding to Members' questions and interventions.	ᐊᖅᑯᑎᒋᔭᐅᖕᒋᓐᓇᖃᑦᑕᕐᓂᐊᖅᐳᖅ ᐃᒃᓯᕙᐅᑕᖅ ᐊᐱᖅᑯᑎᖃᓕᕈᓯ ᓂᓪᓕᕐᓂᐊᕈᓯᓪᓗ.
Members of the Standing Committee have been provided with a number of reports and other documents for their ease of reference during this hearing. For the benefit of our witnesses and interpreters, I ask Members to be precise when quoting from or if you're making reference to specific documents.	ᑲᑎᒪᔩᕋᓛᑦ ᐊᑕᐅᓯᐅᓐᖏᑦᑐᓂᒃ ᐅᓂᒃᑳᓂᒃ ᐱᑎᑕᐅᓯᒪᔪᑦ ᐊᑐᕐᓂᐊᖅᑕᖕᒋᑦ ᑕᒪᑐᒪᓂ ᓈᓚᖕᓂᑦᑎᓐᓂᑦ. ᐊᒻᒪᓗ ᑖᒃᑯᐊ ᖃᐃᕐᑯᔭᐅᓯᒪᔪᑦ ᑐᓵᔩᑦᓗ ᐃᓱᒪᒋᓗᒋᑦ, ᐊᑏ ᓇᓗᓇᐃᖅᓯᑦᑎᐊᕐᑲᑦᑕᕐᓂᐊᖅᐳᓯ ᓇᑭᑦ ᐅᕐᑲᓖᕐᓂᐊᕈᓯ, ᐊᑐᕐᓂᐊᕈᓯᔫᓐᓃᑦ ᑎᑎᖅᑲᓂᒃ.
During her most recent appearance the Information and Privacy Commissioner stated that she had engaged the services of Robert Gary Dickson to assist her in completing the privacy audit of the Qikiqtani General Hospital. Mr. Dickson is the former Information and Privacy Commissioner of Saskatchewan and one of Canada's [pre-eminent] experts in health privacy law. Mr. Dickson also	ᒫᓐᓇᑯᓘᓚᐅᖅᑐᖅ ᓵᑦᑎᓐᓃᑦᑐᓂᒃ ᑖᓐᓇ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇ ᐅᖅᑲᐅᖅᓯᒪᔪᖅ ᐃᖅᑲᓇᐃᔭᖅᑎᑦᑎᑲᐃᓐᓇᖅᑐᕉᖅ ᕌᐳᑦ ᒋᐅᕆ ᑎᒃᓴᓐᒥᑦ, ᑖᓐᓇ ᑭᒡᓕᓯᓂᐊᖅᑕᐅᑎᓪᓗᒍ ᖅᑭᑭᖅᑕᓕ ᐋᓐᓂᐊᕕᒃ. ᒥᔅᑕ ᑎᒃᓴᓐ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇᕆᔭᐅᓚᐅᖅᓯᒪᔪᖅ ᓴᔅᑳᑦᓯᐚᓐᒥ ᐊᒻᒪᓗ ᑲᓇᑕᒥ ᖃᐅᔨᒪᓛᕆᔭᐅᓂᖅᐹᖑᓪᓗᓂ ᐋᓐᓂᐊᖅᑲᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐱᖁᔭᓕᕆᓂᒃᑯᑦ. ᑖᓐᓇ

served as a Member of the Alberta Legislative Assembly from 1992 to 2001. The Standing Committee would like to express its appreciation to Mr. Dickson for appearing before us today. Mr. Dickson's experience in this area is very important as we work to develop our own health privacy framework.	ᐋᓪᐹᑕᒥ ᒪᓕᒑᓕᐅᖅᑎᐅᓚᐅᖅᓯᒪᖕᒥᔪᖅ 1992-ᒥ 2001-ᒧᑦ ᑎᑭᕐᕈᒍ. ᑲᑎᒪᔨᕋᓛᑦ ᖁᔭᓕᕗᑦ ᒥᔅᑕ ᑎᒃᓴᓐᒥᑦ ᐅᓪᓗᒥ ᓵᑦᑎᓐᓃᑦᑐᓐᓇᕐᒪᑦ. ᒪᓕᒑᓕᐅᖅᑏᑦ ᖄᐅᔨᒪᔪᑦ ᒥᔅᑕ ᑎᒃᓴᑦ ᐱᓕᒻᒪᒃᓯᒪᓂᖓ ᑕᐃᒪᐃᑦᑐᓕᕆᓯᒪᓂᖓ ᐊᒃᓱᐊᓗᒃ ᐃᑲᔫᑎᖃᕐᓂᐊᖅᑐᖅ ᓄᓇᕗᒥᐅᓄᑦ.
With that, I will again welcome the Information and Privacy Commissioner to this hearing and I invite her to make her opening statement. Ms. Elaine Bengts.	ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇ ᑐᓐᖓᓱᒃᑎᒃᑲᓐᓂᖅᐸᕋ ᒪᑐᐃᖅᓯᔾᔪᑎᖃᕈᓂᓗ ᐱᒋᐊᕈᓐᓇᖅᓯᔪᖅ. ᖁᔭᓐᓇᒦᒃ. ᒥᔅ ᐃᓚᐃᓐ ᑮᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. I am pleased to be here today to share with you the findings of my privacy audit of the Qikiqtani General Hospital, which was conducted over a number of months in 2016 and submitted to the Committee in October.	ᑮᓇᓐ ᐸᐃᖕᔅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ ᐃᒃᓯᕚᐅᑕᖅ. ᖁᕕᐊᓱᒃᑐᖓ ᐅᓪᓗᒥ ᓵᑦᓯᓐᓃᑦᑐᓐᓇᕐᒪ. ᓇᓗᓇᐃᔭᐃᔪᒪᓪᓗᖓ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᒃ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑭᒡᓕᓯᓂᐊᓚᐅᖅᑎᓪᓗᒍ, ᑕᒪᓐᓇ ᐱᓕᕆᐊᕆᓚᐅᖅᑎᒍᑦ ᑕᖅᑭᒐᓴᖕᓄᑦ 2016-ᒥ ᐊᒻᒪᓗ ᑲᑎᒪᔨᕋᓛᓄᑦ ᑐᓐᓂᕐᑯᑕᐅᓪᓗᓂ ᐅᑐᐱᕆᒥ.
I would first like to take the opportunity to introduce Mr. Gary Dickson, sitting beside me, the former Information and Privacy Commissioner of Saskatchewan, who assisted me greatly in undertaking this project. Mr. Dickson has spent much of his career focusing on health privacy issues, including during his nine to ten years as an elected Member of the Legislative Assembly of Alberta from 1992 until 2001 where he played many roles, including the Official Opposition Critic for both Health and Freedom of Information and Protection of Privacy. I would like to thank him for his assistance in undertaking this project. His experience was invaluable.	ᐅᓇ ᓴᓂᑦᑎᐊᓐᓃᑦᑐᖅ ᒥᔅᑕ ᑭᐊᕆ ᑎᒃᓴᓐ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇᕆᔭᐅᓚᐅᖅᑐᖅ ᐃᑲᔪᖅᑎᒋᓚᐅᖅᑕᖓ ᑕᒪᓐᓇ ᐱᓕᕆᐊᕆᑎᑦᑐᑎᒍᑦ. ᒥᔅᑕ ᑎᒃᓴᓐ ᐃᖅᑲᓇᐃᔮᖅᑲᐃᓐᓇᖅᓯᒪᔪᖅ ᑕᒪᑐᒥᖓ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᓐᖑᓇᖅᑑᑎᑦᑎᔭᕆᐊᖅᑲᕐᓂᕐᒧᑦ ᐊᒻᒪᓗ 8-ᓄᑦ ᐊᕐᕌᒍᓄᑦ ᒪᓕᒑᓕᐅᖅᑎᐅᓚᐅᖅᓯᒪᓪᓗᓂ 1992-ᒥᑦ 2001-ᒧᑦ. ᐊᒥᓱᓂᒡᓗ ᐱᓕᕆᐊᖅᑲᓚᐅᖅᕈᓂ ᐃᓚᓕᐅᕐᕈᓂ ᐊᑭᖅᑐᖅᑎᓐᖑᐊᖅ ᐊᒻᒪᓗ ᑕᒪᒃᐹᖕᓄᑦ ᐋᓐᓂᐊᖅᑲᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᓪᓗ. ᖁᔭᓐᓇᒦᖅᐸᕋ ᑕᒪᑐᒥᖓ ᐃᑲᔪᓚᐅᖅᓯᒪᖕᒪᖕᒐ. ᐱᓕᒻᒪᒃᓯᒪᓇᖕᒐ ᐊᒃᓱᐊᓗᒃ ᐃᑲᔫᑎᖃᓚᐅᖅᑐᖅ.
In 2015 this Committee encouraged me to undertake a privacy audit of at least one public body during the subsequent fiscal year. I chose to focus on the Qikiqtani General Hospital for a number of reasons. Firstly, it has a large number of employees	2015-ᖑᑎᓪᓗᒍ ᑲᑎᒪᔨᕋᓛᓄᑦ ᑎᓕᔭᐅᓚᐅᖅᓯᒪᔪᖓ ᐊᑕᐅᓯᖅᒥᒃ ᒐᕙᒪᒃᑯᑦ ᑎᒥᓐᖑᖅᑎᓯᒪᔭᖕᒐᑦ ᑭᒡᓕᓯᓂᐊᖅᑕᐅᖁᓪᓗᒍ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᒃ. ᑖᓐᓇ ᐊᑕᐅᓯᐅᖕᒋᑦᑐᒥᒃ ᐱᔾᔪᑎᖃᖅᖢᖓ ᑭᒡᓕᓯᓂᐊᕈᒪᓚᐅᖅᓯᒪᔭᕋ. ᓯᕗᓪᓕᖅ ᐃᖅᑲᓇᐃᔭᖅᑎᖃᕐᒪᑦ ᐅᓄᖅᑐᐊᓗᖕᓂᒃ

and is one of the most important service providers in Nunavut which collects, uses, and discloses vast amounts of personal information. Secondly, personal health information is some of the most sensitive of personal information and it demands a high level of protection. Thirdly, I had received very few formal complaints involving QGH, which was in stark contrast to the experience in most other jurisdictions of Canada, including the Northwest Territories, where privacy complaints involving personal health information are common. This suggested to me that the public may not be aware of their rights in terms of accessing their own personal information or their recourse when their information was improperly handled.	ᐊᒻᒪᓗ ᐱᔾᑦᑎᖅᑎᓪᓚᕆᐅᓪᓗᑎᒃ ᓄᓇᕗᒻᒥ. ᑲᑎᖅᓱᐃᕙᒃᓱᑎᒃ ᐊᑐᖅᑲᑦᑕᖅᓱᑎᒃ ᓴᖅᑭᑦᑎᖅᑲᑦᑕᖅᓱᑎᒡᓗ ᐃᒻᒥᒨᖓᔪᓂᒃ ᑐᓴᐅᒪᔾᔪᑎᓂᒃ. ᐊᐃᑉᐸ ᐋᓐᓂᐊᖅᑲᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᑎᑎᖅᑲᖅᑯᑏᑦ ᐸᐸᑕᐅᑦᑎᐊᕆᐊᓖᑦ ᐊᒻᒪᓗ ᓴᐳᒻᒥᐅᓯᖅᑕᐅᓯᒪᑦᑎᐊᕐᓱᑎᒃ. ᐱᖓᔪᐊᑦ ᐊᑕᐅᓯᐅᖏᑦᑐᓂᒃ ᐅᖅᑲᐱᓘᑎᓂᒃ ᐱᓯᒪᔪᖓ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᓕᕆᔾᔨᐅᑉ ᑖᒃᑯᐊᓗ ᐅᓄᖏᑦᑐᑦᑏᓘᓚᐅᖅᓱᑎᒃ. ᑕᑯᒍᑦᑎᒍᑦ ᐊᑐᖅᑕᐅᖅᑲᑦᑕᖅᓯᒪᔪᑦ ᐊᓯᖏᓐᓂ ᒐᕙᒪᖅᑲᖅᕕᖕᓂ ᐃᓚᓕᐅᖅᓱᒍ ᓄᓇᑦᓯᐊᖅ ᐅᖅᑲᐱᓗᒐᔪᖕᒪᑕ ᐃᒻᒥᒧᑦ ᑐᕌᖓᔪᑦ ᐱᔾᔪᑎᒋᓪᓗᒋᑦ. ᑕᐃᒪᐃᑦᑑᖕᒪᑦ ᑐᑭᓯᖅᑯᔾᔭᖅᑐᖓ ᖃᐅᔨᒪᙱᒻᒪᑕᖃᐃ ᖃᓄᐃᑦᑐᓂᒃ ᐱᔪᓐᓇᐅᑎᖃᖅᒪᖔᖏᑦ ᐃᒻᒥᒧᑦ ᑐᕌᖓᔪᑦ ᑲᒪᒋᔭᐅᑦᑎᐊᕐᕿᓗᐊᕐᒪᖔᑦ ᑲᒪᒋᔭᐅᑦᑎᐊᖏᓪᒪᖔᓪᓗ.
Our audit included a review of privacy-related documents, an onsite tour of the hospital, and interviews with senior officials at the hospital as well as the Department of Health proper. Our report, which has been tabled in the Legislative Assembly, includes 31 recommendations.	ᑭᓪᓕᓯᓂᐊᖅᓱᑕ ᕿᒥᕐᕈᓇᓚᐅᖅᑐᒍᑦ ᐃᒻᒥᒨᖓᔪᑦ ᑎᑎᖅᑲᓂᒃ, ᐋᓐᓂᐊᕕᒡᓗ ᕿᒥᕐᕈᓇᒃᓱᑎᒍᑦ ᐊᐱᖅᓱᖅᑲᑦᑕᖅᓱᑕᓗ ᑕᐃᑲᓂ ᐊᖓᔪᖅᑲᐅᑎᓂᒃ ᐋᓐᓂᐊᕕᖕᒥ ᐋᓐᓂᐊᖅᑲᓐᖏᑦᑐᓕᕆᔾᑯᓪᓗ ᐱᓕᕆᕝᕕᐊᓂ. ᐅᓂᒃᑳᑦ ᒪᓕᒐᓕᐅᖅᕕᖕᒧᑦ ᓴᖅᑭᑕᐅᓚᐅᖅᓯᒪᔪᑦ ᐃᓚᓕᐅᔾᔨᓯᒪᔪᑦ 31-ᓂ ᐊᑐᓕᖅᑯᓯᒪᔾᔭᑦᑎᓐᓂ.
First the good news. We found that the medically trained staff in particular were very much aware of their responsibilities to protect the privacy of its patients. While this awareness was not as acute with administrative staff, there was a basic acknowledgement from all of the staff that we spoke to that privacy was important. We found universally that there was a will and a desire among the staff we spoke to do the right thing when it came to privacy. We also noted that there were in the hospital a number of different privacy tools and resources.	ᓯᕗᓪᓕᖅ, ᑕᐃᒃᑯᐊ ᐱᓗᐊᖅᓱᒋᑦ ᐃᓕᓐᓂᐊᖅᓯᒪᔪᑦ ᐃᓅᓕᓴᐃᔨᑦ ᖃᐅᔨᒪᑦᑎᐊᖅᑐᑦ ᖃᓄᐃᑦᑐᓂᒃ ᐱᔭᒃᓴᖅᑖᖅᒪᖔᑦ ᐱᔭᒃᓴᖅᑖᖅᑎᑕᐅᓯᒪᖕᒪᖔᑦ. ᑕᒪᓐᓇᓕ ᑕᐃᒪᐃᓚᐅᖏᑦᑐᖅ ᐊᓪᓚᕝᕕᖕᒥ ᐃᖅᑲᓇᐃᔭᖅᑎᓂᒃ ᐊᒻᒪᓗ ᐅᖅᑲᓪᓚᖅᑎᒋᔭᕗᑦ ᖃᐅᔨᒪᔪᑦ ᐱᕐᔪᐊᖑᓂᖓ ᑕᒪᓐᓇ. ᐊᒻᒪᓗ ᑐᑭᓯᓚᐅᑎᓪᓗᑕ ᐱᔪᒪᓂᖅᑲᑦᑎᐊᖅᑐᑦ ᐱᔪᒥᒃᓯᑦᑎᐊᖅᑐᓪᓗ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᑕᒫᑦᑎᐊᖅ ᐱᓕᕆᔪᒪᖕᒪᑕ ᐃᒻᒥᒨᖓᔪᑦ ᐱᔾᔪᑎᒋᓪᓗᒋᑦ. ᐊᒻᒪ ᐅᔾᔨᕈᓚᐅᖅᑕᕗᑦ ᑕᐃᑲᓂ ᐋᓐᓂᐊᕕᖕᒥ ᐊᑕᐅᓯᐅᖏᑦᑐᑦ ᐃᒻᒥᒨᖓᔪᑦ ᓴᓇᕐᕈᑏᑦ ᐊᑐᖅᑕᐅᔪᓐᓇᖅᑐᑦᑐ.
The audit revealed, however, many and diverse problems. There was little or no intake training with respect to privacy as	ᑭᓯᐊᓂ ᑕᐃᒪᐃᒃᑲᓗᐊᖅᑎᓪᓗᒍ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᓱᑕ ᐊᒥᓱᓂᒃ ᐊᑲᐅᙱᑦᑐᐅᕈᑎᓂᒃ ᐊᔾᔨᒌᙱᑦᑐᓂᒃ ᑕᑯᓚᐅᖅᑐᒍᑦ ᐃᓕᓐᓂᐊᕈᑎᒃᓴᖅᑕᖅᑲᑦᑎᐊᖏᑦᑐᑦ

appropriate in a health care context with electronic medical records. There was no understanding for the most part of what rights the public had with respect to accessing their own information or how they would go about doing that. There is no privacy management program within the hospital and no individual employee is tasked with responsibility for the "privacy" file.	ᐃᓚᒥᒍᖏᓴᐅᑦ ᑲᓇᖏᓀᖅᑐᑎᑕᐅᔪᓕᕆᓂᖅᓂᖅᓯᖏᓐᓂᑦ. ᑐᑭᓯᐅᒪᓕᐅᖅᓯᓐᓂᑦ ᑕᖅᑲᖅᑯᐊᐃ ᐱᓴᓇᐅᐅᑎᖅᓂᖏᓐᓄᑦ ᐱᔨᔪᑎᑦᓯᑎᑦ ᐃᓚᒥᒍᖏᓴᐅᓂᖅ ᑕᑯᔪᒪᑦᓯᑎᑦ ᖃᓄᐅᓕᖅᑐᑦ ᖃᓄᐅᔪᑎᑦᓯᑎᑦ ᖃᐅᔨᒪᑎᑦᓯᑎᑦ ᐊᑐᓕᖅᑐᑦ. ᐊᐅᓪᓕᑕᐅᔨᔪᑎᑲᖏᓐᓄᑦᓯᒃ ᐱᑕᖅᑲᓕᐅᖅᑐᓐᓂᖅᓯᒪᓂᖅ ᐃᓚᒥᒍᖏᓴᐅᓂᑦ ᐃᓚᒥᒍᖏᓴᐅᓂᑦ ᖃᓄᐅᓕᖅᑐᑦ ᐊᑐᓕᖅᑐᑦ ᐃᓕᓴᐅᓕᖅᑐᑦ ᑐᑭᓯᐅᒪᓕᐅᖅᑐᑦ ᐃᓚᒥᒍᖏᓴᐅᓂᑦ ᖃᓄᐅᓕᖅᑐᑦ ᑲᑎᒪᔨᓯᓂᖅᓯᒪᓂᖅᓯᓐᓂᖅᓯᒪᓂᖅᓯᓐᓄᑦ.
As a result, the efforts we did find to promote privacy awareness and compliance were fragmented, inconsistent, and not well understood. Exacerbating the problem is that the hospital is currently using a combination of both electronic and paper records, which makes management and control over the records more difficult. Overarching all of this is the fact that Nunavut does not have standalone health privacy legislation to set the ground rules for the collection, use, and disclosure of personal health information. This becomes very important as the health system moves to electronic medical records.	ᑕᐃᒪᐃᓐᓂᖏᓐᓄᑦ ᑕᐃᑲᔪᐊ ᖃᐅᔨᓴᓕᓕᐅᖅᑐᑦ ᖃᐅᔨᓴᑎᑕᐅᔪᓕᕆᓂᖅ ᖃᐅᔨᓴᑎᑕᐅᓇᓱᓐᓂᖏᓕᓂᑦᓴ ᑕᐃᒪᓐᓇᓕᒫᖅ ᐊᑐᖅᑕᐅᓐᓂᓐᓇᖅᑐᑦᓴᑐᒃ. ᐊᑲᓐᓂᐊᕐᓗᒃ ᑕᓐᓇ ᐊᖏᐅᓐᓂᓕᓕᐅᕈᑦ ᑕᒪᑲᒃᑯ ᑕᑯᓐᓇᖅᑐᑦ, ᖃᖅᑎᖅᐅᖅᓯᑲᖅᑐᑦ <ᐃᓱᒡᓕᑎᒍᓕᓴ ᐊᐅᓕᑕᐅᓂᖏᓂ ᑕᒪᖅᑯᐊ ᐱᖅᓯᓂᓕᐅᖏᓂᑐᑦ. ᐃᓅᓐᓇᖏᓂ ᑕᑯᔨᓴᑎᑦ ᓄᓇᕗᑦ ᐃᓚᒥᖅᑯᑦ ᓇᖏᒥᓂᒥᓂᖅ ᐊᑲᓐᓂᐊᕐᓗᖅᓇᖏᓂᑐᓂᒍᓂᔪᓕᒃᑲᓕᑦ ᑲᓐᖅᓯᐅᑎᓂᖅ ᐱᓕᕆᔨᒃᑯᓐᓂᑦ ᐊᑐᖅᑐᑦ ᑲᑎᖅᑐᑦ, ᐊᑐᖅᑐᑦ, ᓴᖅᑭᖅᑎᓂᔨᓴ.
The *Access to Information and Protection of Privacy Act* is currently the only privacy legislation applicable to health care records and, while it is better than nothing, it does not recognize the complexities of the health sector or the complicated flow of information necessary to effect good health care.	ᑐᓴᐅᒪᔨᕐᓗᓄᑦ ᒪᓕᒐᓴᖅ ᐊᓐᓇ ᑕᓇᓇᑐᐊᖓᔪᓂᑐᓴᓄᓴ ᐊᑐᖅᑕᐅᔪᓇᓇᓕᖅᑐᑦ ᐃᓄᓕᒥᓴᐃᔨᑦᑎᑦ ᑎᑎᖅᑲᖏᓕᑦ ᐱᔨᔪᑎᑦᓯᑎᑦ, ᑭᓱᐊᓂ ᐱᑕᖅᑎᑕᐊᖓᓇᓂᖅᓯᖏᓐᓄᑦ ᑕᓇᓇ ᐱᐅᓂᖅᓴᐅᓴᐊᖅᑎᑦᓴᑐᒍ, ᑭᓱᐊᓂ ᑕᒪᓇ ᐊᐅᓕᑕᐅᑎᑕᐊᓕᒥᖅ ᑐᓴᖅᑎᑦᓴᐊᖅᑕᒪᑦ ᐃᖏᑎᖅᑎᐊᖅᑎᒪᑕ.
Almost all of our 31 recommendations address in one way or another three main issues:	31-ᓂᖅ ᐊᑐᓕᖅᑯᒥᐅᓕᕆᓂᖅᓯᒪᓂᑦ ᐅᑯᓄᖏᓴ ᐱᖏᓱᓕᓴᐊᑕᖅᓄᑦ ᐊᑐᖅᑐᓂᖅ.
1. There is a critical need for a full-time chief privacy officer, with appropriate background and training, whose job it will be to implement and oversee good privacy policies, provide ongoing	1. ᐱᑕᖅᑲᓕᐊᖅᑲᓕᓕᓄᑐᖅ ᐃᖅᑲᓄᐅᐃᒥᐃᓄᐅᓴᓂᐊᖅᑐᑐᒃ ᑲᓇᖏᓀᖅᑐᑎᓕᓂᖅᓴᓐᓂᑦ ᑲᒪᒥᐅᑦ, ᐃᑕᓇᓂᐊᖅᓯᒪᑕᑎᐊᖅᓴᓂᓂ ᑕᐃᒪᐃᓐᓂᖏᓕᓕᐅᕈᑦᓴᖏᓐᓄᑦᓴ, ᐃᖅᑲᓄᐅᐃᔨᓕᓂᓂᐊᖅᑐᖅᑕᖏᓐᓄᖅ ᐊᑐᑕᖅᑕᒪᓂᓕᓂᓂ ᐊᑐᐊᒃᓴᓂᓂ

training for all staff, new and existing, for dealing with privacy complaints in the first instance, for advising the CEO or director of the hospital, and by extension the Department of Health as to privacy issues, and any other privacy-related issues in the hospital.	ᐃᓕᓐᓂᐊᕐᕌᖑᓂᖅᓯᓕᕐᓂᓗᓂ ᐃᖅᑲᓇᐃᓴᖅᑎᓪᓚᐃᓱᖅᑐᓂᒃ, ᐃᖅᑲᓇᐃᓴᐅᐃᓪᓇᖅᑐᓂᓕ ᐊᓚᒪᓕ ᖅᑲᐅᓕᒪᓕᕆᓚᐅᑐᓂᓂ ᐊᖏᓴᖅᑲᓚᓴᐅᐊᓂᒃ ᐅᐟᓪᓂᐊᕕᖏᓂᒃ ᐊᓚᒪᓕ ᐅᐟᓪᓂᐊᖅᖁᓪᓇᕐᓂᑐᑕᓚᓕᕆᔨᖅᓯᓂ ᐱᓕᓚᖏᕕᖏᓪᓂᒃ ᐱᓴᐊᑎᑦᓕᑦᓂ ᑲᓇᖏᓐᓄᑐᑎᐊᓚᐅᓐᓂᒃ ᐊᓯᖏᑦᓕᓵᓂᒃ ᐅᐟᓪᓂᐊᕕᖏᓂᒃ.
2. There needs to be a renewed focus on moving all personal health information to electronic format and terminating the current hybrid system of both paper and digital records as soon as possible.	2. ᐃᓕᑲᓪᓂᓚᐊᖅᑲᖅᑕᐅᓂᒃ ᑕᒪᑲᑯᐊ ᐃᓕᒥᓗᓂ ᑐᕋᓯᒪᔨᓂᒃ ᑐᓕᕆᒪᔨᕆᑦᓂᒃ ᖅᑕᕋᓕᕆᓴᖏᓐᓄᑦᒪᐊᖅᑐᑕᓂᕐᓚᐊᖅᓗᑎᒃ ᑕᒪᑲᑭᖅᓂᒃ <ᐃᕐᕽᓂᒃ, ᖅᑕᕋᓕᕆᓴᖅᓂᓗ ᐊᑐᑭᓐᓂᖅᓗᑎᒃ. ᖅᑕᕋᓕᕆᔨᑕᓚᑐᐃᓐᓇᑕᖏᓂᖅᓗᑎᒃ.
3. There needs to be a renewed focus on developing health-specific privacy legislation to address the complex exchange of personal health information necessary for good medical care while at the same time respecting the rights of individuals to control how his or her personal health information is collected, used, and disclosed within the medical system.	3. ᐃᓕᑲᓪᓂᓚᐊᖅᑲᓂᐊᖅᑕᐅᓂᒃ ᐅᐟᓪᓂᐊᖅᑲᓇᓐᓄᑕᑐᓚᓂᖏᓂᓕᒫᓂ ᑲᓐᓂᐅᓇᖅᑐᑎᓂᕐᓴᓚᐊᖅᑲᖅᑲᓂᓕᒫᓂ ᐱᖏᑯᔨᔪᐊᖅ ᐃᓕᑎᑲᑲᓪᓂᑐᓗᓂ. ᑕᒪᑲᑯᐊ ᐊᐅᓕᑕᐅᓂᓚᐊᖅᓂᐊᖅᓗᖅᓕᑕ ᑲᒪᒋᔨᐅᓂᓂᐊᖅᑐᓂᓗᑦᓗ ᐃᓇᓕᔨᖅᑕᐅᔨᓚᐊᓯᓂ ᐊᓚᒪᓗ ᐃᑲᐱᓂᓂᐊᖅᑐᓂ ᐃᓇᐃᓂ ᐱᔪᓇᓇᐅᑎᖏᓂᑕ ᖃᓇᖅ ᑕᒪᑲᑯᐊ ᐊᑐᐃᓪᓇᖅᓚᐊᖅᑲᒪᖏᓐᓂ ᐃᓕᒥᒧᖏᔪᓂᖅ ᑕᐃᑲᓂ ᐅᐟᓪᓂᐊᕕᖓᒥᓂ.
While there is much work to be done to ensure that Nunavummiut have the same privacy protections as other Canadians when it comes to their personal health information, I am confident that the staff of the Qikiqtani hospital have the desire and the will to ensure those protections. What they do not have is the tools or the leadership necessary to ensure those protections are understood and implemented. What is needed above all is good leadership.	ᐃᖅᑲᓇᐃᒋᑲᖏᓐᓂ ᐅᓇᕎᓗᐊᖅᑎᓪᓗᑎᓂ ᓇᓇᐅᖏᓪᒥᐅᓂ ᑕᐃᒪᓗᐃᓴᓇᖅ ᓴᐳᓕᒥᐅᓂᖅᑕᐅᓂᒪᓕᕆᑎᐊᓚᐊᓯᓂ ᑲᓇᑕᒥᐅᑕᐅᖅᑕᐅᑲᒪᒥᒃ. ᖅᑲᐅᓕᒪᓗᓴᖅᓄᑲᓇ, ᓇᓗᖅᔨᑎᓪᓕᕐᓂᑦᓄᓗᓗ ᖅᑭᑭᖅᑕᓂᓂ ᐊᐟᓪᓂᐊᕕᖓᒥᓂ ᐃᖅᑲᓇᐃᒋᖅᑎᓂ ᐱᔪᒪᓕᕆᐊᖅᑐᑦᓂ. ᐱᔪᒥᖅᓂᕆᑎᐊᖅᑐᑦ ᓴᐳᒪᐅᓂᖅᑕᐅᓂᒪᓂᐊᖅᓕᒫᓂ ᑕᒪᑲᑯᐊ. ᓴᓇᖏᑎᖅᑲᓪᓕᕐᓂᑐᐃᓪᓇᖅᐳᑦ, ᓂᐅᖅᑲᖅᑕᖅᑎᖅᑲᓪᓕᕐᓂᑐᐃᓪᓇᖅᐳᑦᓗ ᑕᒪᑲᑯᐊ ᑐᑭᓂᓴᐅᖅᑯᑦᓗᒥᓂ ᐊᑐᑕᖅᑎᑕᐅᓗᑎᒃ, ᓂᐅᖅᑲᖅᑕᖅᑎᐊᖅᓂᖅ ᑕᒪᓪᓇ ᐊᑐᑦᓭᓚᒥᐊᖅᑲᖅᑐᖅ.
It is, perhaps, somewhat telling that when I provided the Department of Health with the opportunity to comment on the draft report before it was submitted to the Legislative Assembly, I received no substantive comments. When the final report was submitted to the Legislative	ᐊᐟᓪᓂᐊᖅᑲᖅᓇᓐᓄᑕᑐᓚᓂᖏᓂ ᑕᒪᑐᒧᖏᓐ ᓂᐅᑦᓚᖅᕿᖅᓂᐅᕆᑦᓂ ᐅᓂᒃᑲᖏᓪᓂᓂ ᑕᑯᖅᑯᑎᑲᒃᑭᑦ ᒪᓚᑦᓚᐅᖅᓴᖏᒧᑦ ᑐᓂᓴᐅᓚᐅᓇᓐᓄᓪᓂᖏᓪᓂᓂ ᑭᐅᓴᐅᑦᓚᓚᓚᐅᓇᓐᓄᑕᖏᓐ. ᒪᓚᑦᓚᐅᖅᓴᖏᒧᑦ ᑐᓪᓂᖅᑯᑕᐅᖏᒧᑦ

Assembly as well as to the Department of Health, I received no comments. When the report was tabled in the Legislative Assembly, there was no comment from the department.	ᐋᓐᓂᐊᖅᑳᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᓪᓗ, ᓱᓕ ᓂᓪᓕᖅᕕᐅᓚᐅᓐᖏᓚᖓ, ᑭᐅᔭᐅᓚᐅᓐᖏᓚᖓᓗ. ᒪᓕᒐᓕᐅᖅᕕᖕᒧᑦ ᓴᖅᑭᖅᑕᐅᖕᒪᑕ ᓂᓪᓕᖅᑐᖃᓚᐅᓐᖏᑦᑐᖅ ᐋᓐᓂᐊᖅᑳᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᓐᓂᑦ.
In fact there was no comment from the department until one week ago when I received the department's response to the recommendations made. This is a concern. It suggests to me that privacy is not a priority for the Department of Health. Good privacy practices require intention and leadership. Nothing will change without leadership.	ᐊᒡᓛᓪᓘᓐᓃᑦ ᓂᓪᓕᖅᑐᖃᓚᐅᓐᖏᑦᑐᑦ ᑭᓱᐊᓂ ᐱᓇᓱᐊᕈᓯᖅ ᐊᑕᐅᓯᖅ ᑖᒃᑯᐊ ᓴᓇᔭᐅᕌᓂᓚᐅᖅᑎᓪᓗᒋᑦ ᐊᑐᓕᖅᑯᔭᐃᑦ. ᑕᐃᒪᐃᑎᓪᓗᒍ ᐃᓱᒫᓘᑕᐅᒋᐊᓕᒃ, ᑕᐃᒪᓕ ᖃᐅᔨᕗᖓ ᑲᓐᒍᓇᖅᑑᑎᑦᑎᓂᖅ ᐱᖅᑦᐊᕆᔭᐅᓐᖏᑦᑐᖅ ᐋᓐᓂᐊᖅᑳᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ. ᐃᒻᒥᒎᖓᔪᑦ ᓴᐳᒻᒥᐅᓯᖅᑕᐅᓯᒪᓂᐊᖅᓂᖏᑦ ᑐᑭᖅᑦᑎᐊᕆᐊᖅᐳᑦ ᓱᕋᒃᑲᖅᑕᕆᐊᖅᑳᕐᑎᒡᓗ ᑕᐃᒪᐃᑦᑕᕆᐊᖅᑲᖅᒪᑦ.
While I understand that the Department of Health has many and difficult issues to address, it is important that Nunavummiut can be confident that their sensitive medical information is safe. There needs to be a cultural shift within the department which not only acknowledges the legal privacy requirements, but in which there is an everyday culture of active privacy awareness and enforcement.	ᐋᓐᓂᐊᖅᑳᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᖃᐅᔨᒪᔪᖓ ᐊᒥᓱᐊᓗᖕᓂᑦ ᐅᖁᒪᐃᑦᑐᓂᒃ ᐱᔾᔪᑏᑦ, ᑭᓱᐊᓂᑦᑕᐅᖅ ᓄᓇᕗᒻᒥᐅᑕᐃᑦ ᓇᓗᖅᑯᑎᔭᕆᐊᖃᓐᖏᓚᑦ ᑕᒪᒃᑯᐊ ᐊᑦᑕᖅᓇᐟᔭᐃᑦᑎᐊᖅᓯᒪᒐᓗᐊᖅᒪᖔᖏᑦ ᐃᒻᒥᒨᖓᔪᑦ. ᐃᓱᒪᖓᑦ ᑖᒃᑯᐊ ᐊᓯᔾᔨᕆᐊᑖᑦ ᓇᓗᓇᐃᖅᑕᐅᓂᐊᖅᒪᑕ ᐱᖅᑯᔭᖅᑎᒍᑦ ᐃᒻᒥᒨᖓᔪᑦ ᑲᓐᒍᓇᖅᑑᑎᑕᐅᔭᕆᐊᖅᖃᓐᖏᑦ ᐊᒻᒪᓗ ᖃᐅᑕᒻᑦ ᑕᒪᒃᑯᐊ ᐊᑐᖅᑕᐅᖃᑦᑕᖅᓗᑎᒃ, ᐊᑐᓕᖅᑎᑕᐅᓗᑎᒡᓗ.
Thank you, Madam Chairperson. This concludes my opening statements. Mr. Dickson and I look forward to answering your questions.	ᖁᔭᓐᓇᒦᒃ ᐃᒃᓯᕙᐅᑖᖅ. ᑕᕝᕙ ᐅᖃᐅᓯᒃᓴᒃᑲ. ᒥᔅᑕ ᑎᒃᓴᓐᓗᒃ ᐊᐱᖅᑯᑎᒃᓴᖃᕈᔅᓯ ᑭᐅᔪᓐᓇᑦᑎᐊᖅᑐᒍᑦ.
Chairperson: Thank you, Ms. Keenan Bengts. I would now like to invite the department for their opening comments. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒫᓐᓇᓕ ᑕᐃᒪ ᐋᓐᓂᐊᖅᑳᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᒪᑐᐃᖅᓯᕚᖅᑎᒃᓴᖕᖏᓐᓂᑦ ᐱᓕᕆᐊᖅᑲᓕᖅᒥᒐᑦᑕ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Madam Chairperson and Members, thank you for the invitation to appear before the Standing Committee on Public Accounts, Independent Officers and Other Entities as a witness for this Committee's important work pertaining to the Report of the Information and Privacy Commissioner to the Legislative	ᓯᑖᒃᓕ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐃᒃᓯᕙᐅᑖᖅ, ᑲᑎᒪᔩᓪᓗ ᖁᔭᓐᓇᒦᒃ ᖃᐃᖁᔨᓯᒪᒐᔅᓯ ᑲᑎᒪᔨᕿᓛᑦ ᓇᐅᑦᑎᑐᖅᑎᐅᔪᑦ ᑌᕙᒪᒃᑯᑦ ᑮᓇᐅᔭᖅᑐᕈᑎᒥᓂᖕᖏᓐᓂᑦ ᐃᒻᒥᒃᑰᖅᑐᓄᓪᓗ ᐱᓕᕆᔨᐅᔪᓄᑦ, ᐊᓯᖏᓐᓄᓪᓗ ᑎᒥᐅᔪᓄᑦ ᐱᒻᒪᕆᐊᓗᒻᒥᑦ ᐱᓕᕆᓂᖅᑳᖅᑎᓪᓗᒋᑦ ᐅᓂᒃᑲᓕᐊᒥᓐᖏᓐᓂᑦ, ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᖅᒧᑦ ᑲᓐᒍᓇᖅᑐᓕᕆᓂᖅᒧᓪᓗ ᑲᒥᓯᓇᐅᑉ

Assembly on the Privacy Audit of the Qikiqtani General Hospital.	ᖃᐅᔨᓴᕐᓂᕆᔭᖓᓂᑦ ᐋᓐᓂᐊᕕᒻᒥ ᕿᑭᖅᑕᓂᑦ.
I would like to acknowledge those who are here with me today from the Department of Health. In the gallery is Jacquie Pepper-Journal, Assistant Deputy Minister of Programs and Standards, beside me is Dennis Stavrou, Executive Director of Iqaluit Health Services, and in the gallery is Linnea Ingebrigtson, Director of Policy and Planning.	ᒫᓐᓇ ᐅᓪᓗᕐᖃᑎᒋᓂᐊᖅᑕᒃᑲ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᔮᑭ ᐱᐸ-ᔫᓄ ᐊᓪᓂ ᐳᖓᕝᕕᓐᑦᑐᖅ ᒥᓂᔅᑕᐅᑉ ᑐᖏᓕᖓᑕ ᐃᑲᔪᖅᑎᖓ ᐊᒻᒪᑦᑕᐅᖅ ᑎᐊᓂᔅ ᓯᑕᕗᕉ ᐃᖃᓗᖕᓂ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᕿᓂᕐᒧᑦ ᐱᔨᑦᑎᕋᐅᑎᓕᕆᔨ ᓕᓂᐊ ᐃᖏᐳᕆᒃᓯᑕᓐ ᐊᑐᐊᒐᓕᕆᔨ ᐸᕐᓇᐃᔨ.
With me here today is also Chris D'Arcy, Deputy Minister of Executive and Intergovernmental Affairs, also known as EIA. Although EIA did not participate in this privacy audit, Mr. D'Arcy is available to speak to any ATIPP matters of a general sort that the Committee may be interested in discussing. From EIA I would also like to acknowledge Jessica Young, Manager of Access to Information and Protection of Privacy.	ᒫᓂ ᐅᓪᓗᖓ ᓴᓂᐊᓃᑦᑐᖅ ᑯᕆᔅ ᑖᓯ ᒥᓂᔅᑕᐅᑉ ᑐᖏᓕᖓ ᓯᕗᓕᖅᑎᒧᑦ ᒐᓪᓚᐅᖃᑎᒌᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ EIA-ᖑᓂᕋᖅᑕᐅᓲᖑᒻᒥᔪᑦ, ᑖᒃᑯᐊᓕ ᒐᓪᓚᐅᖃᑎᒌᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᖃᑕᐅᓚᐅᖏᑦᑑᒐᓗᐊᑦ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᓪᓗᑕ. ᑕᓐᓇᓕ ᑲᓐᖑᓇᖅᑐᓕᕐᒧᑦ ᑐᕌᖅᑐᓄᑦ ᐊᐱᖅᑯᑎᑕᖃᖅᐸᑦ ᑭᐅᔨᐅᔭᖅᑐᖅᓯᒪᔪᖅ. ᑕᑯᓐᖓᑦᑕᐅᖅ ᓯᕗᓕᖅᑎᓕᕇᒃᑯᓐᓂ ᕚᐊᓯᑲ ᔭᖕ ᑕᑯᓪᓗᕐᑲᑕᐅᖕᒥᖕᒪᑦ ᐊᐅᓚᑦᑎᔨᐅᔪᖅ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒥᒃ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒥᑦᑐ.
The Department of Health would also like to thank Nunavut's Information and Privacy Commissioner Elaine Keenan Bengts for appearing before the Standing Committee on September 13, 2016 to present her 2015-16 annual report and her work on the privacy audit. The findings and recommendations shared with the Government of Nunavut support access to information and protection of personal health privacy for all Nunavummiut.	ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᖁᔭᓕᔪᒪᒻᒥᔪᑦ ᓄᓇᕗᑉ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᑦ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇᖓᓐᓂᒃ ᐃᓚᐃᓐ ᑮᓇᓐ-ᐱᐊᖕᓯᒥᒃ 2016-ᖑᑎᓪᓗᒍ ᓯᑎᐱᕆ 13 ᑕᕝᕙᓂ ᒪᓕᒐᓕᐅᕐᕕᖕᒥ ᓴᖅᕿᔪᓐᓇᔪᖕᒥᖕᒪᑦ 2015-16 ᐊᕐᕌᒍᑕᒫᖅᓯᐅᑎᖏᓐᓂ ᐅᓂᒃᑳᓕᐊᕕᓂᖏᓐᓂ ᐊᒻᒪ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑕᕕᓂᕆᔭᖏᓐᓂ. ᑖᒃᑯᐊ ᖃᐅᔨᔭᕕᓂᖏᑦ ᐊᑐᓕᖁᔭᓕᐊᕕᓂᖏᓪᓗ ᓄᓇᕗᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ ᑐᓂᔭᐅᓯᒪᔪᑦ ᐱᔾᔪᑎᖃᖅᑐᑦ ᓄᓇᕗᒻᒥᐅᑕᓕᒫᑦᑎᐊᓂᒃ.
Madam Chairperson, as was shared with Standing Committee, the department accepted and prepared a response to each of the IPC's 31 recommendations.	ᐃᒃᓯᕙᐅᑖᖅ, ᑕᐃᒪ ᑲᑎᒪᔨᕋᓛᑦ ᐅᖃᐅᔾᔭᐅᕋᑖᕐᒪᑕᐃᓛᒃ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᑎᒍᓯᔪᕕᓃᑦ ᑖᒃᑯᓂᖓ ᐅᓂᒃᑳᓕᐊᕕᓂᕐᓂ ᐊᒻᒪᓗ ᑭᐅᒐᓱᐊᖅᑐᕕᓂᐅᓪᓗᑎᒃ 31-ᓄᑦ ᐊᑐᓕᖁᔭᓕᐊᓇᔭᐅᓯᒪᔪᓄᑦ.
Health is committed to ensuring that health staff are aware of the most current and appropriate protections for handling confidential and private health-related	ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐊᖏᖅᓯᒪᓂᖃᑦᑎᐊᖅᑐᑦ ᑕᒪᒃᑯᐊ ᐃᖅᑲᓇᐃᔭᖅᑎᖏᑦ ᖃᐅᔨᒪᔭᓇᐊᖃᕐᒪᑕ ᓈᒻᒪᒃᑐᓂᒃ ᓴᐳᔾᔨᒍᑎᖃᓇᐊᖃᕐᒪᑕ ᐃᒻᒥᒨᖓᔪᓂᒃ ᑲᓐᖑᓇᖅᑐᓇᔪᓂᓪᓗ ᑐᑭᓯᐅᒪᔾᔪᑎᐅᔪᓂᒃ.

information. This is reinforced through the department's regular health communications, staff training opportunities, privacy directives, and health information technology initiatives.	ᑖᓇ ᑕᖅᑲᐅᖓ ᐃᖅᑲᓇᐃᔭᖅᑎᖏᓐᓄᑦ ᖃᐅᔨᒪᑎᑕᐅᖃᑦᑕᖅᑐᑦ ᑐᓴᐅᒪᑎᑦᑎᕆᐊᕐᓂᒃᑯᑦ ᐱᓕᒻᒪᒃᓴᐃᓂᒃᑯᑦ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒥᑦ ᐅᖃᐅᔾᔨᕆᐊᕈᑎᖃᕐᓂᒃᑯᑦ ᐊᒻᒪᓗ ᐊᓯᖏᑎᒍᑦ.
Health provides periodic communications to its staff, such as ATIPP coordinator guides on topics such as proper encryption of confidential information, sending and receiving electronic and physical mail, and how to properly save files to protected drives. Information related to privacy protection is also disseminated though interdepartmental newsletters.	ᖃᐅᔨᒃᑲᐃᓚᐅᖃᑦᑕᖅᑐᒍᑦ ᐃᓚᐅᔪᓐᓇᖅᑐᓕᕆᓂᕐᒥᑦ ᐃᓚᐅᔪᓐᓇᖅᑐᓂᒃ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒥᒃ ᐊᒻᒪᑦᑕᐅᖅ ᐊᐅᓚᑎᑦᑎᖃᑦᑕᖅᑐᑎᒃ ᖃᕆᓴᐅᔭᒃᑯᓪᓗ ᑎᑎᖅᑲᓂᐊᖅᕕᒃᑯᑦ ᐊᐅᓪᓚᑎᑦᑎᖃᑦᑕᖅᑐᑎᒃ ᐊᐅᓪᓚᖅᑎᑦᑎᖃᑦᑕᓂᖑᑦ ᒪᓕᒐᕐᓂᒃ, ᖃᓄᖅ ᐊᓯᐅᑦᑕᐃᓕᒪᑎᑦᑎᔪᓇᖅᒪᖔᑕ ᖃᕆᓴᐅᔭᕐᒦᑦᑐᓂᒃ.
Staff training opportunities around records management and ATIPP training are available and provided by the Government of Nunavut, as well as through presentations offered to community health staff groups during meetings and conferences.	ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᐱᓕᒻᒪᒃᓴᖅᑕᐅᓂᖏᑦ ᐸᐃᑉᐹᓕᕆᓂᕐᒥᑦ, ᐸᐃᑉᐹᑦ ᐊᐅᓚᑕᐅᓂᖏᓐᓂᒃ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᖃᑦᑕᖅᑐᑦ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒥᑦᑐ ᓄᓇᕘᑉ ᒐᕙᒪᒃᑯᖏᓐᓄᑦ ᐊᒻᒪᓗ ᑕᒪᒃᑯᐊ ᓄᓇᓕᓐᓂ ᐋᓐᓂᐊᕕᒻᒥ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᑲᑎᒪᓕᖅᑳᖑᑕ ᑲᑎᒪᕐᔪᐊᓕᖅᖠᖑᑕᑐ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᔫᑦ.
Health maintains privacy and security directives related to the handling of confidential personal health information in the interoperable electronic health records system, also known as iEHR. Seven privacy and security directives guide employees, contractors, and agents of the Government of Nunavut on matters concerning the management of eHealth systems, including the iEHR system. Health information technology is currently working on auditing tools and privacy training around Nunavut's electronic health record.	ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᑲᓐᖑᓇᖅᑐᓕᕆᔾᔪᑎᓂᒃ ᐊᐅᓚᑦᑎᖃᑦᑕᖅᑐᑦ ᐃᓄᓕᕆᔪᓂᒃ ᖃᕆᓴᐅᔭᓂ ᑳᖅᑲᖅᑕᐅᖃᑦᑕᖅᑐᑎᒃ ᑖᒃᑯᐊ ᓇᐃᓈᖅᑐᒥᑦ IEHR-ᖑᓂᖄᖅᑕᐅᖃᑦᑕᕐᒥᔪᑦ. 7ᓂᒃ ᐅᖃᐅᔾᔨᕆᐊᒍᑎᖃᖅᑐᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᓂᒃ ᑳᓐᑐᕌᒃᑎᐅᔪᓂᓪᓗ ᑖᓇ ᐱᖃᑕᐅᓪᓗᓂ ᖃᕆᓴᐅᔭᒃᑯᑦ ᖃᐅᔨᒪᑎᑦᑎᔾᔪᑎ. ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᖃᕆᓴᐅᔭᓕᕆᔨᖏᑦ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᕆᑎᔅᓴᓂᒃ ᑲᓐᖑᓇᖅᑐᓕᕆᔾᔪᑎᔅᓴᓂᒃ ᖃᕆᓴᐅᔭᒃᑯᑦ ᐋᖅᑭᑎᕆᔪᑦ ᒫᓇ.
Lastly, since 2015-16 Health has been leading the necessary work to develop health-specific privacy legislation. The future legislation will ensure health information is treated appropriately. It will enable the proper collection, access, use, and disclosure of personal health	ᑕᐃᒪᓕ 2015-16-ᒥᓂᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᑕᒪᑐᒥᖓ ᑐᑭᒧᐊᑦᑎᑦᑎᒐᓱᐊᖅᓯᒪᔪᑦ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᒪᓕᒐᓕᐅᕐᓂᕐᒥᒃ ᑕᒪᒃᑯᐊ ᐃᒻᒥᓗᒨᖑᔪᑦ ᑲᓐᖑᓇᖅᑐᓕᕆᔾᔪᑏᑦ ᑲᒪᒋᔭᐅᑦᑎᐊᕆᐊᖅᑲᒪᑕ ᖃᓄᖅ ᓄᐊᑕᐅᖃᑦᑕᓂᐊᕐᒪᖔᑕ ᖃᓄᖅ ᐱᔭᐅᖃᑦᑕᓂᐊᕐᒪᖔᑕ ᐊᑐᖅᑕᐅᖃᑦᑕᓂᐊᕐᒪᖔᑕᓗ, ᑕᖅᑲᐅᖓᓗ ᖃᓄᖅ ᓴᖅᑭᑕᐅᖃᑦᑕᓂᐊᕐᒪᖔᑕ.

information.	
There are two positions at Qikiqtani General Hospital that currently share responsibilities similar to a privacy officer. The responsibility for privacy is divided between the clinical advisor and the quality assurance and risk management coordinator. Together they are accountable for the development of educational material, policy, procedures, practices, and guidelines for Iqaluit Health Services.	ᒪᖏᑉᑲᒃ ᐃᖅᑲᐅᐊᕐᓴᖅᑎᒃ ᐃᓕᓗᒍᕕᓂᕆᔨᐅᕐᓴᒃ. ᑕᒃᑯᐊ ᐃᓕᓗᒍᕕᓂᕆᔨᒃ ᐊᐃᔪᑐᖅᓯᒪᓕᕐᕕᒃ. ᐊᐃᕐᕐᖓᖓ ᑲᒪᑕᑎᐊᓂᖅᓴᐅᓚᓂᖅᑎᒃ ᑲᒪᔨᐅᑦᓗᓂ ᑐᑭᒧᐊᑕᑎᑕᑎᔨᐅᑦᓗᓂ ᐊᓚᒪ ᑲᑐᔨᑦᓗᑎᒃ ᐃᑦᓂᐊᕈᑎᓴᖅᓱᒃ, ᐊᑐᐊᒐᓴᖅᓱᒃ, ᒪᑕᒐᓴᖅᓱᒃ ᒪᑕᑕᐅᔨᓴᖅᓱᒃ. ᐊᖅᑭᒃᑎᓇᖅᑕᖅᑐᑦ ᐃᖅᑲᓂᓂ ᐊᓂᓂᐊᖅᑲᓇᓂᖅᓴᖅᑐᑦ ᐊᐃᑦᓂᐊᖅᑲᓇᓂᖅᓴᖅᑐᑦ.

material and we're going to look at pages 1 to 15 of our briefing material. We will follow that. Mr. Mikkungwak, I have you first on the list.	ᐊᐱᕆᑯᓂᑦ ᓄᐊᑕᐅᓯᒪᔪᑦ ᒪᓕᵒᓂᐊᕐᕋᑎᒍ 1-ᒥ ᓱᓴᐅᑎᓕᵇ ᒪᵇᐱᒪᓱᓕᑦ 50-ᒧᑦ ᐊᐱᕆᑯᑎᕆᑲᐃᵒᓇᑭᵒᓇᖅᑐᖅᓯ. ᒥᔭᑕ ᒥᑭᵒᖓᐊᕐᖅ, ᓯᐅᑦᓕᐅᔨᑎᑦ.
Mr. Mikkungwak: Thank you, Madam Chairperson. Welcome to the privacy commissioner's office and to the department officials here.	**ᒥᑭᵒᖓᐊᕐᖅ** (ᑐᐃᓴᓂᑎᒍᑦ): ᖃᑯᵒᓇᒋᵇ, ᐃᵇᓯᕿᐅᑕᑦ. ᑐᵒᖓᓯᓂᔪᓯ ᑲᵒᖓᔪᓇᖅᑐᓕᓂᕆᑎᒥᑦ ᑲᒥᓯᓇ ᐊᑦᓪᕿᕐᖓᖓᔪᖅᑐᐃᑦ ᐊᓴᒪᓗ ᐊᵒᓂᐊᖅᑲᓇᵒᕿᑦᓯᔨᖅᑯᐃᑦ.
My first question here is to the Information and Privacy Commissioner's office. This audit marks your office's first formal privacy audit of a department or public body in Nunavut. What were the main challenges that you faced during the course of this audit? Thank you, Madam Chairperson.	ᑕᵒᓇ ᑐᓴᐅᒪᔪᐊᑎᓕᓂᓂᒧᑦ ᑲᵒᖓᔪᓇᖅᑐᓕᓂᓂᒧᑦᓗ ᑲᒥᓯᓇᒧᑦ ᐊᐱᕆᑯᑎᖓ ᓯᕐᓴᐅᓕᐅᖅᑐᐊᖅᑐᖅ. ᑕᐃᒪᓕ ᑕᵒᓇ ᑕᒪᓕᖅᓯᓕᕆᓂᓕᐅᖅᑕᓯ ᓯᕐᓴᐅᓕᓕᐊᑎᓴᓴᐅᵇ ᐃᓕᒥᑉᓱᖓᓂᵒᑦ ᑕᒪᓕᖅᓯᓕᕆᓯᐅᖅᑐᓯ ᓴᖅᓪᓕᐊᑦ ᐱᑎᓇᖅᑎᑦᓱᖓᓂᵒ. ᑭᓯᑦ ᑕᐃᒪ ᖃᐅᔨᓕᐅᖅᑭᓯᐅᵇ ᐱᓴᓇᖃᓂᒋᔭᖅᑐᖅᑐᑦ ᐊᑐᓚᐊᖃᓕᐅᖅᑕᓯ ᑕᵒᓇ ᖃᐅᔨᓴᖅᑎᑦᑐᓗᒍ? ᖃᑯᵒᓇᒋᵇ, ᐃᵇᓯᕿᐅᑕᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Keenan Bengts.	**ᐃᵇᓯᕿᐅᑕᖅ** (ᑐᐃᓴᓂᑎᒍᑦ): ᖃᑯᵒᓇᒋᵇ, ᒥᔭᑕ ᒥᑭᵒᖓᐊᕐᖅ. ᒥᔭ ᑭᓇᵒ <ᐃᖏᔪ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. Probably the biggest challenge for me was the fact that it was my first attempt to do something like this.	**ᑭᓇᵒ <ᐃᖏᔪ** (ᑐᐃᓴᓂᑎᒍᑦ): ᖃᑯᵒᓇᒋᵇ, ᐃᵇᓯᕿᐅᑕᖅ. ᑕᵒᓇ ᐱᓴᓇᓕᓵᖅᕿᔭᕿᓪᓕᐊᓕᐅᖅᑐᓕᓂᓕᒥ ᐅᕿᵒᓄᑦ ᓯᕐᓴᓕᓵᖅᕿᕆᓚᐅᖅᑐᓕᓂᓕᒥ ᑕᐃᒧᵇ ᑕᒪᓕᖅᓯᓕᕆᓯᐅᕐᓴᓯᑎᐅᖅᑐᓕᖅᓕᒪ.
When we got here, what we did ahead of time was we did quite a bit of preparation ahead of time. We looked at all of the policies we could find, we contacted the Department of Health and the management at the hospital, and we gathered all of the policies and paperwork that we could get. We reviewed those. We created a contract, so to speak, between us and the department outlining the steps we were planning to take and how we were going to take them.	ᑕᒪᐅᖏᓪᓗ ᑎᑭᒃᑲᓂᑕᓕ ᐃᒪᐃᓕᐅᑕᐅᓕᐅᖅᑐᖅᑐᒍᓇᐃᑦ, ᑎᑭᓕᐅᕿᖏᓂᕐᑎᓵᓂ <ᖃᓇᓴᓯᒪᖅᑲᕐᓴᓯᑎᐅᖅᑐᖅᑐᒍᑦ ᖃᑭᒥᖃᑕᔪᕐᓴᖅᑐᑦ ᐊᑐᐊᑦᖃᓂᑦ ᓇᓂᒍᵒᓇᑕᓂᑎᵒᓂ ᐊᒪᒪ ᐊᑦᓂᐊᖅᑲᓇᵒᕿᑦᓯᔨᖅᑯᐃᑦ ᖃᑲᓴᖅᑲᖅᑐᑎᒍ ᐊᐅᓕᓂᑎᓴᕐᓴᖅᑐᒍᑦ. ᓄᐊᖅᑎᓕᐅᖅᑐᒍᑦ ᐊᑐᐊᑦᑕᔪᕐᓴᖅᑐᓂ, <ᐃᖅᖃᕐᔪᕐᓴᖅᑎᑦᓂ ᐱᒍᵒᓇᑕᓂᑎᵒᓂ ᖃᑭᒥᖃᑕᔪᕐᓴᖅᑐᖅᑐᒍᑦ. ᑕᐃᒪᓕᓂ ᐊᑦᖃᑭᑎᓇᓕᑕᓕᐅᖅᑯᐃᑦ ᑲᵒᑐᕆᔨᖅᑐᒥᑦ ᐊᖏᑎᖅᑎᑭᒍᑎᓴᖅᑕᑎᵒᓂ. ᐊᑦᖃᑭᑎᓇᓕᐅᖅᑐᒍᑦ ᐅᖕᖑᐅᑯᐊ ᐊᑦᓂᒃᑕᖅᑐᐊᓕᐅᖅᑕᒪᓕᖅᑐᑦ ᐱᓕᓇᓂᖅᑐᓂᑦ. ᐊᑦᖃᑭᑎᓇᓕᐅᖅᑐᒍᑦ ᐅᖕᖑᐅᑯᐊ ᐊᑦᓂᒃᑕᖅᑐᐊᓕᐅᖅᑕᒪᓕᖅᑐᑦ ᐱᓇᓕᓇᓂᖅᑐᓂᑦ.
Then when we got here, we started meeting with people. We were in the hospital for a week every day. It was a very interesting process and we learned a lot. I can't really say we had a lot of resistance or anything like that. We had	ᑕᐃᒪᓕᓂ ᑎᑭᒃᑕᓂ ᑲᑎᒪᖅᑎᑲᖅᑲᖅᑕᑦᓂᐊᓂᓕᐅᖅᑐᒍᑦ ᑭᒃᑯᑐᐃᓵᓕᖅᑎᓂᑦ ᐃᓄᓵᑐᑦ ᐱᓇᓕᐊᑭᓯᓂᒪᓕᖅ ᐊᑦᓂᐊᕐᕆᓚᐅᖅᑐᒍᑦ ᖃᑲᑕᒪᒃᑯᖅ. ᑕᒪᓕ ᑕᑯᔪᒥᓇᓕᐅᖅᑕᓕᐅᖅᑐᒍᑦ ᓴᓇᔨᓴᖅᑐᑦ.

cooperation. We had some difficulties connecting at some points, but once we finally connected, we had good conversations with everybody. I thought there was a genuine interest in everyone we spoke to in addressing the issues that we were talking about.	ᐃᑲᔪᖅᑕᐅᒐᓯᑐᐃᓐᓇᖅᑰᔾᔭᓚᐅᖅᑐᒍᑦ. ᐃᓛᓐᓂᒃᑯᑦ ᑲᑎᖃᑎᖃᕆᐊᔅᓴᖅ ᑲᑎᖃᑎᖃᑦᑕᐅᑎᒋᔪᓐᓇᖅᐸᓚᐅᓐᖏᒃᑲᓗᐊᖅᑐᒍᑦ ᑕᒻᒪᑦᑕᐅᑎᒋ ᑭᓱᐊᓂ ᑭᖑᓂᐊᒍᑦ ᑲᑎᖃᑎᒋᑦᑎᐊᕈᓐᓇᖅᓯᒪᓚᐅᖅᑕᕗᑦ. ᐃᓚᒃ ᐱᒍᒪᓂᖃᖅᑐᐃᓐᓇᐅᔫᔭᓚᐅᖅᑐᐃᑦ ᐊᐱᖅᓱᖅᑕᕗᑦ ᐃᑲᔪᖅᓂᖃᕈᒪᔪᐃᓐᓇᐅᔫᔭᓚᐅᖅᑐᐃᑦ.
I wouldn't really say there were a lot of challenges other than my own lack of experience in doing this sort of project. Thank you.	ᐃᓚᒃ ᐱᒻᒪᕆᖅᑐᐊᓗᓐᓂᒃ ᖃᐅᔨᓗᐊᓚᐅᓐᖏᑦᑐᖓ ᑭᓱᐊᓂ ᑕᒻᒪ ᑕᐃᒪᐃᑦᑐᓕᕆᓚᐅᖅᓯᒪᓐᖏᓐᓂᕋ ᑕᒻᒪ ᐱᒻᒪᕆᖅᑐᖅᓯᐅᕈᑎᑐᐊᕆᓚᐅᖅᑕᕋ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᔅᑕ ᒥᑭᓐᖑᐊᖅ.
Mr. Mikkungwak: Thank you, Madam Chairperson. My next question is to the Department of Health. In her report the Information and Privacy Commissioner emphasizes the importance of using the 2013 Canadian Association of Health Informatics guidelines in implementing various privacy and health information-related policies and practices within the hospital.	**ᒥᑭᓐᖑᐊᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑭᖑᓪᓕᖅ ᐊᐱᖅᑯᑎᒐ ᐋᓐᓂᐊᖃᖅᓇᖕᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᔨᖕᖏᓄᑦ. ᑖᔅᓱᒪ ᐅᓂᒃᑳᓕᐊᒥᓂᖓᓂ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᖅᑯᑦ ᑲᖕᖑᓇᖅᑐᓕᕆᓂᖅᑯᓪᓗ ᑲᒥᓯᓇ ᐅᖃᐅᓯᖃᓪᓗᐊᕋᓱᔅᓯᒪᒻᒪᑦ ᐱᒪᕆᐅᓂᖓᓂ 2013-ᖑᑎᓪᓗᒍ. ᑐᑭᓘᐊᑎᑦᑎᒍᑎᔅᓴᐃᑦ ᒪᓕᒐᔅᓴᐃᑦ ᓇᓗᓇᐃᖅᓯᒪᔪᒥᓃᑦ ᐱᔾᔪᑎᓖᑦ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᖅᑯᑦ ᐊᑐᐊᒐᖅᓂᑦ ᐋᓐᓂᐊᕕᐅᑉ ᐃᓗᐊᓂ ᒪᓕᑦᑕᐅᕆᐊᖅᑲᓖᓂᑦ.
Do you agree that the 2013 Canadian Association of Health Informatics guidelines can help the hospital to improve its current privacy management and access to information practices? Thank you, Madam Chairperson.	ᐊᖏᖅᑲᑎᒋᕚᓯᐅᒃ ᑕᐃᓐᓇ 2013 ᑲᓇᑕᒥ ᐋᓐᓂᐊᖃᖅᓇᖕᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᑲᑐᔾᔨᖅᑲᑎᖐᖕᖏᑕ ᑐᓴᐅᒪᑎᑦᑎᔾᔪᑎᖕᖏᑦ ᒫᓂ ᐋᓐᓂᐊᕕᒻᒥ ᐃᑲᔪᕈᓐᓇᓂᐊᖅᑐᕆᒻᒪᖔᖅᐱᑦ ᐋᖅᑭᕆᐊᓇᑎᑦᓗᕆᑦ ᑲᖕᖑᓇᖅᑐᓕᕆᓂᖅᑯᑦ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᖅᑯᓪᓗ ᐱᓕᕆᓂᕆᕙᑦᑕᖏᓐᓂ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᓐᖑᐊᖅ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Yes, Health agreed with this recommendation and we agree with the need to further develop privacy management programming. We have already commenced the initiative to look into this tool. It remains to be seen whether we will use this tool or another similar tool and that's the process we're	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐄ, ᐋᓐᓂᐊᖃᖅᓇᖕᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᑖᔅᓱᒥᖓ ᐊᑐᓕᖁᔭᓕᐊᕐᒥ ᐊᖏᖅᑲᑎᖃᖅᑐᒍᑦ. ᑖᓐᓇ ᐱᕙᓪᓕᐊᔭᐅᒃᑲᓐᓂᕆᐊᓕᒃ. ᐱᒋᐊᖅᓯᒪᓕᕇᖅᑐᒍᑦ ᑕᒪᑐᒥᖓ ᖅᑭᒥᖅᕈᕆᐊᖅᓯᒪᓕᕇᖅᑕᕗᑦ. ᑖᓐᓇ ᐊᑐᖅᓂᐊᖅᒪᖔᑦᑎᒍ ᖃᐅᔨᓴᕆᐊᖅᑐᒍᑦ ᐅᑯᓄᖓᓃᑦ ᐊᔾᔨᐸᓗᖓᓂ ᐊᑐᖅᓂᐊᖅᒪᖔᑦᑕ ᒫᓐᓇ ᖃᐅᔨᓴᕆᐊᖅᑐᒍᑦ.

engaging in at this moment. Thank you, Madam Chairperson.	ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᒃᓯᑎᑐᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᒥᔅᑕ ᒥᑭᙵᐊᖅ.
Mr. Mikkungwak: Thank you, Madam Chairperson. Again to the information and privacy office. On page 5 of your report you stated that your audit revealed that "there is no privacy management program which is up-to-date, comprehensive and widely understood and supported." Can you describe what an ideal privacy management program for the Qikiqtani General Hospital would look like? Thank you, Madam Chairperson.	**ᒥᑭᙵᐊᖅ** (ᑐᒃᓯᑎᑐᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑐᓴᐅᒪᔾᔭᑎᓕᕆᓂᕐᒧᑦ ᑲᙵᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇᐅᔪᒧᑦ. ᒪᒃᐱᒐᖕᒐᓂ ᑕᓪᓕᒪᖕᒐᓂ ᐅᓂᒃᑳᓕᐊᒥᓂᖅᓯᓐᓂ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᓂᓯᒨᖅ ᓴᖅᑮᓂᕐᖓᑦ ᐃᒻᒥᓅᙱᔪᓂᒃ ᐊᐅᓚᑦᑎᒍᑎᐅᔪᓂᒃ ᐱᑕᖃᙱᑦᑐᖅ ᐱᑐᖃᐅᓗᐊᙱᑦᑐᓂᒃ. ᑐᑭᓯᔭᐅᑎᐊᖅᓯᒪᔪᓂᓪᓗ ᐃᑲᔪᖅᓯᖅᑕᐅᓯᒪᔪᓂᓪᓗ ᐱᑕᖃᙱᑦᑐᖅ. ᓇᓗᓇᐃᕈᓐᓇᖅᐱᐅᒃ ᑭᓱ ᐱᐅᔪᖅ ᑕᐃᒪᑦᑑᒐᔭᕐᒪᙵᖅ ᐃᒻᒥᓅᙱᔪᓂᒃ ᐊᐅᓚᑦᑎᒍᑎ ᐱᓕᕆᔾᔪᑎᐅᔪᖅ ᖃᓄᐃᓕᖕᒐᑦᑕᕋᔭᕐᒪᖔᖅ ᐅᓂᒃᑳᓇᒍᓐᓇᖅᐱᐅᒃ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᒃᓯᑎᑐᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙵᐊᖅ. ᒥᔅ ᑮᓇᓐ ᐸᐃᖖ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. For the most part it would include a comprehensive set of policies. It would include one person who has the expertise and appropriate background in both health and privacy, who is responsible for ensuring privacy throughout the hospital. It would include ongoing training for both new and existing employees. It would include policies, for example, to ensure that an individual's right to access to information was there as well.	**ᑮᓇᓐ ᐸᐃᖖ** (ᑐᒃᓯᑎᑐᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᔅᓯᒨᕐᒐᓕᓛᐸᓗᓪᓕ ᐊᑐᐊᒐᖅᑲᖅᔭᖅᑐᖅ ᐃᓗᐃᑦᑑᒐᓯᑦᑐᓂᒃ ᐊᒻᒪᓗ ᐊᑕᐅᓯᕐᒥᒃ ᐃᖅᑲᓇᐃᔭᖅᑎᑕᖅᑲᕐᓗᓂ ᖃᐅᔨᒪᓂᖅᑲᓪᓚᑎᑦᑐᒥᑦ ᐊᒻᒪᓗ ᐃᖅᑲᓇᐃᔭᖅᓯᒪᑦᑎᐊᖅᑐᒥᑦ ᐋᓐᓂᐊᖅᑲᕐᓇᙱᑦᑐᓕᕆᓂᕐᒥᒃ, ᑲᙵᓇᖅᑐᓕᕆᓂᕐᒥᓪᓗ ᑲᒪᔩᐅᔪᒥᑦ ᑕᒪᒃᑯᐊ ᐃᒻᒥᓅᙱᔪᐃᑦ ᑲᒪᒋᔭᐅᑎᐊᖃᑦᑕᕐᓂᐊᖃᓗᐊᕐᒪᖔᑕ ᐋᓐᓂᐊᕕᖕᒥᑦ. ᐊᒻᒪᓗ ᐃᓕᖅᑲᖅᔭᕐᒥᔪᖅ ᐱᓕᒻᒪᒃᓴᐃᖏᓐᓇᖅᑲᑕᓂᕐᒥᒃ ᓄᑖᓄᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᐊᒻᒪᓗ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᕙᒌᖅᑐᓄᑦ ᐊᒻᒪᓗᑦᑕᐅᖅ ᐃᓕᖅᑲᖅᓗᓂ. ᐃᓕᖅᑲᖅᔭᖅᑐᖅ ᐊᑐᐊᒐᕐᓂᒃ ᐆᑦᑑᑎᒋᓗᒍ ᖃᐅᔨᒪᔾᔭᑎᐅᒐᔭᖅᑐᓂᒃ ᑕᒪᒃᑯᐊ ᐱᔪᓐᓇᐅᑎᖏᔭᐅᔭᑦ ᑕᑯᔪᓐᓇᕐᓂᕐᒥᒃ ᐃᒻᒥᓅᙱᔪᓂᒃ ᒪᓕᑦᑕᐅᕙᒃᑲᓗᐊᕐᒪᖔᑕ.
Have I missed anything, Mr. Dickson?	ᐊᓪᓗᐃᕗᖔ, ᒥᔅᑕ ᑎᒃᓴᓐ?
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Dickson.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᒃᓯᑎᑐᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖖ. ᒥᔅᑕ ᑎᒃᓴᓐ.
Mr. Dickson: Thank you. Just before responding, I wonder if you would permit me to make two brief observations. The first one is that this is actually not my first time in this Chamber. About 10 years ago when I was the Saskatchewan Information	**ᑎᒃᓴᓐ** (ᑐᒃᓯᑎᑐᑦ): ᖁᔭᓐᓇᒦᒃ. ᖁᔭᓐᓇᒦᑦᑕᐅᖅ. ᑭᐅᓪᓚᓂᓚᐅᙱᓂᕐᓂᑦ ᒪᕐᕉᓐᓂᒃ ᐅᖅᑲᐅᓯᔅᓴᖅᑲᓛᒃᑲᒪ ᑕᑯᓯᒪᔭᓐᓂᒃ. ᓯᕗᓪᓕᖅᐸᓐᓂᙱᓇᒃᑯ ᑖᓐᓇ ᐅᕙᓃᕆᐅᙱᓐᓇᒪ, ᐊᕐᕿᒍᑦ ᖁᓖᑦ ᓈᐸᓗᓕᖅᑐᑦ ᓴᔅᑲᓐᓯᐋᓐᒥ ᑐᓴᐅᒪᔾᔭᑎᓕᕆᓂᕐᒧᑦ

and Privacy Commissioner, Commissioner Keenan Bengts had hosted our federal-provincial-territorial commissioners from across Canada. It was my first chance to see this magnificent legislature and one that's truly unique.	ᑲᙳᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇᐅᓪᓗᖓ. ᑮᓇᓐ ᐸᐃᖕᔅ ᒐᕙᒪᑐᖃᒃᑯᓐᓂᑦ ᑲᓇᑕᐅᑉ ᐊᕕᑦᑐᖅᓯᒪᓂᖓᓂᑦ ᑲᑎᒪᖅᑕᐅᓚᐅᕐᖓᑦ, ᑲᑎᒪᖅᑕᐅᓚᐅᕋᑦᑕ ᑕᐃᔅᓱᒪᓂ ᑕᑯᔭᕆᐅᓚᐅᖅᓯᒪᒐᒪ ᐆᒥᖓ ᒪᓕᒐᓕᐅᕐᕕᑦᑎᐊᕚᓗᔅᓯᓐᓂᑦ.
My second observation would be that I had some experience as an MLA in a different jurisdiction, in a province, and I sat on what was known as the Legislative Officers Standing Committee, which is very much doing the kind of work you do in terms of reviewing what the Information and Privacy Commissioner has been up to and the provincial auditor. I must tell you it's most interesting to be in the position of responding to questions rather than answering them.	ᐊᐃᑉᐹ ᐅᖃᐅᓯᔅᓴᖅ ᒪᓕᒐᓕᐅᖅᑎᐅᓪᓗᖓ ᐊᑕᐅᓯᐅᙱᑦᑐᒥᑦ ᑲᓇᑕᐅᑉ ᐊᕕᑦᑐᖅᓯᒪᓂᖓᓂ ᓂᕈᐊᖅᑕᐅᓯᒪᓚᐅᖅᓯᒪᒐᒪ ᑲᑎᒪᔨᕋᑖᓃᖃᑕᐅᖃᑦᑕᖅᓯᒪᓪᓗᖓᓗ ᐃᓕᔅᓯ ᐱᓕᕆᐊᕆᕙᑦᑕᖏᑕ ᐊᔾᔨᐸᓗᑦᑎᐊᖏᓐᓂᑦ ᕿᒥᕐᕈᖃᑦᑕᖅᑐᑕ ᑐᓴᐅᒪᔾᔪᑎᓕᕆᓂᕐᒧᑦ-ᑲᙳᓇᖅᑐᓕᕆᓂᕐᒧᓪᓗ ᑲᒥᓯᓇᐅᑉ ᐱᓕᕆᐊᕆᓯᒪᔭᖏᓐᓂᑦ. ᑕᐃᒫᓪᓕ ᑕᕝᕙ ᑭᐅᒫᖃᑦᑕᕆᐊᖃᕐᓂᐊᖅᑐᐊᓘᒐᒪ ᐊᐱᖅᓱᖔᓇᐊᖃᖃᑦᑕᖏᑦᑐᖓ ᐊᔾᔨᒋᔮᖏᓪᓚᒍ.
In terms of the question about a privacy management program, it first became apparent to us when we were preparing for the audit. We had gone to the hospital and to the department looking for what kinds of policies and procedures they had. We also looked for identification of who the privacy officer was for the hospital and that's when we realized that there was not a single privacy officer. In fact we collected the names of as many as a half dozen different people who different individuals in the hospital would go to when they had difficult privacy problems, issues and questions. We identified that as being an issue and a difficulty.	ᐃᒻᒥᒨᖓᔪᓂᒃ ᐊᐅᓚᑦᑎᔾᔪᑎᐅᖃᑦᑕᖅᑐᐃᑦᑕ ᐱᑦᑐᕆᑦ. ᑖᒃᑯᐊ ᖃᐅᔨᓚᐅᕋᑦᑎᒍ ᐸᕐᓇᑦᑐᑕ ᑕᒻᒪᖅᓯᒪᔭᖅᓯᐅᕐᓂᕆᓂᐊᖅᑕᑎᓐᓂᑦ ᐋᓐᓂᐊᕕᓕᐊᓚᐅᕋᑦᑕ ᐊᒻᒪᓗ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ ᕿᓂᕆᐊᓚᐅᕋᑦᑕ ᐊᑐᐊᒐᕈᓘᔭᖅᓂᒃ ᐊᒻᒪᑦᑕᐅᖅ ᑭᓇ ᑲᙳᓇᖅᑐᓕᕆᓂᐅᕐᒪᖔᑦ ᓇᓗᓇᐃᖅᑕᐅᖅᑯᑦᑐᑎᒍ. ᑕᐃᑲᓂᓕ ᖃᐅᔾᔭᐊᓪᓚᓚᐅᖅᑐᒍᑦ ᐊᑕᐅᓯᑯᓗᒻᒥᑦ ᑲᙳᓇᖅᑐᓕᕆᔨᖃᙱᒻᒪᑕ, 6-ᒪᓇᓐᓂᑦ ᐊᑎᖅᓂᑦ ᐱᑎᑕᐅᓚᐅᖅᑐᒍᑦ ᐋᓐᓂᐊᕕᐅᑉ ᐃᓗᐊᓂ ᐊᐱᓇᔭᐅᔭᖅᑐᖄᓇᐊᖃᔫᓂᑦ ᑲᙳᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᐃᓱᒫᓘᑎᑕᖃᓕᕋᐃᒻᒪᑦ, ᐊᐱᖅᑯᑎᑕᖃᓕᕋᐃᒻᒪᑦᓘᓐᓃᑦ. ᑕᐃᒪᓕ ᖃᐅᔨᓚᐅᑦᑎᒍ ᑖᓐᓇ ᐃᓱᒫᓗᓐᓇᕐᒥᔭᖅᑕᐅᖅ ᐱᒡᒐᓇᕈᑕᐅᓪᓗᓂ ᐃᓚᓕᐅᑎᓚᐅᖅᑕᕗᑦ.
I should say, when we talk about a privacy management program, it's really all about accountability. Health systems are complex and hospitals are complex institutions. There are lots of employees. There are lots of people coming from outside. You have patients presenting with all kinds of issues. You have all kinds of health care providers and specialists.	ᐃᒻᒥᒨᖓᔪᓂᑦ ᐊᐅᓚᑦᑎᓂᕐᒧᑦ ᐱᓕᕆᔾᔪᑎᔅᖃᖅᑐᓂ ᐃᒫᒃ ᓵᙵᔭᔅᓵᙳᓂᕐᒥᓪᓗ ᑲᒪᔾᔪᑎᐅᒍᓐᓇᖅᒐᑦ. ᐃᖅᑲᓇᐃᔭᖅᑎᒐᓛᑑᒻᒪᑕ ᐊᒻᒪᓗ ᐃᓄᒐᓛᑑᐃᑦ ᑎᑭᖃᑦᑕᖅᑐᑦ, ᐋᓐᓂᐊᕕᓕᐊᑐᐃᓐᓇᖅᑐᓪᓗ ᓴᖅᑮᖃᑦᑕᖅᑐᑦ ᐊᔾᔨᒌᙱᑦᑐᕈᓘᔭᓗᓐᓂᑦ ᐃᓱᒫᓗᓐᓇᖅᑐᓂᒃ ᐊᒻᒪᓗ ᑎᑭᑦᑐᒐᓛᓗᔪᒃᑭᓪᓗᑎᒃ ᓘᑦᑖᑦ ᐊᔾᔨᒌᙱᑦᑐᑦ.

What has been developed is, as we have experienced with privacy laws, the need for accountability and how do you get accountability. Well, it's ensuring that you've got a comprehensive program. It starts with having a privacy officer who is identified to be kind of the privacy leader in the organization. It involves having a comprehensive suite of policies and procedures that are consistent and sort of work well together, and then making sure that staff have a comfortable understanding of those policies and procedures.	ᐃᓐᓇᓕᒃ ᑕᖅᑭᓂ ᐊᖏᑭᒋᑎᓕᓯᒪᔪᑦ, ᐃᓕᓴᐅ ᖃᐅᔨᓯᒪᒪᓕᑕ ᑲᓇᖅᐱᓚᖅᑐᓕᕆᔨᒃ ᒪᓕᒐᖅᑕᖏᑦᑐᓕᕆᖏᖅᓱᖅ ᐱᓪᓗᐊ. ᐃᐃᒪᓐ ᐊᖏᑭᒋᐊᖏᓯᒪᔪᒥᐅ ᐱᓕᓕᔭᐱᑎᖏᑐᓕᕆᖏᖅᓴᖅᑕ ᐃᖅᑲᓇᐃᔨᖅᑎᒥᓪᓗ ᑎᑲᓯᒪᓕᕆᓂᖅ ᓴᖅᑭᑦᑕᓕᕐᔨᐅᓂᐊᖅᑐᒥᐅ ᑲᓇᖅᐱᓚᖅᑐᓕᕆᖏᖅᓴᖅᑕᑦᓗᑦ ᐊᒻᒪᓗ ᐊᑐᐊᒐᖏᓂᖅ ᐃᓗᐃᑦᑐᓂᖅ ᐱᖏᖅᑎᐊᓂᓗᑎᖅ ᑭᓯᓯᒧᓐᓄᑦᓴᐃᓐᓇᖅᑐᖅ. ᑕᐃᒪᓐᓇᖅ ᖃᐅᔨᓴᖅᑎᐊᕈᑕᐅᔪᓂᖅ ᐃᖅᑲᓇᐃᔨᖅᑎᓄᑦ ᑐᑭᓯᓯᐅᑉᐸᑦᑐᖅᓯᒪᓕᖅᑐᑦ.	ᒐᓐᓇᓗᖅᐃ ᓴᓐᖏᑎᔨᓴᒪᓪᓚᖅᓯᓂᖅ, <ᓯᔨᓴᒪᓪᓚᖅᓯᓂᖅ ᐃᓯᒪᑎᔨᐅᖏᓐᓄᓇᕆᓕᖅ. ᐃᒪᒥᒍᖏᔪᓄᑦ ᒪᓕᑎᓕᒪᑦ ᒪᓕᒪᒪᑕ ᖃᑯᓕᓂᖅ ᑐᓄᖏᑕᐃᔨᐅᓂᖅ, ᓯᔭᑦᓕᓂᖅᓵᖅ ᓴᓐᖏᑎᔨᓴᒪᓪᓚᖅᓯᓂᖅ ᑕᖅᑲᐅᖏᓪ. ᑕᖅᑲᖅᑯᓇᐅᖏᓪ ᓇᓗᓇᐃᖅᑕᐅᓯᓲᖏᒪᒪᑦ, ᐊᓐᓂᐊᕐᓇᐊᒥᐅᓐᓄᖏᓐᓄᑦᓗᑐ ᐃᓯᒪᑎᔨᐅᑎᖅᓯᓲᖏᒪᒪᑦ, ᐊᓐᓂᐊᕐᓇᐊᒥᐅᓐᓄᖏᓐᓄᑦᓗᑐ. ᖃᑯᓯᓐᓇᖅᑐᑦ.
Chairperson: Thank you, Mr. Dickson, and welcome back. Mr. Mikkungwak.	**ᐃᖅᓯᖏᐅᑕᖅ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᑯᓐᓇᖅᑐᖅ, ᑎᓴᑕ ᑎᖅᒍᓐ ᐊᒻᒪᓗ ᑐᓐᖏᓯᓯᑦᑕ. ᑎᓴᑕ ᒥᑭᓐᖏᐊᖅᑯᖅ.
Mr. Mikkungwak: Thank you, Madam Chairperson. A question again to the privacy office. On page 9 of your report you indicate that you were concerned with the small amount of formal privacy complaints relating to the Qikiqtani General Hospital that your office received and that, in your experience, this may indicate that patients are not made aware of their privacy rights and remedies available to them for breaches of privacy. Now that you have completed your audit, would you say that this is in fact the case? Thank you, Madam Chairperson.	**ᒥᑭᓐᖏᐊᖅᑯᖅ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᑯᓐᓇᖅᑐᖅ, ᐃᖅᓯᖏᐅᑕᖅ. ᐊᐱᖅᑯᑎᕆᑲᓐᓂᖅ ᑲᓐᖏᑎᔨᖅᑐᑦᓗᑦ. ᒪᕆᐱᒪᖅ 9 ᐅᓂᕆᑲᖅᓂ ᓇᓗᓇᐃᖅᓯᒪᓚᑦ ᐃᓯᒪᔭᐅᑎᖅᑕᐅᔪᓚᒍᖅ ᑕᕆᑯᐊ ᓇᓕᒪᓴᓐᓂᑦᑐᓂᖅ ᐅᓐᓂᖅᓗᑐᖅᑐᓂᖅᑐᑦᓗᑐᑦ ᖃᑭᖅᑕᓂ ᐊᓐᓂᐊᕐᓚᓪᓕᑦ ᑎᑎᕋᖅᓚᓐᓂᖅ ᑐᓂᖅᑐᑦᓗᑦ ᐊᒻᒪᓗ ᐊᑐᖅᑕᖅᓯᒪᔪᖅᓂ. ᐅᓇ ᓴᖅᑭᔭᖅᑎᕋᐃᓐᓇᕆᓕᖅᑎᓕᒪᓕ ᑕᕆᑯᐊ ᐃᓇᓕᓂᖅᑎᑎᑐᐃᓐᓇᖅᑕᖅᑭᑦᑕᖏᓐᓂᒪᓕᒪᓕ ᑲᖅᑕᐅᓕᖅᑎᑦᑎᓐᓄᑦ ᓴᖅᑭᔨᓕᑎᑕᐅᖅᑕᖅᑐᑦᓗᑦ ᐃᓐᓇᐃᖅᑕᐅᑎᓕᖅᑐᖅ ᐱᓕᕆᔨᒃᑯᑦᓴᖅᑭᑎᓐᓄᑦ ᐊᖏᑭᒋᐊᖅᑯᖅᓯᒪᔪᖅᓂᒃᑯᑦ. ᑕᐃᒪᓕᒃ ᓴᖅᑭᔨᓴᖅᑎᓂᒃ ᑭᑦᓕᓯᓂᐊᕐᓂᖅᓴᖅᑕᖏᓐᓄᑦᓴᓕᖅᑐᖅ ᐱᓕᕆᔨᒃᑯᑦᓴᖅᑭᑎᓐᓄᑦ ᐊᖏᑭᒋᐊᖅᑯᖅᓯᒪᔪᖅᓂᒃᑯᑦ. ᑕᒪᓐᓇ ᑕᐃᒪᐃᓕᑐᖅᐃ? ᖃᑯᓐᓇᖅᑐᖅ, ᐃᖅᓯᖏᐅᑕᖅ.
Chairperson: Thank you, Mr.	**ᐃᖅᓯᖏᐅᑕᖅ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᑯᓐᓇᖅᑐᖅ, ᑎᓴᑕ

Mikkungwak. Ms. Keenan Bengts.	ᒥᑭᓐᖓᐊᖅ. ᒥᔪ ᑭᓇᓐ <ᐃᓐᓴ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. Yes, definitely. I think that we found no evidence at all anywhere of brochures or posters or anything else which would allow a person visiting the hospital or being in the hospital to understand or know that they had certain rights when it came to their personal health information.	**ᑭᓇᓐ <ᐃᓐᓴ** (ᑐᓴᕐᓂᐅᔪᑦ): ᖃᓄᖅᓇᒋᒃ, ᐃᒃᓱᕈᐅᒡᒃ. ᐊ, ᑕᐃᒪᓕᕐᑎᐊᖅ. ᐃᒪᓐᓇᓗ ᑕᓄᖅᑲᒡᐅᓐᖏᕐᑎᐊᕐᕋᑦ ᓇᓂᑐᐃᓐᓇᖅ ᐃᒪᓐᓇ ᐅᖅᑲᒥᒪᔪᓕᕆᓂᑦᑐᓂᓕᓐᓂᒃ ᐊᑭᓐᓇᕆᐅᑎᓂᓗ ᐊᓱᖏᓐᓂᑐᓂᓕᓐᓂᒃ. ᑕᓐᓇ ᐊᐧᓂᐊᕐᓴᒪᔪᑦ ᐅᐸᔪᑎᓱᒪᔪᑦ ᐊᐧᓂᐊᕐᓴᒥᑦᑐᑐᔪᓕᓐᓂᒃ ᑐᑭᓱᐅᒪᔭᕆᐅᐊᕐᓂᖅᑐᑦ ᐃᓕᒥᒍᑭᖏᓐᓂᓂ ᖁᔨᓐᓇᐅᑎᖅᓴᕐᑎᓂᖅᑐᑦ ᐃᓕᒥᒍᑭᖏᓐᓂᒃ ᖃᐅᔨᓴᕐᓂᖅ.
There were other posters up about other programs, quality risk management and that sort of thing, but there was nothing in the hospital anywhere which was directed at the provisions of the *Access to Information and Protection of Privacy Act* in terms of an individual's rights, either as I say with respect to access or with respect to privacy or how to address a privacy breach. Thank you.	ᐃᒪᓐᓇ ᐊᑭᓐᓇᒥᐅᑕᖅᑕᖅᑕᐅᖅᑐᑐᓗᐊᖅ ᒪᑯᐊ ᐱᐅᓂᖏᓂᑦ ᐅᓗᓚᐊᓇᑭᓐᓇᓂᖏᓂᑦᑐᓂᓕᓐᓂᒃ ᑲᒪᑎᓴᐅᓂᐊᕐᓂᖅᓂᖅ. ᑭᓱᐊᓂ ᐱᑕᖅᑕᒡᐅᓐᖏᕐᑎᐊᕐᕋᑦ ᐊᑭᓐᓇᕆᐊᖅᒥ ᓇᓂᑐᐃᓐᓇᖅ. ᒪᑯᓇᖏᓐ ᐅᖅᑲᐅᓴᐅᔪᓂᖅ ᑕᒪᐅᑯᓂᖅᓂᖅᓴᑦ ᐃᒪᒥᔪᖅᑐᓂᓗᓐᓂᒃ ᒪᓕᑦᓂᖅ. ᒪᑯᐊ ᐃᓇᑐᐃᓇᐃᓕᑦ ᐱᐧᓇᓇᐅᑎᖏᓐᓂᑦ ᐅᕐᓀᔪᓇᓂᖅ ᐃᒪᓐᓇ ᐊᑐᐃᓇᖅᑲᖅᓂᖅᓴᑦ ᐅᕐᓀᔪᓇᓂᖅ ᐃᒪᒥᔪᖅᑐᓂᓂᓴᖅᐸᑦ ᖅᓇᖅᑐᑭᑕᐅᔨᓇᖅᑐᓂᖅ. ᖃᓄᖅ ᑐᖅᑲᓂᖅᓂᖅ.|
Chairperson: Thanks Ms. Keenan Bengts. Mr. Mikkungwak.	**ᐃᒃᓱᕈᐅᑕᖅ** (ᑐᓴᕐᓂᐅᔪᑦ): ᖃᓄᖅᓇᒋᒃ, ᒥᔪ ᑭᓇᓐ <ᐃᓐᓴ. ᒥᔪᑕ ᒥᑭᓐᖓᐊᖅ.
Mr. Mikkungwak: Thank you, Madam Chairperson. To Department of Health officials. To what extent, if any, is your department currently reviewing the 2013 Canadian Association of Health Informatics guidelines with a view to amending the policies and procedures within the Qikiqtani General Hospital? Thank you, Madam Chairperson.	**ᒥᑭᓐᖓᐊᖅ** (ᑐᓴᕐᓂᐅᔪᑦ): ᖃᓄᖅᓇᒋᒃ, ᐃᒃᓱᕈᐅᒡᒃ. ᐊᑭᓐᓇᖅᑲᓇᖏᑕᒡᓕᕆᓚᐅᑦᑎᑦ ᐃᖅᑲᐅᓇᐃᔪᖅᑎᖏᓐᓂᑐᓄᓕᓐᓂᑦ. ᖃᑲᓇᑎᒥ ᑕᐃᒪᐃᓕᑕᖅᑕᖅᑲᖅᑲᖅᓂᖅᐸᑕ ᐱᑕᓕᖏᓐᓂᒃ ᒪᑭᓴᕐᕕᒃ 2013 ᑲᓇᑕᒥ ᑲᑐᔾᔨᖅᑎᑎᑦ ᐊᑭᓐᓇᖅᑲᓇᖏᑕᒡᓕᕆᓚᐅᒪᑦ ᖃᑲᓴᐅᔪᑲᐅᑎᓇᑦᑐᑕᖏᓐᓂᑐᓄᓕᓐᓂᒃ ᐃᒪᓐᓇ ᐊᓯᔨᔪᓂᑎᓂᐊᖏᑦᓗᑎᑦ ᐊᑐᐊᖏᓐᓂᑐᓂᓕᓐᓂᒃ ᐊᑐᖅᑲᑦᓂᓕᕆᓕᖅᑲᖅᑲᓂᖅᓂᑐᓂᓕᓐᓂᒃ ᖁᑭᖅᑕᒥ ᐊᑭᓐᓇᐃᓐᓇᑦ? ᖃᓄᖅᓇᒋᒃ, ᐃᒃᓱᕈᐅᒡᒃ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.	**ᐃᒃᓱᕈᐅᑕᖅ** (ᑐᓴᕐᓂᐅᔪᑦ): ᖃᓄᖅᓇᒋᒃ, ᒥᔪᑕ ᒥᑭᓐᖓᐊᖅ. ᒥᔪ ᓯᑕᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. As I mentioned earlier, we are looking at an appropriate management system that will work for Nunavut. While we're concerned of course with QGH, we are also concerned with appropriate privacy in the other health centres	**ᓯᑕᒃᓕ** (ᑐᓴᕐᓂᐅᔪᑦ): ᖃᓄᖅᓇᒋᒃ, ᐃᒃᓱᕈᐅᒡᒃ. ᑕᐃᒪ ᐅᖅᑲᖅᑲᐅᑎᒪ ᒧᓐᓄ ᖁᑭᖅᑕᐊᖅᑲᒡᓕᓕᐊᔪᑦ ᖃᑲᓂᖅᑲᖅᓂᐅᓇᖅᑐᑦ ᓄᓇᕗᒻᒥᑦ ᐊᑐᑎᖅᑲᓐᓇᖅᑐᑦ. ᐃᓱᒪᓕᑎᖅᑲᖅᑕ ᖁᑭᖅᑕᓂᓂ ᐊᑭᓐᓇᐃᓕᒪᑦ ᐃᓱᒪᓕᑎᓐᖓᐊᓂᑦ ᐊᓯᔪᓗ ᓱᓕᓴᕐᑎᑎᓂᑦ ᐊᓯᖏᓐᓂᓂ ᐊᑭᓐᓇᐃᓐᓇᓐᓂ

throughout the territory.	ᓄᓇᕗᑦ ᐃᓗᐊᓂ.
One of the issues that we struggle with these particular guidelines is that there be a point person, there be one person, a privacy officer that would be responsible for this particular role. While we agree with that, we actually had a privacy officer position. It went out for competition and was never successful in being filled. I believe the first time it went out for competition was in 2011.	ᑕᐃᒪᓕ ᐊᒃᓱᕈᕈᑎᒋᓚᐅᖅᑕᕗᑦ ᑖᒃᑯᓄᖓ ᒪᓕᒋᐊᓕᖕᓂᒃ ᐃᒪᓐᓇ ᑐᖅᑲᖅᑕᕐᕕᑦᑕᖅᑲᖅᐸᑦ ᐃᓄᒻᒥᒃ ᐊᑕᐅᓯᕐᒥᒃ ᐃᒻᒥᒨᖓᔪᓕᕆᔨᓂᒃ ᑲᒪᒋᔭᖃᕋᔭᖅᑐᒥ ᑖᔅᓱᒧᖓ ᐃᖅᑲᓇᐃᔮᒧᑦ. ᑖᓐᓇ ᐊᖏᖅᑲᑎᒌᔾᔪᑎᒎᒐᓗᐊᖅ ᐃᒻᒥᒨᖓᔪᖅᓯᐅᑎᓕᕆᔨᒥ ᓴᖅᑭᔮᖅᑎᑦᑎᓚᐅᕋᓗᐊᖅᑐᒍᑦ ᐃᖅᑲᓇᐃᔮᔅᓴᒥᒃ ᐃᓐᓄᑦᑕᐅᔪᓐᓇᖅᑐᖅ ᓴᖅᑭᑦᑕᕇᓚᐅᖅᓯᒪᔪᖅ 2011-ᖑᖅᑰᖅᑎᓪᓗᒍ.
Instead of having nobody to do it, we now have two positions that share responsibilities for the job that that one person would do in many other jurisdictions. That is how we have tried to do what we could here in our territory. We have the responsibility for privacy divided between two positions. One is a clinical adviser and one is a quality assurance and risk management coordinator. I'm happy to say both of those positions are filled.	ᐃᒪᓐᓇ ᒪᕐᕉᓐᓂᒃ ᐃᓂᖁᑎᖃᓕᕋᓗᐊᖅᑐᒍᑦ ᑲᒪᒋᔭᖃᖅᑐᐃᓐᓇᐅᓪᓗᑎᑦ ᐱᓕᕆᐊᖑᒐᔭᓚᐅᖅᑐᒥ ᐊᑕᐅᓯᕐᒧᑦ ᐱᓕᕆᐊᖑᔪᓂ ᐊᕕᒃᑐᖅᓯᒪᔪᓂᒃ ᐊᓯᖏᓐᓂ. ᑕᐃᒪᓐᓇ ᐆᒃᑐᖅᓯᒪᒪᒐᓗᐊᖅᑐᒍᑦ ᐱᔪᓐᓇᖅᑎᑦᑎᓂᖅ ᐱᓕᕆᓇᓱᑦᑐᑕ ᓄᓇᕗᒻᒥ. ᑖᓐᓇ ᑲᒪᒋᔭᖃᕐᓂᖓ ᐃᖅᑲᓇᐃᔮᓐᓄᑦ ᒪᕐᕉᓐᓄᒃ ᑖᓐᓇ ᐃᓅᓕᓴᖅᑕᐅᔭᖅᑐᖅᑐᓄᑦ ᑲᒪᔨᐅᓪᓗᓂ ᐊᒻᒪᓗ ᑐᑭᒧᐊᑦᑎᑎᔨ. ᖁᕕᐊᓱᒃᐳᖓ ᐅᖃᕆᐊᒃᓴᖅ ᑖᒃᑯᐊ ᑕᒪᕐᒥᒃ ᐃᓐᓄᑦᑕᐅᓯᒪᔫᒃ.
If we were to get to the time as we review these guidelines and we think we would have an opportunity to fill the privacy officer position, we would certainly be open to doing that and be able to have one point person, but the issue would be if we could fill it. Thank you, Madam Chairperson.	ᑕᐃᒪᓕ ᐱᔪᓐᓇᖅᓯᓐᓂᕈᑦᑕ ᑕᒪᒃᑯᐊ ᕿᒥᕐᕈᕙᓪᓕᐊᑎᓪᓗᑎᒍ ᒪᓕᒋᐊᓖᑦ ᐱᕕᖃᕐᓂᐊᖅᑰᖅᑐᒍᑦ ᐃᓐᓄᒐᓱᓪᓗᒍ ᑖᓐᓇ ᐃᒻᒥᒨᖓᔪᓕᕆᓂᖅ. ᑕᐃᒪᓐᓇ ᒪᑐᐃᖓᑦᑎᐊᖅᑐᒍᑦ ᑕᐃᒪᐃᓕᐅᕆᐊᔅᓴᖅ. ᐃᒪᓐᓇ ᐊᑕᐅᓯᕐᒥᒃ ᑐᖅᑲᑕᕐᕕᖃᕐᑐᑕ ᐃᓐᓄᒍᓐᓇᕈᑦᑎᒍ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᒥᔅᑕ ᒥᑭᖕᒍᐊᖅ.
Mr. Mikkungwak: Thank you. A question is to the privacy office. In the course of your audit, did you identify any instances of privacy breaches which may have been prevented if relevant policies and accompanying training had been implemented and provided by the hospital? Thank you, Madam Chairperson.	**ᒥᑭᖕᒍᐊᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᒃᑯᐊ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑎᑎᕋᕐᕕ. ᑕᐃᒪᓕ ᑭᓪᓕᓯᓂᐊᖅᐸᓪᓕᐊᑐᓯ ᓇᓗᓇᐃᖅᓯᓚᐅᖅᐱᓯ ᐃᒪᓐᓇ ᓱᕋᐃᓂᕐᒥᒃ ᐃᒻᒥᒻᒨᖓᔪᓂᒃ ᑕᑯᔭᐅᔭᕆᐊᖃᖏᑦᑐᓂᒃ ᓄᖅᑲᖓᑎᑕᐅᔪᓐᓇᓚᐅᕋᓗᐊᖅᑎᓪᓗᒍ ᐊᑐᐊᒐᖅᑕᖃᓚᐅᖅᐸᑦ ᐱᓕᒻᒪᒃᓴᔭᐅᓯᒪᔪᑦ ᐊᑐᓕᖅᑎᑕᐅᓯᒪᓚᐅᖅᐸᑦ ᐊᒻᒪᓘᓐᓃᑦ ᐱᑕᖃᖅᑎᑕᐅᓚᐅᖅᐸᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.

Chairperson: Thank you, Mr. Mikkungwak. Ms. Keenan Bengts.	ᐃᒃᓯᕙᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙵᐊᖅ. ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. If what you're asking is, "Did we see any privacy breaches happen while we there?" No, but for instance, we found a fax machine in the middle of the hallway in the hospital and we were told that faxes came in regularly on this machine. That's just inappropriate. If proper policies had been in place, that never would have happened. Now given that, I understand that the fax machine has now been moved.	ᑮᓇᓐ ᐸᐃᖕᔅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᒪᓕ ᐊᐱᕆᒐᕙᑦ ᑕᑯᔭᖅᑲᓚᐅᖅᐱᑖ ᓱᕋᑦᑕᐅᔭᕙᓂᕐᓂᑦ ᐃᒻᒥᒨᖕᒐᔪᓂᒃ ᑕᑯᔭᐅᔭᓇᐊᖅᑲᓐᖏᑦᑐᓂᒃ. ᐋᒡᒐ, ᑭᓯᐊᓂ ᓲᕐᓗ ᓱᒃᑲᔪᒃᑰᕈᑎᒥᑦ ᓱᒍᑦᑖᓐᓂᑦ ᑕᒫᓃᖅᑭᔭᖅᑲᓚᐅᕐᒪᑦ ᐅᖅᑲᐅᔾᔭᐅᓚᐅᖅᑐᑕᓗ ᐃᒪᓐᓇ ᑎᑭᑉᐸᓪᓚᐊᖏᓐᓇᐅᔭᕐᒪᑕᓘᖅ ᓱᒃᑲᔪᒃᑰᕈᑎᒃᑯᑦ ᑕᒪᓐᓇ ᓈᒻᒪᖏᑦᑐᖅ, ᑕᐃᒪᓕ ᐊᑐᐊᒐᖅᑕᖅᑲᓚᐅᖅᐸᑦ ᓈᒻᒪᑦᑐᓂᒃ ᑕᐃᒪᓐᓇᐅᒐᔭᓚᐅᓐᖏᑦᑐᖅ. ᑭᓯᐊᓂ ᑐᑭᓯᐅᒪᓪᓗᖓ ᑕᐃᓐᓇ ᓱᒃᑲᔪᒃᑰᕈᑎ ᓅᑕᐅᓯᒪᓕᖅᑐᕉᖅ.
We found evidence of, in the health records enclave, shall we say, where they keep all the medical health records, disorganization in a situation which was quite frankly ripe for privacy breach. In fact I think you could say maybe, depending on how you define a privacy breach, that within the medical health records office itself there was a privacy breach because there were records all over the place that were clearly not supposed to be where they were. That constitutes privacy breach because it means that somebody who doesn't have the right to see that information can see it or you're not going to be able to find the information you're looking for when you need it. With proper policies in place and enforced, those sorts of things wouldn't happen.	ᑕᑯᓚᐅᖅᑐᒍᑦ ᑳᒃᑯᓂᖓ ᑎᑎᕋᖅᐸᓪᓕᐊᓂᖏᓐᓂᑦ ᓲᕐᓗ ᐃᓂᖓᓂ ᒪᑯᐊ ᐃᓅᓕᓴᖅᑕᐅᔪᑦ ᑎᑎᕋᖅᑕᐅᕝᕕᒋᖅᑲᑦᑕᖅᑕᖏᑦ ᐋᖅᑭᑦᑎᐊᖅᓯᒪᓚᐅᓐᖏᑦᑐᑦ. ᑕᐃᒪᓕ ᐃᒪᓐᓇ ᐊᑐᐃᓐᓇᐅᑦᑎᐊᓚᐅᕐᒪᑦ ᑕᑯᔭᐅᔭᓇᐊᖅᑲᓐᖏᑦᑐᑦ ᑲᙳᓇᖅᑐᓕᓇᔨᐅᑉ, ᑕᑯᔭᐅᕙᓐᓇᕐᓇᑎᒃ. ᐅᖃᕈᓐᓇᕐᒪᓕᖅᑰᖅᑐᒍᑦ ᖃᓄᖅ ᓱᕋᐃᓯᒪᔪᖅ ᑕᐃᔭᓐᓇᕐᒪᖕᖔᑦᑎᒍᑦ ᑳᒃᑯᓄᖓ ᐃᓅᓕᓴᖅᑕᐅᔪᓄᑦ ᑎᑎᕋᖅᑕᐅᕝᕕᖏᓐᓂᑦ. ᑖᓐᓇ ᓱᕋᐃᓂᐅᓚᐅᖅᑐᖅ ᐃᒪᓐᓇ ᑎᑎᖅᑲᐃᑦ ᓇᓂᕈᓘᔫᓘᓚᐅᕐᒪᑕ. ᐄ, ᑕᐃᒪᓐᓇ ᑕᒫᓃᑦᑕᓇᐊᖅᑲᓐᖏᑦᑐᑦ ᓇᓗᓇᓐᖏᒃᑲᓗᐊᖅᑎᓪᓗᒍ. ᐄ, ᑖᓐᓇ ᓱᕋᐃᓂᕐᒥᒃ ᑕᐃᔭᒃᓴᐅᒻᒪᑦ ᐃᒪᓐᓇ ᑕᑯᑦᑕᐃᓕᔫᒐᓗᐊᖅ ᑕᒪᒃᑯᓂᖓ ᑕᑯᔭᓐᓇᑦᑎᐊᓚᐅᕐᒪᑦ ᐊᒻᒪᓗ ᓇᓂᔭᓐᓇᕋᔭᓐᖏᑦᑕᑎᓪᓗᓐᓃᑦ ᕿᓂᕋᓗᐊᕈᕕᑦ ᐱᔭᕆᐊᖅᑲᓕᕈᕕᑦ. ᑕᐃᒪᓕ ᐊᑐᐊᒐᖅᑕᖅᑲᑦᑎᐊᖅᐸᑦ ᐋᖅᑭᒃᓯᒪᔪᑦ ᐊᒻᒪᓗ ᒪᓕᑦᑕᐅᑎᑕᐅᓗᑎᒃ ᑕᒪᒃᑯᐊ ᑕᐃᒪᓕᐅᖅᑲᑦᑕᖁᔭᓐᖏᑦᑐᑦ, ᑕᐃᒪᐃᓕᖕᒐᒐᔭᓚᐅᓐᖏᑦᑐᑦ.
I would just like, if I may, to address Ms. Stockley's comment that they have two people who are responsible for the privacy file now at the hospital. I appreciate that and I appreciate that it's difficult to find the right employee to be a privacy officer. They're not that easy to come by. I get that. Neither of the two individuals who are now working there have any	ᐱᔪᓐᓇᕈᒪ ᐅᖃᐅᓯᕆᒍᒪᒐᒃᑯ ᒥᔅ ᓯᑖᒃᓕᐅ ᐅᖃᐅᓯᕆᕋᑖᖅᑕᖓ ᒪᕐᕉᓐᓂᒡᒎᖅ ᐃᖅᑲᓇᐃᔭᖅᑎᖃᕐᒪᑕ ᑲᒪᒋᔭᖃᖅᑐᑎᒃ ᒪᑯᓂᖓ ᐃᓄᓕᓇᔨᓄᑦ ᑲᒪᔨᐅᔪᓂᒃ ᐋᓐᓂᐊᕕᓐᓂᑦ, ᐄ ᑕᒪᓐᓇ ᖁᔭᒋᔭᕋᓗᐊᕋ ᑭᓯᐊᓂ ᖃᐅᔨᒪᓪᓗᖓᓗ ᐃᖅᑲᓇᐃᔭᖅᑎᒥᒃ ᓇᓂᓯᕙᒃᓴᐅᑦᑎᐊᖕᖏᒻᒪᑦ ᑕᒪᓐᓇ ᐃᒻᒥᒨᖕᒐᔪᑦ ᓇᓂᔭᕐᓂᖕᖏᕐᔪᐊᕐᒪᑕ ᑕᒪᒃᑯᐊ. ᒫᓐᓇᓕ ᑕᐃᒪ ᓇᓕᐊᑐᐃᓐᓇᖅ

background in privacy. They don't have the requisite background or experience in ensuring privacy policy. They're doing it as part of other jobs. Their focus is not in the one place where it should be, in my opinion, and that is on privacy. Although it's a fix for the time being, it's not the fix that the hospital needs. Thank you.	ᐱᓕᕆᓯᒪᓂᖃᓐᖏᑦᑎᐊᕐᒪᑕ ᐃᒻᒥᒻᒨᖓᔪᓕᕆᓂᕐᒥᑦ ᐃᒪᓐᓇ ᐱᓕᕆᓯᒪᓂᖃᓐᖏᒻᒪᑕ ᐊᑐᖅᓯᒪᓂᖃᕐᑎᓪᓗ ᐃᒻᒥᒨᖓᔪᓕᕆᓂᕐᒥᒃ, ᐃᒻᒥᒨᖓᔪᓕᕆᓂᖅ ᐃᖅᑲᓇᐃᔮᖏᑕ ᐃᓚᖏᑦᑕᐅᖅ ᐱᓕᕆᐊᓪᓗᐊᑕᖃᓐᖏᒻᒪᑕ ᑕᐃᑲᓃᑦᑕᕆᐊᓕᐅᓗᐊᒥᑦ ᒪᑐᒥᖓ ᐃᒻᒥᒨᖓᔪᓕᕆᓂᕐᒥᒃ. ᑕᐃᒪᓐᓇᐃᓕᖓᔫᓗᐊᖅ ᒦᓇ, ᑭᓯᐊᓂ ᐋᖅᑭᒍᑎᒋᔭᒃᓴᐅᓐᖏᒻᒪᑦ ᐋᓂᐊᕕᒻᒥᑦ ᐱᑕᖃᕆᐊᓕᐅᓗᐊᖅ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Dickson.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᔅᑕ ᑎᒃᓴᓐ.
Mr. Dickson: Thank you. Just to supplement the commissioner's response to the query of "Did we see evidence of breaches?" In addition, when we looked at the electronic medical records system that's up and running in the hospital currently, described as MEDITECH, what we learned was that people who left the employ of the hospital could go many months without ever having their accreditation revoked. In other words they still had user privileges and access to the electronic health record system even long after they had ceased to have a legitimate need to be able to see somebody's information.	ᑎᒃᓴᓐ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ. ᐃᓚᒋᐊᑐᐃᓐᓇᕐᓗᒍ ᑲᒥᓯᓇᐅᑉ ᑭᐅᔾᔪᑎᒋᔭᖓ. ᑕᑯᔭᖅᑲᓚᐅᖅᐱᑖ ᓱᕋᐃᓂᐅᓛᕐᓂᖓ ᑕᐃᒪᓕ ᑕᑯᓇᒃᑲᑦᑎᒍ ᖃᕋᓴᐅᔭᒃᑯᑦ ᑎᑎᕋᖅᑕᐅᕙᓪᓕᐊᕙᖕᒋᑦ ᒫᓐᓇ ᐊᑐᖅᑕᐅᔪᑦ ᐅᓪᓗᒥ ᐋᓂᐊᕕᒻᒥ (MEDITECH) ᒪᑎᑕᒃᖢᓂᕋᐃᖅᑲᐅᔪᖅ. ᑕᐃᒪᓕ ᐃᓕᕝᕙᕆᓚᐅᕐᑎᒍ ᑖᒃᑯᐊ ᐃᖅᑲᓇᐃᔭᕈᓐᓃᖅᑐᑦ ᐋᓂᐊᕕᒻᒥ ᐃᒪᓐᓇ ᑕᖅᑭᒐᓴᓐᓂᒃ. ᐃᒪᓐᓇ ᐱᔪᓐᓇᐅᑎᒋᔭᖏᑦ ᐱᖅᑕᐅᓇᓵᖅᑦᑕᓚᐅᕐᒪᑕ ᒪᑯᐊ ᐊᑐᐃᓐᓇᖃᕈᒪᔪᐃᑦ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ ᑎᑎᖅᑲᖁᑎᖏᓐᓂᑦ ᐃᒪᓐᓇ ᐃᖅᑲᓇᐃᔭᓐᖏᑦᑐᑐᖃᐅᓕᕋᓗᐊᖅᑎᒋᑦ ᐊᒻᒪᓗ ᐊᑐᐃᓐᓇᖃᓇᐊᖃᕈᓐᓃᕋᓗᐊᖅᑎᓪᓗᒋᑦ.
In addition we talked to staff who, quite frankly, said they knew of instances where colleagues were going into MEDITECH to look at their own health record. Now, this sort of contravenes all of the best practices when they go in to look at their own health record. They're not going in as a caregiver to provide diagnosis, treatment, or care; they're going in as a patient. There are certain rules about patients being able to get access to their own information. That process is subverted, if you will, when staff are snooping in the electronic system not for diagnosis, treatment, or care, but to look at their own information or that of a family member.	ᐊᒻᒪᓗ ᖄᒃᑲᓐᓂᐊᒍᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᓂᒃ ᐅᖃᓪᓚᖃᑎᖃᓚᐅᕐᒥᒐᑦᑕ ᐅᖃᖅᑐᑕ ᐃᒪᓐᓇ ᖃᐅᔨᒪᔭᖃᐅᖅᑐᒡᒨᖅ ᐃᖅᑲᓇᐃᔭᖃᑎᖏᑦ ᑕᕝᕙᖕᒐ ᖃᕋᓴᐅᔭᕐᒨᖃᑦᑕᖅᑐᑎᒃ ᓇᒻᒥᓂᖅ ᑎᑎᕋᖅᑕᐅᓯᒪᔪᖁᑎᒥᓂᒃ ᑕᑯᔪᑦ, ᑕᒪᓐᓇ ᓱᕋᐃᒻᒪᑦ ᐊᑐᖅᑕᐅᒐᔪᑦᑐᖅ ᓇᒻᒥᓂᖅ ᑎᑎᕋᖅᑕᐅᓯᒪᔪᖁᑎᒥᓂᒃ ᑕᑯᔪᒪᑉᐸᑕ ᐃᒪᓐᓇ ᐸᖅᑭᒃᓯᕗᐅᓐᖏᑦᑐᑎᒃ ᐃᓅᓕᓴᖅᑕᐅᔾᔪᑎᕕᓂᕐᓂᑦ ᐃᒪᓐᓇ ᐃᓅᓕᓴᖅᑕᐅᔭᕆᐊᖅᑲᖅᑐᑎᒃ ᓇᒻᒥᓂᖅ ᑕᑯᔪᓐᓇᓚᐅᕐᒪᑕ. ᑕᐃᒪ ᒪᓕᒐᖅᑕᖃᐅᕐᒪᑦ ᒪᑯᐊ ᐃᓅᓕᓴᖅᑕᐅᔪᑦ ᐊᑐᐃᓐᓇᖃᕈᓐᓇᕐᓂᖏᑦ ᐃᒻᒥᒨᖓᔪᖁᑎᖕᒥᓂᒃ. ᑕᒪᓐᓇᓕ ᐱᓕᕆᓂᐅᔪᖅ ᓱᕋᑦᑕᐅᖃᑦᑕᕐᒪᑦ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᑕᑯᓇᒫᖕᒐᑕ ᐃᔨᕋᖅᑐᖅᓗᑎᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ ᐃᒪᓐᓇ ᐃᓅᓕᓴᐃᓂᕐᒨᖏᑦᑐᖅ ᑭᓯᐊᓂ ᓇᖕᒥᓂᖅ ᐃᒻᒥᒨᖓᔪᖁᑎᖕᒥᓂᒃ ᐃᓚᔮᖏᓐᓂᓪᓘᓐᓃᑦ.

Those are some additional examples of breaches that we saw in the course of our audit.	ᑖᒃᑯᐊ ᑕᕝᕙ ᑐᑭᓕᐅᕈᑎᒋᔪᓐᓇᖅᑕᒃᑲ ᓱᖃᐃᓂᐅᔪᓂᒃ ᑕᕝᕙᓂ ᑭᒡᓕᓯᓂᐊᖅᐸᓪᓕᐊᓪᓗᑕ.
Chairperson: Thank you, Mr. Dickson. If you reply "thank you" after, then the guy knows to change the mic, if you don't mind. Mr. Mikkungwak.	ᐃᒃᓯᕙᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᑎᒃᓴᓐ. ᖁᔭᓐᓇᒦᖅᑲᑦᑕᕈᕕᑦ ᑖᓐᓇ ᐅᖃᓪᓚᐅᑎᓕᕆᔨ ᖃᐅᔨᒪᓂᐊᖅᒪᑦ. ᒥᔅᑕ ᒥᑭᙳᐊᖅ.
Mr. Mikkungwak: Thank you, Madam Chairperson. Again to the privacy office. During your September 13, 2016 appearance before this Standing Committee, you had stated that you did not visit health centres outside of Iqaluit during the course of your audit. Did you receive any input from or conduct any interviews with individuals from health centres outside of Iqaluit? Thank you, Madam Chairperson.	ᒥᑭᙳᐊᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᒃᑯᐊ ᑲᙳᓇᖅᑐᓕᕆᓂᖅᒧᑦ ᑲᒥᓯᓇ. ᑕᐃᒪ ᓯᑎᐱᕆ 13, 2016 ᓵᑎᓐᓃᑎᓪᓗᑎᑦ ᑖᒃᑯᐊ ᑲᑎᒪᔩᖁᑖᑦ ᐅᖅᑲᓚᐅᖅᓯᒪᒪᒐᕕᑦ ᐳᓛᕆᐊᓚᐅᖖᒋᓇᕕᒡᒎᖅ ᐋᓐᓂᐊᕕᖕᓂᒃ ᐃᖃᓗᐃᑦ ᓯᓚᑖᓄᑦ ᑭᒡᓕᓯᓂᐊᖅᐸᓪᓕᐊᓪᓗᑎᑦ. ᐅᖃᐅᔾᔭᐅᓚᐅᖅᐲᑦ ᓇᓕᐊᖕᓂᒃ ᐊᐱᖅᓱᖅᑕᓚᐅᖅᐱᓪᓘᓐᓃᑦ ᐃᓄᖕᓂᑦ ᐋᓐᓂᐊᕕᐅᔪᓂᑦ ᐃᖃᓗᐃᑦ ᓯᓚᑖᓂ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Keenan Bengts.	ᐃᒃᓯᕙᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙳᐊᖅ. ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. No, our focus for this audit was the hospital. We talked about the communities and the challenges within the communities that not even Iqaluit has. The communities have far more challenges, but our focus on this audit was the Qikiqtani hospital. Thank you.	ᑮᓇᓐ ᐸᐃᖕᔅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐋᒡᒐ, ᑕᐅᑐᒡᒐᓪᓗᐊᑕᕆᔭᐅᑎᒍᓕ ᑕᕝᕙᓂ ᑭᒡᓕᓯᓂᐊᖅᑐᑕ ᑖᓐᓇ ᐋᓐᓂᐊᕕᒃ. ᓄᓇᓖᑦ ᐅᖃᐅᓯᕆᖅᑲᑦᑕᓚᐅᖅᑕᖁᓗᐊᕗᑦ ᐊᒃᓱᕈᕐᓇᕐᓂᖏᓪᓗ ᑕᒪᒃᑯᐊ ᓄᓇᓕᓐᓂ. ᑕᒪᒃᑯᐊ ᐊᒃᓱᕈᕐᓇᖅᑐᒃᑰᕐᓂᖅᓴᒻᒪᓇᐅᖅᑲᑦᑕᕐᒪᑕ ᐋᓐᓂᐊᕖᑦ ᐃᖃᓗᐃᑦ ᓯᓚᑖᓂ. ᑖᓐᓇᓕ ᑕᐅᑐᒡᒐᓪᓗᐊᑕᓚᐅᖅᑕᕗᑦ ᐃᖃᓗᖕᓂ ᐋᓐᓂᐊᕕᒃ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thanks Ms. Keenan Bengts. Mr. Mikkungwak	ᐃᒃᓯᕙᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᔅᑕ ᒥᑭᙳᐊᖅ.
Mr. Mikkungwak: Thank you, Madam Chairperson. Again to the office of the privacy commissioner. During your September 13, 2016 appearance before this Standing Committee, you had stated that you "had a hard time getting some of the policies that we asked for" from the Department of Health and that you discovered "through another source, that there was a set of privacy directives that	ᒥᑭᙳᐊᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᒃᑯᐊ ᑲᙳᓇᖅᑐᓕᕆᓂᖅᒧᑦ ᑲᒥᓯᓇᒧᑦ ᓱᓕ. ᑕᐃᒪ ᓵᑦᑎᓐᓃᑦᑎᓪᓗᑎᑦ ᓯᑎᐱᕆ 13, 2016 ᑲᑎᒪᔩᖁᑖᑦ ᓵᙵᓃᑦᑎᓪᓗᑎᑦ ᐅᖅᑲᓚᐅᖅᓯᒪᒪᒐᕕᑦ ᑕᐃᒪ ᐊᑐᐊᒐᐃᒡᒎᖅ ᐱᔪᒪᓇᓱᒃᑲᓗᐊᖅᖢᑎᑦ ᐱᔪᓐᓇᐃᓪᓕᐅᖅᑲᖅᑲᑦᑕᓗᖃᕕᑎᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᓐᓂᒃ ᐊᒻᒪᓗ ᑕᒪᒃᑯᐊ ᐊᐱᖅᑯᑎᒋᓚᐅᖅᑕᑎᑦ ᖃᐅᔨᓚᐅᖅᖢᑎᑦ ᐊᓯᐊᓂᒃ ᐃᒪᓐᓇᓂᖔᒃ ᐃᒻᒥᒨᖓᔪᒥᒃ ᒪᓕᒐᖅᑕᖃᖅᓱᐊᖅᖢᓂ

had been drafted some years ago" that you did not receive from the Department of Health, who should have provided them when you had asked if there were privacy policies in place.	ᑎᑎᕆᖃᑕᐅᓯᒪᔨᓂᒃ ᐊᕆᑦᔪᒍᓴᐅᓕᐅᕐᖃᒃᑐᓂᒃ. ᑕᒃᑯᓇᖅᖁᓪᓗ ᐊᐟᓂᐊᕆᒃᖢᖅᖁᑎᑕᒥᓕᔭᐅᓂᖅᓂᒃ ᐱᓕᐅᖅᖁᓕᒫᑦ. ᑕᒃᑯᓇᖅᖁᓪᓕᓂ ᐊᑐᐃᖅᓇᐅᑎᑕᐅᔪᓕᐊᖃᓕᐅᕆᕕᒃᑕ ᑐᓴᓯᓚᑎᓪᓗᑎᑦ ᑕᒪᒃᑯᐊ ᐊᑐᐊᓚᕆᓂᒃ ᐱᑕᕆᒪᖅᓯᓂ.
Did you experience any other instances of resistance or lack of cooperation from either the hospital or the department during the course of your audit? Thank you, Madam Chairperson.	ᖃᐅᔨᔪᕆᒃᑲᖅᓂᕆᓕᐅᖅᐲᑦ ᓄᕆᓗ ᖃᑭᐱᓗᖅᓯᐅᔨᔪᓂᒃ ᐅᖅᓯᓗᖅᓂᒃ ᐃᑲᕐᒪᑕᑎᐊᖅᑕᑐᓂᒃ ᐊᐟᓂᐊᕆᒃᖢᖅᖁᓕᒫᑦ ᐅᖅᓯᓗᖅᓂᒃ ᐊᐟᓂᐊᕆᒃᖢᖅᖁᓕᒫᑦᑕᓕᕐᒪᑦ ᐱᓕᓕᖅᕐᕕᓂᓂ ᑭᒃᓕᓄᓂᐊᕆᖅᐸᑦᓕᐊᑦᓗᑎᒃ? ᖃᐄᔪᓕᒻᒥᒃ, ᐃᒃᓄᐅᕈᑦᑕᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Keenan Bengts.	**ᐃᒃᓄᐅᕈᑦᑕᖅ** (ᑐᐃᓵᓚᑎᑦ): ᖃᐄᔪᓕᒻᒥᒃ, ᒥᔭᑦ ᒥᑭᓕᕐᒪᐊᖅ. ᒥᔭᑦ ᑭᓕᓕ <ᐃᕐᓴ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. The department will have to correct me if I'm wrong. I think that we were not provided with a copy of the directives because, quite simply, they were never enforced. I suppose, I'm guessing that for that reason the department felt that they were not relevant to our review; they weren't enforced.	**ᑭᓕᓕ <ᐃᕐᓴ** (ᑐᐃᓵᓚᑎᑦ): ᖃᐄᔪᓕᒻᒥᒃ, ᐃᒃᓄᐅᕈᑦᑕᖅ. ᑕᒃᑯᐊ ᐱᑕᓗᐹᑦ ᐊᐟᓂᐊᕆᒃᖢᖅᖁᓕᒫᑦᑕᓕᕐᒪᑦᑕᐅᓂᖅ, ᑕᒪᒪᕈᒪ ᐅᖅᑲᐅᖅᐅᓂᐊᕆᒃᑲᓴᖅ, ᑕᐃᒪ ᐊᐟᔪᓴᓕᓂᒃ ᐊᐟᓇᓴᓄᐅᓂᒪᔨᑦ ᑐᓂᔪᐅᓕᐅᖅᑯᓴᖅᑕᒧᑦ ᓄᕆᑲᐃᓱᒪ ᒪᑕᒃᑕᐅᑎᑕᐅᑕᓕᐅᖅᓄᓕᕐᒪᓕᕐᓂᒪᒪᑕ. ᐊᒪᒪᓗ ᓇᓕᐅᑦᑕᑐᐃᓐᓇᖅᑐᖓ ᑕᐃᒪᓐᓇ ᐱᔨᔪᑎᖅᑲᖅᑯᓴᖅᖢᑎᒃ ᐊᐟᓂᐊᕆᒃᖢᖅᖁᓕᒫᑦᑕᓕᕐᒪᑦᑕᐅᓂᖅᓂᒃ ᐊᑐᑎᖅᑲᑎᑦᑎᖅᑯᓴᖅᖢᓕᓂᐊᕐᓂᒪᒪᑕ ᒪᑕᒃᑕᐅᑎᑕᐅᑕᓕᐅᖅᓄᓕᕐᒪᓕᕐᓂᒪᓕᕐᓂᓕᑦ.
We discovered them in conversation with others who had heard about them and who had heard that there had been some directives created, and then we asked for them and received them. I wouldn't say there was resistance. I think they were probably simply overlooked because they weren't in effect and they weren't being used.	ᖃᐅᔨᔪᖃᓕᐅᖅᑕᕐᓂᒃ ᐅᖅᑲᖅᑎᖅᑲᖅᑕᐊᕆᓕᐊᑦᓗᑕ ᐊᓯᖏᓐᓂᒃ ᑐᓴᕐᒪᐊᓯᒃ ᑕᒪᒃᑯᓂᖓ ᑐᓴᖅᓯᒪᔪᓗᑐᓂᓗ ᒪᑕᑎᐊᑕᓂᖓᔪᖅ ᓴᖅᑭᑎᓂᔪᖅᑲᐅᖅᓄᓕᕐᒪᔨᐅᓗᐊᖅ ᑐᓴᕆᓚᑦᑎᔪ ᐱᑕᑕᐃᓐᓇᖅᑐᑦ ᑭᐅᔪᑦᑐᓂᒃ ᐅᖅᑲᐅᖅᑐᓂᒃ ᑕᑯᔨᐅᓕᐅᖅᑲᖅᓯᒪᓕᕐᒪᑦ ᐅᖅᑲᐅᖅᑐᓂᒃ ᐊᐟᓂᐊᕆᒃᖢᖅᖁᓕᒫᑦᑕᓕᕐᒪᑦᑕᐅᓂᖅᓂᒃ ᐊᐟᔨᑎᖅᑲᖅᑯᓴᖅᖢᑎᒃᓴᖅᑕᐅᓂᖅᓂᒃ ᐊᐟᔨᑎᖅᑲᖅᑯᓴᖅᖢᓕᓂᐊᕐᓂᒪᒪᑕ ᒪᑕᒃᑕᐅᑎᑕᐅᑕᓕᐅᖅᓄᓕᕐᒪᓕᕐᓂᒪᓕᕐᓂᓕᑦ.
Did we have any other resistance? I would say no. I think we had pretty good cooperation throughout. Like I say, we had some issues at some points in connecting, but once we connected, we were able to have really good, fulsome conversations and I think everyone was very straightforward in dealing with us. Thank you.	ᐃᒪᓐᓇ ᖃᐅᔨᓴᓂᖅᑕᖃᖅᑲᓂᕆᓕᐅᖅᓯ? ᐊᑲᓚᐅᖅᑯᖅᑐᓂᖅ ᐃᑲᐅᕐᓂᑎᐊᓕᐅᖅᑐᓂ ᑕᒃᑯᐊ. ᐃᒪᓐᓇ ᐃᓕᐅᖅᑕᐅᕈᑎᑕᖃᓕᒫᖅᑐᑦᑎᓕᐊᑦ ᑐᓴᕆᒪᑦᑎᐊᖅᑐᑦ ᐅᓂᒃᑳᖅᓯᒪᓕᕐᒪᑦ ᐃᒪᓐᓇ ᐊᑭᖅᑎᑎᑦᑎᐊᕈᓐᓇᖅᑕᑦᑕᓕᐅᖅᑕᕐᓂᒃ. ᑕᐃᒃᑯᐊᓗ ᐅᖅᑲᒪᑦᑎᐊᖅᑐᓕᐅᖅᓄᓕᕐᒪᑦ ᐅᓂᒃᑳᑎᑦᑎᓂᒃ ᐱᓕᕐᒪᑎᓪᓗᑎᑦ ᐃᒃᓄᐅᕈᑦᑕᖅ. ᖃᐄᔪᓕᒻᒥᒃ.	**ᐃᒃᓄᐅᕈᑦᑕᖅ** (ᑐᐃᓵᓚᑎᑦ): ᖃᐄᔪᓕᒻᒥᒃ, ᒥᑊ ᑭᓕᓕ

Bengts. Next on my list is Mr. Enook.	<Δᖏᓴ. Ρᖏᒍᑦᓂᖅ ᐊᑎᖃᐱᓐᓂᑦᑐᖅ ᒥᓴᑕ Δ.ᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. Let me first ask you if we can go back to the opening comments. Okay.	**Δ.ᓄᒃ**: ᖃᐅᔨᓐᓇᒋᒃ, Δᒃᓯᕐᐅᐅᑦᑕᖅ. Δᒃᓯᕐᐅᐅᑦᑕᖅ, ᐊᐱᑲᖅᑲᓇᐅᔭᓂᑎᑦ ᐅᐃᓇᓐᓴᖅᑕᐅᔭᖅᑲᐅᔪᓄᑦ ᐅᑎᓇᐅᑲᐃᓐᓇᖅᓯᓇᖅᑐᑦ ᐊᐱᑲᔪᓐᓇᖅᓯᓚᐅᖅᓯᒪ. ᐊᐱᑲᔪᓐᓇᖅᑐᖅᓯᖅ.
Thank you, Madam Chairperson. Good afternoon, Ms. Keenan Bengts and the Nunavut government representatives. Welcome.	ᖃᐅᔨᓐᓇᒋᒃ, Δᒃᓯᕐᐅᐅᑦᑕᖅ. ᐅᓐᓄᓴᒃᑯᑦ, Ρᓇᓐ <Δᖏᓴ ᐊᓚᒪᓗ ᓄᓇᕗᑦ ᓴᕐᒪᒃᑯᓐᓂᖏᖅᑲᓴᕐᓚᔪᑦ. ᑐᓐᖏᓴᓯᑎᑕᑎ. ᐅᑯᐊᐃ ᑐᑭᓯᑎᐊᕈᒪᔭᒃᑲᒃ ᒪᖅᑲᒃ. Ρᓇᓐ <Δᖏᓴ ᐅᓂᒃᑲᑎᐊᕐᔅᓂᓂᖅᓂ.
I would like clarification on page 2 of Ms. Keenan Bengts' opening comments. In the first paragraph it states that "Nunavut does not have standalone health privacy legislation." It's something that I should already know, but since there is no standalone health privacy legislation, what does the Qikiqtani General Hospital use presently? Do they use something that was grandfathered from the Northwest Territories? Can you remind me? Thank you, Madam Chairperson.	ᒪᒃᐱᖅᑐᒍᖏᓂᓂ 2 ᐅᓇ ᐅᖅᑲᐅᓯᖅᑲᖅᑐᖅ <ᑦᓂ ᑎᑎᕆᓇᐊᓕᓴᖅᖏᓂᓂ. ᐅᓇᒍᖅ Δᓯᒪᑎᖅᑲᓯᐅᓯᒪᓴᕐᓇᐊᖅᑲᖅᒪᑦ ᒧᓐᓇᐅᔭᖅ ᓄᓇᕗᑦ ᓇᖏᒥᓂᖅ ᐊᑲᓐᓂᖅᑲᓇᓐᖑᑎᑦᑕᑐᓂᒃᑯᓕᑦ ᑐᓴᖅᑕᐅᔾᔨᓇᐊᖅᑲᖅᑎᓐᓂᑦ ᐱᖅᑯᓂᖅ ᐱᑕᖅᓐᖑᒪᒪᑦ. Δᖅᑲᐃᑎᑲᐃᓐᓇᓐᖏᓂ ᖅᑲᐅᔾᒪᑦᑐᐊᕆᑲᖅᑲᒪᔪᖅᑐᑦ, Δᖅᑲᐃᑎᑲᐃᓐᓇᓐᖏᓂ. Ċᓴᓯᒧᓐᓄ Δᒪᒥᑲᑯᑦ ᖅᑲᐅᔾᒪᔪᐅᑕᐃᓕᓴᖅᑎᑦ ᖅᑲᐅᔾᒪᔪᐅᔾᔨᐊᖅᑲᓐᖑᕐᑐᓗᓕᓴᒃᓗ ᐱᖅᑯᖅᑕᖅᑲᓐᖑᑎᓪᓗᐊ ᒧᓐᓇᒃᓕ ᑭᓯᒥ, ᓯᖅᓗ ᖃᑭᖅᑕᓂ ᐊᓈᓐᓇᐃᓕᓴᕐᓗ ᐅᓐᓄᖅᑕᖅᑐᓂ ᐱᖅᑯᓂᖅ ᐊᑎᖃᐱᓐᓂᑦᑐᖅ? Δᖅᑲᐃᑎᒃᑲᓂᕆᐅᖅᑲᓐᖑᑎ? ᖃᐅᔨᓐᓇᒋᒃ, Δᒃᓯᕐᐅᐅᑦᑕᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Keenan Bengts.	**Δᒃᓯᕐᐅᐅᑦᑕᖅ**: ᖃᐅᔨᓐᓇᒋᒃ, ᒥᓴᑕ Δ.ᓄᒃ. ᒥᓵ Ρᓇᓐ <Δᖏᓴ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. Right now the legislation which applies is the *Access to Information and Protection of Privacy Act*. That, however, is an Act of general application and it really doesn't recognize the very complex health system and the way in which health information must be used and shared in order to provide good health services.	**Ρᓇᓐ <Δᖏᓴ** (ᑐᐃᓵᓕᑎᔪᑦ): ᖃᐅᔨᓐᓇᒋᒃ, Δᒃᓯᕐᐅᐅᑦᑕᖅ. Ḷᓐᓇ ᑕΔᓐᓇ Lᓕᑦᒪᖅᑯ ᐊᑐᖅᑐᖅᑯ ᑕΔᓐᓇ ᑐᐊᔾᔨᒪᓴᕐᔭᖅ *ᐊᑐΔᓐᓇᖅᑲᖅᓂᔪᑦ Δᓗᒥᒧᐃᖏᔨᓪᓗ ᑲᓐᓴᓇᖅᑐᑐᐅᔾᔨᐊᖅᑲᖅᓂᖏᓐᓄᑦᓂ Lᓕᑦᒪᖅᑯ* ᑕΔᓐᓇ ᐊᑐᖅᑕᑦᖅᑕᐅᑦ Δᓕᓴᖅᓯᒪᓐᓄᑐᑦᑕᖅᑐᑦ ᐊᓐᓇᖅᑕᖅᑐᑦᑕᖅᑐᑦ ᑐᑭᓯᑎᐊᕈᒪᔭᒃᑲᒃᑯᑦ. ᐃᓕᓴ ᑕΔᓐᓇ ᐊᑐᖅᑕᐅᖅᑲᖅᑕᕆᐊᖅᑲᖅᑎᑦ ᐊᑎᒪᓗ ᐊᒥᖅᑲᖅᑕᐅᖅᑲᖅᑎᑦ ᑕᑭᓴᓇᓂᖅ. ᐃᓕᓴ ᑕΔᓐᓇ ᐊᑐᖅᑕᐅᖅᑲᖅᑕᕆᐊᖅᑲᖅᑎᑦ ᐊᑎᒪᓗ ᐊᒥᖅᑲᖅᑕᐅᖅᑲᖅᑎᑦ ᑐᑭᓯᑎᐊᕈᒪᔭᒃᑲᒃᑯᑦ.
For one example, the *Access to Information and Protection of Privacy Act* requires that when consent is required for the collection, usage, or disclosure of personal information, there must be express consent, whether that be written consent or oral consent.	ᓯᓂᓗ ᐅᒃᑐᑎᑎᒋᓗᒍ ᐊᑕᐅᓯᖅᑲ, ᑐᓴᐅᒪᔭᓇᖅᑐᑐᐅᔾᔨᐊᖅᑲᖅᓂᖏᓐᓄᑦᓂ Lᓕᑦᒪᖅᑯ ᐊᒥᖅᑲᖅᑕᐅᖅᑲᖅᑎᑦ ᐊᑐᖅᑕᐅᖅᑲᖅᑕᕆᐊᖅᑲᖅᑎᑦ ᐊᑎᒪᓗ ᐊᑎᖃᐱᓐᓂᑦᑐᖅ ᐅᓴᐊᓂ ᑕΔᒃᑯᐊ ᓴᖅᑭᑕᐅᔾᔨᐊᖅᑲᓇᐃᖏᓐᓄᑕ ᑎᑎᕆᓇᐊᓕᓴᖅᖏᓂᓂ ᐅᓴᐊᖅᑕᐅᖅᑲᖅᑕᕆᐊᖅᑲᖅᑎᑦ ᐊᑎᒪᓗ ᐊᑎᖃᐱᓐᓂᑦᑐᖅ ᐅᓴᐊᖅᑕᐅᖅᑲᖅᑕᕆᐊᖅᑲᖅᑎᑦ ᐊᑎᒪᓗ ᐊᑎᖃᐱᓐᓂᑦᑐᖅ.

Within a hospital setting, quite frankly, they rely on implied consent all the time. If you go into a hospital, they imply the fact that you have agreed to your information going from the receptionist to the nurse, to the doctor, to the specialist, to the lab, to the pharmacist, and all of those things.	ᐊᐢᓂᐊᕕᖏᑦ ᑕᑯᐢᓇᖅᓗᒍ ᐊᖏᑎᕆᓂᕐᔪᐊᕈᑐᓇ ᑕᐃᒪᐃᓕᖏᑐᐃᓇᖅᑎᓂᕐᒪᑕ ᐊᒻᒪᓗ ᑕᐃᑲᑯᐊ ᐃᓄᖏᔨᓪᓚᑦ ᑐᖅᑯᓂᖅᑕᐅᖏᓐᓇᖅᓂᓂ ᐱᓕᐅᔪᖅᓭᓕᖅ>ᖅ, ᓴᖅᑕᔨᖅᑕᐅᖅᓭᖅ>ᖅ, ᐊᐅᖏᑎᖅᓯᕕᒻᒧᖅᑕᐅᖅᓭᖅ>ᖅ, ᐊᓯᐊᓄᓪᓗ ᓄᖅᑎᖅᑕᐅᕐᖅ.
Under our current law, the *Access to Information and Protection of Privacy Act*, all that exchange of information is frankly contrary to the Act. The ATIPP Act simply does not recognize the way information needs to flow within a health setting. Thank you, Madam Chairperson.	ᑭᓯᐊᓂ ᑕᒪᖅᑯᐊᓕᒫᑦ ᑕᑯᐢᓇᖅᓗᑎᑦ ᓯᖅᑯᒥᑎᑐᕐᖅ ᒪᓕᑎᒥᖅ ᐃᓕᓴᕆᐅᕐᓯᒪᐢᑎᒪᒃᑯᒪᓕᑕ ᐃᒻᒧᒧᖓᔨᖅ ᖃᐅᔨᓴᖅ ᐊᐅᓚᓂᖃᖅᑎᖅᓯᖅᓱᒋᑕ ᓇᓂᑐᐃᓇᖅ. ᖃᐅᖅᓇᒧᖅ, ᐃᖅᓯᐊᐅᑦᖅ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Dickson, did you want to add to that?	**ᐃᖅᓯᐊᐅᑦᖅ** (ᑐᓴᕕᑎᒍᑦ): ᖃᐅᖅᓇᒧᖅ, ᒥᔪ ᑭᓇᐢ <ᐃᐢᔪ. ᒥᔪᑕ ᑎᖅᓴᐢ, ᐃᓕᒪᐊᖅᖅᓂᕈᒪᓇᐃᐅᖅ?
Mr. Dickson: Yes. Thank you, Madam Chairperson. Just to supplement, I think it's important to note that since Canadian provinces entered into a document, the pan-Canadian framework for health privacy and confidentiality back in I think about 2001, all the provinces and I assume territories, I'm not sure, but all the provinces except for Quebec and Saskatchewan signed onto this. This pan-Canadian framework called for each jurisdiction to develop a standalone health information law for the reasons that the commissioner has explained.	**ᑎᖅᓴᐢ** (ᑐᓴᕕᑎᒍᑦ): ᐃ. ᖃᐅᖅᓇᒧᖅ, ᐃᖅᓯᐊᐅᑦᖅ. ᑕᐢᓇ ᐃᓕᒪᐊᖅᖅᓂᑐᐃᐢᓇᓪᓗᒍ, ᐅᓪᓗᓚᑎᑎᐊᓚᐊᖅᖅᑯᖅᑐᒍᑦ ᑲᓇᑕᒥ ᑲᕐᓕᓚᖅᖃᓄᖅᑯᐊ ᑎᑎᖅᑲᓂᖅ ᑲᖅᑭᑎᖅᑕᑦᓕᒪᑕ ᐊᒻᒪᓗ ᐊᖏᑭᑎᖅᑲᖅᓯᒪᔪᓕᐢᑎᖅᑲᖅᓂᖅᑭᑦ. 2001-ᒥᓂᐅᖅᑯᑦᖅᑐᖅ ᑲᕐᓕᓚᖅᖃᐊᓕᒫᑦ ᑲᑯᓕᒥ ᐊᒻᒪᓗ ᓄᓇᕋᓚᖅᐳᖅᓴᖅ, ᐱᐢᖏᑭᑕᑐᐊᓚᓪᓗᒍ ᑯᐢᑦ ᐊᒻᒪᓗ ᓴᓵᑲᓕᓂᐢ ᐊᑎᓪᐅᓚᖅᑕᐅᓪᐅᖅᓯᒪᔪᓕᐢ. ᑲᓇᑕᓪᒫᒥ ᐊᑐᓪᐅᖅᑯᑦᖅᑐᖅ ᒪᓕᑎᒥᖅᑲᖅᓂᖅᑭᑦ ᐱᐢᖏᑭᑕᑐᐊᓚᓪᓗᒍ ᑯᐢᑦ ᐊᒻᒪᓗ ᐃᒪᓕᖅᑯᑦᖅᑐᖅ ᒪᓕᑎᒥᖅᑲᖅᓂᖅᑭᑦ ᐱᓕᕆᔨᖅᑐᖅ ᓴᖅᑭᑎᓗᖅᑭᑦ ᒪᓕᓴᐃᓕᖅᑐᖅ.
As things stand today, every province in Canada as well as the NWT and Yukon either have a standalone health information law or have one that's waiting to be proclaimed. British Columbia and Nunavut are the only outliers. I guess I'm sorry to tell you that BC is about to join the club and the government has announced that they will develop a standalone health information law. It's	ᑲᓇᒪᖅᑯᐊᓕᒫᑦ ᑲᑯᑕᒥ ᐊᒻᒪᓗ ᓄᓇᕋᓯᐊᖅᑐ ᓱᐅᓐᓗ ᑕᐃᒪᐃᓕᑦᖅᑎᖅᑐᑦ ᐃᒪᓕᐅᑦᖅᑐᖅᓄᑦ ᐱᖅᓯᔨᐊᖅᓄᑦ ᐅᓇᓱᓐᓂᑦ ᐊᖏᑎᖅᑕᐅᓯᔨᑦ. ᓴᓚᑎᖅ ᑲᓕᒪᐱᐊᐊ ᐊᒻᒪᓗ ᓄᓇᕋᑐᐊᓚᑦᑎᐊᖅ ᑕᐃᒪᐃᓕᑦᖅᑎᖅᑐᑦᑐᐊᖅᑐᑦ ᒪᒋᐊᓇᖅᑐᖅ. ᑕᐃᓐᓇ ᓴᓚᑎᖅ ᑲᓕᒪᐱᐊᐊ ᐱᖅᓯᔨᐊᖅᑕᒡᓗᓯᓯᐊᖅ ᐃᒪᓕᖅᑯᑦᖅᑐᖅ ᐊᐢᓂᐊᖅᑎᖅᓇᓐᓂᓐᓂᐊᖅᑐᖅ ᓴᖅᑭᑎᓂᐊᖅᓱᑦ,

really for all reasons that the commissioner explained.	ᑲᒥᓯᓇᐅᑉ ᐅᖃᐅᓯᕆᖅᑲᐅᔾᔨᑦ ᐱᔾᔪᑎᒌᓪᓗᒋᑦ.
As I think we have discussed with health officials in the past, the commissioner is as concerned with privacy paralysis as she is with privacy breaches. The concern is that if health information isn't moving appropriately and quickly between different providers involved in providing service, there are risks to patients and risks to health. I think that's why all of these other jurisdictions have moved to a standalone health information law that specifically enables ease of sharing of personal health information between all people involved in providing diagnosis, treatment, and care to Canadian patients. Thank you.	ᐅᖃᓪᓚᖃᑎᒌᓪᓗᑎᒃᑯᑦ ᑕᐃᒃᑯᐊ ᐃᓅᓕᓴᐃᔩᑦ ᐃᓱᒫᓘᑎᒋᔭᐅᖃᑦᑕᕐᒪᑕᐅᑯᐊ ᑖᔅᓱᒨᖓ ᑲᒥᓯᓇᒧᑦ ᓱᕐᑯᒥᑦᑎᖃᑦᑕᖅᑐᓂᓗ. ᐅᓇ ᐃᓱᒫᓘᑎᒋᔭᕗᑦ ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᑐᕌᖓᔪᑦ ᐸᐃᑉᐹᑦ ᖃᕋᓴᐅᔭᒃᑰᖅᑐᓪᓗ ᓇᒧᕈᓗᔾᔭᖃᑦᑕᕐᒪᑕ ᐱᔮᑦᑎᖅᑎᓄᑦ ᑕᑯᔭᐅᖃᑦᑕᖅᑐᑎᒃ ᐊᒻᒪᓗ ᐅᓗᕆᐊᓇᕈᑎᒋᔭᐅᓕᕈᓐᓇᖅᑐᑎᒃ ᑕᐃᔅᓱᒨᖓ ᐃᓅᓕᓴᖅᑕᐅᔪᒧᑦ. ᑕᐃᒪᐃᑦᑑᕐᒪᑦ ᑲᓇᑕᒥ, ᒐᕙᒪᖃᖅᕝᕕᓕᒫᑦ ᑕᒪᕐᒥᒃ ᐱᖁᔭᕐᔪᐊᖃᓕᖅᑐᑦ ᐋᓐᓂᐊᖃᕐᓇᖏᓐᓂᓕᕆᓂᕐᒧᑦ ᑕᖅᑲᑐᐃᓐᓇᑎᐊᖅᑐᒥᑦ ᖃᓄᖅ ᑕᒪᒃᑯᐊ ᐃᒻᒥᒎᖓᔪᑦ ᐊᒥᖅᑳᖅᑕᐅᖃᑦᑕᕈᓐᓇᖅᓂᐊᕐᒪᖔᑦ ᐃᓅᓕᓴᐃᔨᓄᑦ ᒪᑯᓄᖓ ᔫᑦᑖᓄᑦ ᐊᓯᖏᓐᓄᓪᓗ ᐃᓄᓕᕆᕙᑦᑐᓄᑦ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Mr. Dickson. Can I just remind everybody please to slow down because we have interpreters and also to try to keep your answers brief because we have a lot of questions to get through? Thank you. Mr. Enook.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔩᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᑎᒃᓴᓐ. ᐃᖅᑲᐃᑎᑦᑎᕆᐊᒃᑲᓐᓂᑐᐃᓐᓇᖅᑐᖓ ᓱᒃᑲᐃᔾᔫᒥᓂᐊᖅᐳᓯ ᑐᓵᔨᖃᖅᑕ ᐊᒻᒪᓗ ᑭᐅᒡᒍᑎᑎᑦ ᓇᐃᓈᕆᐊᖑᔨᑦ ᐅᓄᖅᑐᐊᓗᓐᓂᒃ ᐊᐱᖅᑯᑎᒃᓴᖃᖅᑕ. ᖁᔭᓐᓇᒦᒃ. ᒥᔅᑕ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. While we are on this subject, I would like to ask a question regarding the opening comments of the Deputy Minister of Health.	**ᐃᓄᒃ**: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᕝᕙᓃᓐᓂᑦᑎᓐᓂᑦ ᐊᐱᕆᕚᕐᓇᕈᒪ ᐅᑯᐊ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᒥᓂᔅᑕᐅᑉ ᑐᖓᓕᖓᑕ.
It indicates that "since 2015-16 Health has been leading the necessary work to develop health-specific privacy legislation." Madam Chairperson, if you will allow me to ask a question, looking at the responses to the recommendations, it indicates that they will be bringing the legislative proposal forward or have it completed and submitted to the next government.	ᐅᓂᒃᑳᖅᑎᓂᑦ ᑎᑎᖅᓯᒪᒻᒪᑦ ᑖᒃᑯᐊᒎᖅ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᑕᐃᒪᙵᑦ 2015-16-ᒥᑦ ᐱᒋᐊᕐᕈᒍ ᐱᓕᕆᐊᖅᓯᒪᙵᑕ ᐊᒻᒪᓗ ᐋᖅᑭᒃᓯᐃᕙᓪᓕᐊᓯᒪᓪᓗᑎᒃ ᐃᒻᒥᒃᑰᖅᑐᒥᒃ ᑐᓴᐅᒪᔭᐅᔪᓇᐊᖅᑲᓐᖏᓐᓂᖅᑐᑦ ᖃᓂᒪᖅᑲᖅᓈᖏᑦᑑᓕᖔᕙᒥᒃ ᐱᖅᑯᔅᓴᒥᑦ. ᐃᒃᓯᕙᐅᑖᖅ, ᐊᐱᕆᔪᓐᓇᕈᒪ ᐅᑯᐊ ᑭᐅᔾᔪᑎᖏᓐᓂᑦ ᐊᑐᓕᖁᔭᐅᓯᒪᔪᓂᒃ ᐅᖃᖅᓯᒪᙵᑦ ᑖᓐᓇᒎᖅ ᐊᑐᓕᖅᑎᑕᐅᓇᓱᒃᑐᖅ, ᓴᖅᑭᑕᐅᓂᐊᖅᑐᖅ ᐅᕙᓗᑭᐊᖅ ᐱᔭᕇᖅᓯᒪᓕᖅᑎᑕᐅᓂᐊᖅᑐᖅ ᒪᓕᒐᓕᐅᖅᕕᖕᒧᐊᙱᖅᑐᖅ ᑭᖑᓪᓕᖅᒥᑦ ᒐᕙᒪᐅᓂᐊᖅᑐᒥᑦ.
If I can ask this question, Madam Chairperson, is that statement still correct,	ᐊᐱᕆᔪᓐᓇᕈᒪ ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᓱᓕ ᐅᖃᐅᓯᖅᑕᖅ

that the legislative proposal will be submitted to the next government? Are there no other delays anticipated at this time? Thank you, Madam Chairperson.	ᑭᖓᓪᓕᒥᒃ ᑲᓇᒪᐅᓂᐊᖅᑐᑐᒍᒪᔪᑦ ᓴᖅᑭᑕᐅᓂᐊᕐᓂᖓᓂ. ᓯᓚᓐᓄ ᑭᖓᓇᓕᐊᖅᓯᒪᔨᐱᑎᒃᓴᖅᑕᕐᖃᖅᓯᕐᓚᖅ ᐃᓐᓇᒪᑦ ᑎᑭᕐᓂᔪ? ᖃᐅᔨᓇᒋᒃ, ᐃᒃᓯᐅᐅᑦᓱᒃ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.	**ᐃᒃᓯᐅᐅᑕᖅ**: ᖃᐅᔨᓇᒋᒃ, ᒥᔭᑕ ᐃᓄᒃ. ᒥᔭ ᓯᑦᒃᓚ.
Ms. Stockley: Thank you, Madam Chairperson. Right now Health is leading a committee with representation from across the department with Justice. The committee is developing a legislative proposal as well as developing a list of privacy-related activities that can be undertaken in the absence of the legislation.	**ᓯᑦᒃᓚ** (ᑐᐃᓕᑎᒍᑦ): ᖃᐅᔨᓇᒋᒃ, ᐃᒃᓯᐅᐅᑦᓱᒃ. ᐃᓐᓇ ᐊᐃᓂᐊᖅᑲᓇᕐᓂᕐᑐᑕᓪᓕᒃᑯᑦ ᑲᑎᒪᓕᕋᓱᒃᑲᓂᕐᓗᒃ ᒪᓕᑕᓪᓕᒃᑯᑦ ᐃᓕᓴᕐᓂᐊᓕᓕᒫᑦ ᒪᓕᐊᓇᖅ ᒪᓕᑐᑕᓪᓕᒃᑯᓂᓕᓂᒃ ᐊᐃᖅᑭᑎᓯᐊᕐᓂᖅᑐᑐᒃᑯᑦ ᒪᓕᑐᑕᓪᓕᒃᑯᓂᓕᓂᒃ ᐊᒻᒪᓗ ᐃᓕᒥᔪᓂᓕᒃ ᑐᓴᕐᓂᐊᓕᓕᒫᑦ ᐃᓕᑕᐅᓵᖅᑲᓂᒃ ᐊᒻᒪᓗ ᑭᑦᑕᓯᐊᖅᑎᑦ ᐃᓐᓇᒪᑦ ᐊᐃᖅᑭᑎᐊᖅᓯᒪᔪᑦ ᒪᓕᑐᕐᑎᑦ.
As you are aware, it takes some time to get a piece of legislation through. Given the findings of the privacy commissioner, we wanted to make sure that we were doing something in the interim.	ᖃᐅᔨᒪᔪᓕᕐᓂᐅᑎᑦ ᐱᕆᔪᓕᖃᐅᓕᖅᖃᓕᖅᓇᖅᓯᒪᑦ ᒪᓕᑐᑕᐅᖅᑭᑦᑕᐊᓕᕐᓗᓂ. ᑲᓇᖅᓴᓇᖅᑐᑕᓪᓕᕐᓗᑦ ᑲᒥᓯᓇᐅᑦ ᖃᐅᔨᓴᖅᑎᑐᒍᑦ ᖃᐅᔨᓴᖅᑭᐅᓂᖅᑐᑐᒃᑯᑦ ᒪᓕᑐᑕᓪᓕᖅᑕᖅᑎᖅᓯᒪᓂ.
We expect that the legislative proposal will be submitted at the beginning of the next government. That is our work plan and that is what we are working very hard toward. Thank you, Madam Chairperson.	ᑲᖓᓪᓕᒥᒃᑐᑦ ᑕᐃᖅᑯᐊ ᐱᑎᐊᓕᓵᖅᑭᑕ ᖃᐅᔨᓇᒋᒃᑲᓇᕐᓂᖓᓂᑕᓪᓕᕐᓗᑦ ᑐᑦᓴᓇᒥᑦ ᐱᖁᑯᓇᖅᑐᑦ. ᖃᐅᔨᓇᒋᒃ, ᐃᒃᓯᐅᐅᑦᓱᒃ.
Chairperson: Thank you, Ms. Stockley. That is good to hear. Mr. Enook.	**ᐃᒃᓯᐅᐅᑕᖅ** (ᑐᐃᓕᑎᒍᑦ): ᖃᐅᔨᓇᒋᒃ, ᒥᔭ ᓯᑦᒃᓚ. ᐊᑦ, ᑐᑭᓯᒥᓇᖅᑐᖅ. ᒥᔭᑕ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. Thank you for that response. On page 2 of the Ms. Keenan Bengt's opening comments in the last paragraph, if you will allow me, I would like to ask a question to the Department of Health.	**ᐃᓄᒃ**: ᖃᐅᔨᓇᒋᒃ, ᐃᒃᓯᐅᐅᑕᖅ. ᐅᓇ ᑭᓇᐅ <ᐃᓐᓴ ᐅᓂᒃᑲᒥᐊᐃᓂᓐᖅᓂᕐᓂᑐᓂᒃ ᓯᓕ ᓴᒃᐱᖅᑐᒍᓐᓇᖅᑐᑦ 2, ᐊᑦᓕᖅᓴᓐᖅᓂᕐ ᐅᓂᒃᑲᓕᐊᓐᖅᓂᕐ ᐊᐱᓚᔨᐅᓕᕐᓂᑭᒪᒪ. ᐊᐅᓂᐊᖅᑲᓇᕐᓂᑐᓂᒃᑲᓚᑦᓄᓇᕐᑕ ᐊᐱᓚᑎᑦᑐᐅᓇᑭᓐᓇ ᐅᒥᖓ.
Ms. Keenan Bengts states here several times that with the disclosure of documents, she wasn't getting any responses or comments on the report. For example, when the draft report was	ᖃᒃᓴᓯᖅᓯᖅᓴᓂ ᐅᑭᓂ ᑎᑎᕋᖅᓯᒪᓐᒪᑦ ᑭᓇᐅ <ᐃᓐᓴ. ᑕᒃᑯᐊᔪᖅ ᑎᑎᖅᒃᑦ ᓴᖅᑭᑕᐅᑭᑦᑕᐊᑎᓪᓗᑎᑦ ᑭᐅᓴᕐᓇᓐᓂᖅᓇᒥ ᐅᑭᐅᔭᕐᓇᖅᑕᑦᑕᒪᐅᓐᓂᖅᓇᒥ ᐅᕐᑭᑲᓐᓂᑦ ᑭᐅᔨᐊᑎᒃ ᐃᓄᖅᑲᖅᑕᑦᑕᒪᐅᓐᓂᒪᓕᒃ. ᑐᑭᓯᐅᑎᓪᓗᒍ, ᓯᑲᓪᓕᓴᕐᓂᖅᓱᒃ ᑕᒃᑯᐊ ᐅᓂᒃᑲᓕᐊᑦ ᑎᑎᕋᖅᑕᐅᓚᒪᑕ

provided to the Department of Health, they received no response or comments from the Department of Health. When the final report was submitted to the Legislative Assembly and to the Department of Health, there was no response from the department. Afterwards when the report was tabled in the Legislative Assembly, again, there was no comment from the Department of Health.	ᑐᓂᓴᐅᑦᓯᑎᓪᓗ ᐊᐟᓂᐊᕐᖃᖅᖁᓪᓚᕐᑕᑐᓵᓴᒃᑯᓐᓄᑦ, ᐊᐟᓂᐊᕐᖃᖅᖁᓪᓚᕐᑕᑐᓵᓴ ᑭᐅᓕᐅᓪᓚᕐᑕᑐᑦ. ᓯᐳᑦᓕᖅᖢᒋᔭᖅ ᐅᓂᒃᑲᓕᐊᖅ ᒪᓕᒐᓕᐅᕐᖃᐃᐅᕐᑦ ᐃᓗᐊᓄᑦ ᑐᓂᓴᐅᑦᓯᑎᓪᓚᕐᑕᑐᓵᓴᒃᑯᓐᓄᑦ, ᐊᐟᓂᐊᕐᖃᖅᖁᓪᓚᕐᑕᑐᓵᓴᒃᑯᓐᓄᑦ ᑭᐅᓕᐅᓪᓚᕐᑕᑐᑦ ᐊᒻᒪᓗ ᑭᖑᓂᓯᔪᓐᓇᐃᐅᕐᖃᐃᐅᕐᑦ ᐃᓗᐊᓂ ᐱᖁᒃᑯᕐᑕᓐᓇᐊᕐᑕᑐᓵᓴᒃᑯᓐᓄᑦ ᑭᐅᓕᐅᓪᓚᕐᑕᑐᓵᓴᒃᑯᓐᓄᑦ.
If you will allow me, Madam Chairperson, I would like to ask a question to the Deputy Minister of Health. Why is it that there was no response to the recommendations or was it because you were preparing to give us a response at the last week? Is it something that you're not concerned about when it is of a concern to Ms. Keenan Bengts? Thank you, Madam Chairperson.	ᐊᐱᑎᓵᖓᓕᒪ ᐃᒃᓯᖏᐅᑦᑐᖅ, ᐊᐟᓂᐊᕐᖃᖅᖁᓪᓚᕐᑕᑐᓵᓴᒃᑯᓐᓄᑦ ᑕᖏᓂ ᒥᓂᑕᐅᑦ ᑐᓴᒋᓕᖅᓯᓐᓄᑦ, ᖃᒃᓄᐃᒪᓕᑦ ᑭᐅᓕᐅᓪᓚᕐᑕᐃᓪᓕᓕᐅᖅᐱᓯ? ᐅᖏᖓᓄᑭᖅ ᑭᐅᓴᓕᑎᑕᐊᖏᓪᓂᒃ ᐱᓕᓯᐊᕐᓯᐅᓕᐅᖅᑐᒥᑦ ᓴᖅᑭᖅᑎᓀᓵᓂᕐᓂᑯᓯᒪᑦ ᑕᐃᑯᖓ <ᖁᓕᐳᓯᒪᓂᑯᓯᒪᑦ ᑭᐅᓕᐅᓪᓗᓪᓕᖁᓂᐅᖅᑕᓕᐅᖅᐱᓯ ᐅᖏᖓᓄᑭᖅ ᐃᓯᐃᓗᑎᓪᓗᓪᓕᐳᓯᐅᒃ, ᐃᓯᐃᓗᑎᕆᐅᓕᖅᑎᑦᓗᑐ ᑭᓇ <ᐃᓪᓯᒧᑦ ᑭᐅᕆᐅᓪᓚᕐᑕᖁᑦᑎᓂᓪᓚ ᐅᖁᐅᓯᐅᐳᖅᑲᓪᓚᕐᑕᓪᓗᓪᓚᓗᓐᓂᕐ? ᖁᑯᓪᓕᒋᒃ, ᐃᒃᓯᖏᐅᑦᑐᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.	**ᐃᒃᓯᖏᐅᑦᑐᖅ** (ᑐᐃᓴᓂᑐᒧᑦ): ᖁᑯᓪᓕᒋᒃ, ᒥᓵᑕ ᐃᓄᒃ. ᒥᓴ ᓯᑕᒃᑕ.
Ms. Stockley: Thank you, Madam Chairperson. We never did intend to leave it 'til the week before to respond to the privacy commissioner. We were working on all of our recommendations. I know that on this particular piece of work, we probably didn't respond as quickly as we should have, but we were moving fax machines, putting directives in place, and doing work that needed to be done to address some of the concerns.	**ᓯᑕᒃᑕ** (ᑐᐃᓴᓂᑐᒧᑦ): ᖁᑯᓪᓕᒋᒃ, ᐃᒃᓯᖏᐅᑦᑐᖅ. ᑕᐃᒪᓪᓕ ᐅᑕᖅᑭᐅᓂᑐᐃᓪᓕᕆᓚᐅᓪᓚᕐᑕᐉᑦ ᐱᓕᓯᐊᕐᓯᓴᒥ ᐊᑐᓵᖁᓪᓚᕐᑕᑐᓵᓴᒃᑯᓐᓄᑦ ᐱᓕᓯᐊᕐᓯᓴᒥ ᐱᓕᓕᓚᐅᓕᓯᒃᓯᒪᓚᐅᑦᑎᓂᒃᑯᑦ. ᑕᒪᑐᒪᓂ ᑭᐅᓕᐅᓪᓚᕐᑕᑐᓵᓴᒃᑯᓐᓄᑦ ᑭᐅᖏᓐᓄᐃᐅᓕᖅᑕᐉᖅᑐᓂᒃᑲᓕᐊᖅᑲᑕ, ᑭᓯᐊᓂ ᑲᒪᑎᓪᓕᓕᐅᖅᑕᐉᖅᑲᑕ ᑎᑕᐅᑭᑎᓂᓴᓄ ᐊᖏᖓᓄᑭᖅᑐᓂᒃᑲᓕᐊᖅᑲᑕ, ᐱᓕᕐᓂᒃᑲᓕᐊᖅᑲᑕ ᐱᓕᓯᐊᕐᓯᓴᒥ ᑕᒪᑦᑐᓴᒃᑯᓐᓄᑦ.
Normally, when we become aware of privacy breaches, I know the commissioner would agree that we quickly communicate with her. We don't normally miss any kind of deadlines and we take our work very seriously and are very respectful of the process. On this one we had a lot of work to do and a lot of things to look into, and unfortunately it	ᓯᓴᒥᑕᑎᓵᓂᓴᒃ, ᐃ, ᑕᓴᓪᓗ ᐊᓴᑕᖅᑲᑎᖅᑲᖅᑐᐳᖅᓵᓴᖅ ᑲᒥᓯᓪᓗ ᑐᐳᒪᖅᑲᑎᑕᑎᐊᖅᑲᖅᑕᐉᑦ ᑭᓯᓂᒃ ᐱᖅᓰᖅᑕᖅᓯᖅᑐᓂᒃᑲᓕᐊᖅᑲᓂᒃ ᑭᖑᓂᖅᑎᑕᑎᑕᐃᓕᒪᓵᔪᑦ. ᐱᓴᓕᕐᓂᓕᓕᖅᓯᓐᓄᑦ, ᑭᓯᐊᓂ ᐅᑯᐊ ᑭᖑᑦᓕᓕᒃ ᐱᓕᕐᓂᒃᑲᓕᐊᖅᑲᓂᒃᑯᓐᓄᑦ ᐱᖅᓱᖅᑕᐅᒃᑕᓕᒪᓕᐅᕐᓂᑕ ᐊᒻᒪᓗ ᒪᒥᑕᐊᓗᖅ

took that long. It was never the intention for it to take that long. Thank you, Madam Chairperson.	ᐱᓰᖅᑯᒨᓐᖏᑦᑑᒐᓗᐊᖅ ᐊᑯᓂᐊᓗᒃ ᑭᐅᔪᓐᓇᐃᑦᓕᐅᖅᑲᓚᐅᕋᑦᑕ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕚᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. I have no more names on my list for pages 1 to 15 or opening comments. Oh, Mr. Okalik, sorry.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᐊᑎᕐᑯᑎᖅᑲᐅᓐᓃᕋᒪ ᒪᑉᐱᒐᕐᓄᑦ 1-ᒥᒃ 15-ᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᒪᑐᐃᖅᓯᔾᔪᑎᓄᑦ. ᒥᔅᑕ ᐅᑲᓕᖅ, ᒪᒥᐊᓇᖅ.
Mr. Okalik (interpretation): Thank you, Madam Chairperson. You hardly ever look in our direction and you're not the only one who does that.	**ᐅᑲᓕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᐃᔅᓯᕙᐅᑕᖃᖅᑰᖅ. ᒫᓃᑐᑕᐃᓛᒃ ᐳᐃᒍᖅᑕᐅᑲᐃᓐᓇᖅᑰᔭᖅᐸᒃᑲᓐᓄᒃ. ᖃᓄᐃᙱᑦᑐᖅ. ᐃᕝᕚᑑᙱᑦᑐᖅ.
However, I have reviewed the report and it's kind of hard to know what to do next. We hardly ever hear about privacy breaches at our hospital here, but I do hear about patient complaints. The interview rooms at the hospital are very open to overhearing and it's located near the entrance. Was that investigated as well by the information and privacy officials? It seems like it wasn't mentioned in the report. Thank you, Madam Chairperson.	ᑖᒃᑯᐊ ᐅᓂᒃᑳᓇᔭᐅᓯᒪᔪᑦ ᕿᒥᕐᕈᓯᒪᓪᓗᒋᑦ ᖃᓄᐃᓕᐅᕆᐊᔅᓴᖅ ᓇᓗᓇᑲᓚᒻᒪᑕ ᐃᓚᖏᑦ. ᑭᓯᐊᓂᓕ ᑐᓴᕐᓇᓗᐊᖅᓯᒪᙱᒻᒪᑦ ᑕᒪᓐᓇ ᑲᙳᓇᖅᑐᓕᕆᓂᖅ ᐋᓐᓂᐊᕕᑦᑎᓐᓄᑦ ᑕᒫᓂ, ᑭᓯᐊᓂᓕ ᑐᓵᓇᖅᑦᑕᖅᓯᒪᔪᖓ ᑖᒃᑯᐊ ᐋᓐᓂᐊᕕᓕᐊᕋᓱᑦᑐᑦ ᑲᙳᓇᖅᑐᓕᕆᑎᓪᓗᒋᑦ ᑐᓴᖅᓴᐅᑲᓚᑉᐸᒻᒪᑕ ᑕᒪᒃᑯᓄᖓ ᖃᓂᒋᔭᕆᓐᓄᑦ ᑖᓇᓗ ᐹᖓᓃᕈᔪᑦᑐᓂ ᐊᐱᖅᓱᕋᕖᖑᑦ. ᑖᓇ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᕆᕚᖃᐃ ᑖᒃᑯᓄᖓ ᑲᙳᓇᖅᑐᓕᓃᒃᑯᓐᓄᑦ ᖃᐅᔨᓴᖅᑎᐅᔪᓄᑦ? ᑖᓇ ᐃᖅᑯᓪᓚᐅᑕᐅᓯᒪᖂᔮᙱᒻᒪᑦ ᐅᓂᒃᑳᓇᓯᒪᔭᕆᓐᓄᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᔅᓯᕙᐅᑕᖃᖅᑰᖅ.
Chairperson (interpretation): Thank you, Mr. Okalik. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐅᑲᓕᖅ. ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: I'm sorry; I missed the question in the translation.	**ᑮᓇᓐ ᐸᐃᖕᔅ** (ᑐᓵᔨᑎᒍᑦ): ᒪᒥᐊᓇᖅ ᐊᐱᖅᑯᑖ ᑐᑭᓯᑦᑎᐊᓐᖏᓐᓇᒃᑯ.
Chairperson: Mr. Okalik, can you please ask your question again. Mr. Okalik.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᒥᔅᑕ ᐅᑲᓕᖅ, ᑖᓇ ᐊᐱᕆᒃᑲᓂᕈᒃ. ᒥᔅᑕ ᐅᑲᓕᖅ.
Mr. Okalik (interpretation): Thank you, Madam Chairperson. We don't hear very much about privacy breaches at our hospital, but I have been told that if you go to the hospital, the patients are usually interviewed right at the entrance of the hospital and the questions are usually confidential. That has been a concern in our hospital here. The report doesn't seem to mention that. Why wasn't that included and identified? Thank you, Madam	**ᐅᑲᓕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᐃᔅᓯᕙᐅᑕᖃᖅᑰᖅ. ᑐᓴᕐᓇᓗᐊᖅᓯᒪᙱᒪᓂᓛᒃ ᑕᒪᒃᑯᓄᖓ ᑲᙳᓇᖅᑐᓕᕆᓂᐅᑉ ᒥᓵᓄᑦ ᐋᓐᓂᐊᕕᑦᑎᓐᓄᑦ. ᑭᓯᐊᓂᓕ ᑐᓴᕐᓇᓗᐊᖅᓯᒪᔪᖅ ᐅᖃᐅᔾᔭᐅᖃᑦᑕᖅᓯᒪᔪᖓ ᑖᒃᑯᐊ ᓇᑦᑕᐊᑐᐃᓐᓇᖅ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᖅ ᐊᐱᖅᓱᖅᑕᐅᓂᐊᖅᑐᓂ ᑕᕝᕙᓂ ᐹᖓᑕ ᖃᓂᒋᔫᓂᒪᑦ ᑖᓇ ᐊᐱᖅᓱᕋᕖᑦ ᑖᒃᑯᐊᓗ ᐊᐱᖅᑯᑕᐅᓇᓱᑦᑐᑦ ᑲᙳᓇᑲᓚᑦᑐᑎᒃ ᐋᓐᓂᐊᕕᓕᐊᕋᓱᑦᑐᒧᑦ. ᑖᓇ ᐃᓱᒫᓗᒋᔭᐅᖅᑦᑕᖅᓯᒪᒻᒪᑦ ᑕᒫᓂ ᐋᓐᓂᐊᕕᑦᑎᓐᓂ. ᑖᒃᑯᐊ ᐅᓂᒃᑳᓇᓯᒪᔭᕆᑦ ᑖᔅᓱᒥᖓ ᐃᖅᑯᓪᓗᐅᑎᖅᑲᙳᐊᙱᒻᒪᑕ. ᖃᓄᐃᒻᒪᑦ ᑖᓇ ᐃᓚᒋᔭᐅᓚᐅᙱᓚᖅ? ᖁᔭᓐᓇᒦᒃ,

Chairperson.	ᐃᔅᓯᕗᐅᑕᕐᑲᖅᑰᖅ.
Chairperson (interpretation): Thank you, Mr. Okalik. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐅᑲᓕᖅ. ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. We noticed that. We noticed that the interview rooms and the way in which intake was handled weren't necessarily confidential. It didn't get to our report because there were a lot of things that we noticed. Our report would have been three feet high had we pointed to every breach.	**ᑮᓇᓐ ᐸᐃᖕᔅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐋ, ᑕᒪᓐᓇ ᐅᔾᔨᕆᓚᐅᖅᑕᕗᑦ. ᑕᐃᒃᑯᐊ ᐋᓐᓂᐊᖃᓕᐊᖅᑐᑦ ᐊᐱᖅᓱᖅᑕᐅᕝᕕᖏᑦ ᐊᒻᒪᓗ ᖃᓄᖅ ᐃᓱᖅᑎᑕᐅᔪᓐᓇᕐᓂᖏᑦ ᓘᒃᑖᓕᐊᕐᓱᒃᑐᑦ ᐅᔾᔨᕆᓚᐅᖅᑕᕗᑦ ᑲᓐᖑᓇᖅᑑᔭᕆᐊᖅᑲᖅᑎᓪᓗᒋᑦ. ᑭᓯᐊᓂ ᐅᓂᒃᑳᑦᑎᓐᓄᑦ ᐃᓕᖅᑲᓯᐅᑎᓚᐅᙱᑕᕗᑦ ᐅᓄᓗᐊᖅᑐᐊᓘᖕᒪᑎᒃ ᑕᐃᒃᑯᐊ ᐃᓗᓕᖕᒋᓐᓃᖅᑕᐅᔭᕆᐊᓖᑦ ᐅᑯᓇᓂ ᑕᑭᔪᔪᐊᒻᒪᕆᐊᓘᓇᔭᖅᑐᑎᓪᓗ ᐅᓂᒃᑳᕗᑦ.
Certainly another issue is the set-up of the various interview rooms, the emergency area, and the examination rooms, which are all very close together and you can hear what's going on in the next room. Those are all once again things that a chief privacy officer would be responsible for taking care of, somebody who would identify it as a problem and take care of it.	ᐋ, ᑖᓐᓇᐅᓚᐅᕐᒥᔪᖅ ᐹ ᖃᓂᒋᑦᑎᐊᖅᑕᖕᒐᓂ ᑕᐃᒃᑯᐊ ᐊᐱᖅᓱᖅᑕᐅᕐᑲᑦᑕᕐᒪᑕ ᐋᓐᓂᐊᖃᓕᐊᖅᑐᑦ ᑕᐃᒃᑯᐊᓗ ᐊᐱᖅᓱᖅᑕᐅᕖᑦ ᐊᒻᒪᓗ ᑐᐊᕖᕐᓇᖅᑐᓕᕆᕖᒃ, ᖃᐅᔨᓴᐃᕝᕖᒃ ᑖᒃᑯᐊ ᖃᓂᒌᒃᑐᓪᓚᓘᖕᒪᑕ, ᖃᓄᐃᓕᐅᖅᑐᓂᒃ ᓴᓂᓕᖅᓯᑦᑎᐊᕐᓃᑦᑐᓂᒃ ᖃᓄᐃᓕᐅᖅᑕᐅᓂᐊᕐᓂᖕᒐᓂᒃ ᑐᓵᖅᓵᐅᓇᖅᐳᓂ. ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᒪᔨᐅᐸ ᑖᓐᓇ ᑲᒪᒋᓇᔭᖅᑕᖓ ᐱᓕᕆᐊᕆᓇᔭᖅᑕᖓᓗ ᑕᐃᒪ ᐃᓐᓄᒃᑕᐅᔪᓐᓇᐃᓪᓕᐅᖅᑲᑐᐃᓐᓇᖅᐳᖅ.
I'm sure that we could find all sorts of additional instances of where there were weak privacy protections. They just simply didn't all get written into the report because we tried to pick and choose to keep it to a readable length. Thank you.	ᐋ, ᐊᓯᖏᓐᓂᒃ ᐱᑕᖃᐅᖅᑐᖅ ᓯᕐᑯᒥᑦᑎᔪᓂᒃ ᑕᒪᒃᑯᓂᖓ ᑲᓐᖑᓇᖅᑑᑎᑕᐅᔭᕆᐊᓕᖕᓂᒃ. ᑎᑎᕋᖅᑕᐃᓐᓇᕆᓚᐅᓐᖏᓐᓇᑦᑎᒃᑯ ᐅᑯᓄᖓ ᓂᕈᐊᖅᓴᕋᓯᓚᐅᕋᑦᑕ ᑭᓯᑦ ᑕᑯᖕᒐᖅᑕᐅᓂᐊᕐᒪᖔᑦ ᐅᖅᑲᓖᒐᕐᓇᓂᖅᓴᐅᓂᐊᕐᒪᑕ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Okalik.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᔅᑕ ᐅᑲᓕᖅ.
Mr. Okalik (interpretation): Thank you, Madam Chairperson. That was the only concern that was mentioned in the report that I saw here in your report, which appeared to be nonexistent at first glance. The rest of the report seems to have been addressed and I have no issues with those. That's it. Thank you, Madam Chairperson.	**ᐅᑲᓕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑕᕐᑲᖅᑰᖅ. ᐋ, ᑖᓐᓇᓗᐊᑐᐊᖅ ᑕᑯᕙ ᐃᕐᑯᑦᑎᐅᓚᐅᓯᒪᒻᒪᑦᑎ ᐅᑯᓐᓄᑦ ᑖᒃᑯᐊ ᐃᓗᑎᖕᒋᑦ ᕿᒥᕐᕈᐊᕋᓱᑦᑐᕆᑦ ᑕᐅᓂᒐᓚᒻᒪᑕ. ᑖᓐᓇ ᒪᑎᒐᕐᑲᕈᒪᓂᖅ ᑕᑯᕗᒐᓗᐊᑦ, ᑭᓯᐊᓂᑎ ᑖᒃᑯᐊ ᐊᓯᖕᒋᑦ ᐅᓂᒃᑳᓕᐅᔭᐅᓯᒪᔪᑦ ᑲᒪᒋᔭᐅᓚᑦᑕᐅᑎᒋᔫᔭᕐᖕᒐᑦ ᐋᓐᓂᐊᖅᑲᖅᑕᐃᓕᓕᓂᐹᒃᑯᓐᓄᑦ ᐃᓱᓖᑦᑐᒋᑦᑐᐊᓐᖏᑦᑕᒃᑲ. ᑕᕝᕙᑦᑐᐊᑐᐃᓐᓇᖅ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑕᕐᑲᖅᑰᖅ.
Chairperson (interpretation): Thank you, Mr. Okalik. (interpretation ends) Next on	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐅᑲᓕᖅ. (ᑐᓵᔨᑎᒍᑦ) ᐊᑎᖁᑎᓐᓂ,

my list is Mr. Rumbolt.	ᒥᔅᑕ ᕿᒫᐳᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson, and good afternoon. My first question will be to the privacy commissioner. In your report you recommend "that the QGH and all other health facilities in Nunavut be designated in the ATIPPA Regulations as a 'public body,'" independent from the Department of Health.	**ᕿᒫᐳᑦ (ᑐᓵᔨᑎᒍᑦ)**: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᓯᕗᓪᓕᖅᐹᖅ ᐊᐱᖅᑯᑎᒐ ᑐᖄᖕᒐᓂᐊᖅᑐᖅ ᑲᒥᓯᓇᒧᑦ. ᐅᓂᒃᑳᓕᐊᒥᓂᕐᓂ ᐅᖃᖅᓯᒪᒪᒐᕕᑦ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᒃ ᐊᒻᒪ ᐊᓯᖏᓐᓂ ᐋᓐᓂᐊᕕᑭᓘᔭᐃᑦ ᓄᓇᕗᒻᒥ ᑕᐃᔭᐅᓯᒪᓗᑎᑦ ᑖᒃᑯᓂ ᒪᓕᒐᕐᒥ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᒪᓕᒐᕐᒥ ᒐᕙᒪᒃᑯᓐᓄᑦ ᑎᒥᖁᑎᒋᔭᐅᓗᑎᑦ ᐃᖀᒃᑰᖓᓗᑎᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᕕᖓᑕ.
As you are aware, a number of Members have been advocating for the creation of a board of management for the hospital, which would overtake the administration of the hospital, including areas such as the collection, use, and disclosure of personal information and personal health information.	ᑕᐃᒫᒃ ᑕᕝᕙ ᖃᐅᔨᒪᒪᒐᕕᑦ ᐃᓚᖏᑦ ᒪᓕᒐᓕᐅᖅᑏᑦ ᐅᖃᐅᓯᖃᖃᑦᑕᖅᓯᒪᒻᒪᑕ ᓴᖅᑮᖁᔨᓪᓗᑎᑦᑕᐅᖅ ᑲᑎᒪᔨᐅᒐᔭᖅᑐᓂᑦ ᑲᑎᒪᔨᕐᔪᐊᖑᒐᔭᖅᑐᓂᒃ ᐋᓐᓂᐊᕕᒻᒧᑦ, ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᕕᖓᑕ ᐱᓕᕆᐊᖏᓐᓂ ᑎᒍᓯᖃᑦᑕᕋᔭᖅᑐᓂᒃ ᒪᑯᓂᖓ ᐋᓐᓂᐊᕕᒻᒥ ᐊᐅᓚᑕᐅᕆᐊᓕᓐᓂ, ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᓂ.
In your view, would the establishment of such a board adequately address your recommendation? Thank you, Madam Chairperson.	ᐃᕝᕙᓪᓚ ᐃᓱᒪᒋᔭᖕᒍᑦ ᑕᐃᒪᐃᑦᑐᓂᒃ ᑲᑎᒪᔨᕐᔪᐊᓂᒃ ᓴᖅᑮᔪᖃᖅᑳ ᐃᕝᕕ ᐊᑐᓕᖁᔭᓕᐊᖕᒋᓐᓂᒃ ᓴᖅᑮᒍᑎᔅᓴᑎᐊᕙᐅᔭᖅᑳ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ)**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕿᒫᐳᑦ. ᒥᔅᑕ ᑮᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. I think we're talking about two different things here.	**ᑮᓇᓐ ᐸᐃᖕᔅ (ᑐᓵᔨᑎᒍᑦ)**: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐅᖃᐅᓯᖃᖅᑑᔭᓕᖃᑦᑕ ᒪᕐᕉᓐᓂᒃ ᐊᔾᔨᒌᙱᑑᓂᒃ.
In order to be a public body under the ATIPP Act or any other standalone health information legislation, what is needed… . We're not saying that there has to be private management of the hospital. What we're saying is that there needs to be one person… . Again, I'm coming back to that same thing. There needs to be one person in the hospital who is responsible for responding to access requests, who has the authority of an ATIPP coordinator.	ᑕᐃᒫᒃ ᒐᕙᒪᒃᑯᓐᓄᑦ ᑎᒥᖁᑎᒋᔭᐅᓗᑎᑦ ᑕᐃᔭᐅᓂᐊᖅᑲᑕ ᑕᕝᕙᓂ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᐱᖁᔭᕐᒥ ᐃᖀᒃᑰᖓᔪᓂᒃ ᒪᓕᒐᕐᒥ, ᐃᒪᐃᑦᑐᖅᑕᖅᑲᓇᐊᓕᒃ ᐃᖀᒃ ᐅᖃᙱᒃᑲᓗᐊᖅᑐᒍᑦ ᒐᕙᒪᒃᑯᑦ ᓯᓚᑖᓃᙶᖅᑐᓂᒃ ᑲᓐᖑᓇᖅᑐᓕᕆᔨᖃᕆᐊᖃᕐᒪᙶᑦᑕ. ᐃᒫᙶᖅ ᐅᖅᑐᐃᓐᓇᖅᑐᒍᑦ ᐊᑕᐅᓯᕐᒥᒃ ᐃᖅᑲᓇᐃᔭᖅᑎᖃᕆᐊᖃᕐᖓᑕ ᐋᓐᓂᐊᕕᒻᒥ ᑲᒪᔨᓪᓚᕆᐅᒐᔭᖅᑐᒥ ᑕᑯᔪᒪᔪᖅᑲᓕᕐᐃᑉᐸᑦ ᑲᓐᖑᓇᖅᑑᑎᑕᐅᔪᓂᒃ ᐊᐱᕆᔭᐅᖃᑦᑕᖃᔭᖅᑐᒥ ᑲᒪᔨᐅᒐᔭᖅᑐᒥ.
It would work essentially like the	ᑕᐃᒫᔅᓴᐃᓐᓇᖅ

education authorities and the LHOs in that they still report the housing corporation. They're not independent of the housing corporation. They haven't changed their structure in terms of the housing corporation, but now they themselves are responsible for responding to access requests and dealing with privacy breaches rather than the housing corporation being responsible for those. It brings it closer to where the work is being done.	ᐃᓕᓐᓂᐊᕐᖏᑕᒪᔨᖅᑯᑦ ᓄᓇᓕᓐᓂ ᑐᑦᑕᕐᕆᖅᖁᓕᓪᓗ ᐱᓕᒪᓯᖅᓯᒪᓕᑕ, ᐃᓕᓗᑕᒪᔨᖅᑯᑦᓗ ᑕᐃᒫᒃ ᐱᓯᖅᓯᒪᓕᑕ. ᐃᓕᓗᑕᒪᔨᕐᓴᐅᑯᓄᓕᓐᓂ ᑕᐃᖅᑯᐊ ᐅᕐᖢᑦᑕᕐᕆᖅᖢᓕᐊᕐᖢᖅᓯᑦ. ᐃᓕᓗᑕᒪᔨᕐᓴᐅᑯᑦ ᐊᑦᑐᓂᖅᓄᓇᕎᓗᐊᕐᖢᖅᑐᑎᑦ ᑕᐃᒫᒃᓂᓂ ᑲᓇᖅᑐᓄᓇᕐᖢᖅᑕᑦᑕᖅᓄᓇᕐᓴᖅᓯᒪᓕᒪᓕᑕ ᐃᓕᓗᑕᒪᔨᖅᑯᓄᓕᓐᓂ ᑲᓇᖅᑐᓄᓇᕐᖢᖅᑐᑎᓪᓗᕐᓂᖅᓯᒪᓂᑦ ᐃᓕᒥᓂᖅ ᐱᓕᒪᔪᓄᓇᕐᖢᖅᓯᓗᑎᑦ. ᑕᐃᑲᓂᖅ ᐃᕐᖢᑲᓇᕐᓂᕐᕕᖏᓐᓄᑦᑕᕐᖢᖅᑐᑦ ᓄᓇᕗᑦ.	
Would creating a management board fix the problem? I think we're talking about two different things here. Thank you.	ᑕᐃᒫᒃ ᑕᕆᐅ ᐊᐅᓪᓚᕐᑎᑦᐅᑎᔪᖅᑐᑐᓂᖅ ᑲᑎᒪᔨᖅ ᑲᑎᒪᔨᕐᓴᐊᓂᖅ ᓴᖅᑭᔪᑦᑕ ᐊᑲᐅᓪᓕᓕᐅᕐᓗᖅ ᑲᖅᑭᑎᕐᓯᒪᔪᖅ ᑭᐅᔭᕐᓂᖅᑐᑐᖅ ᓴᖅᑭᑎᕐᓯᒪᔪᖅ ᑲᑎᒪᔨᖅ ᐊᑐᓂᖅᑐᑐᖅ ᑲᑎᒪᔨᖅᑯᑎᓯᒪᓕᒪᓕᑕ. ᖃᐅᔨᓴᖅᑎᑕᐅ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Rumbolt.	**ᐃᒃᓯᕆᐊᓕᖅ** (ᑐᓴᔨᐅᑎᔪᑦ): ᖃᐅᔨᓄᑦᑕᕐᖢᒃ, ᒥᔅ ᑭᓄᓐ <ᐃᓐᓇᔅ. ᒥᔅᑕ ᖁᔭᓕᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. Thank you for that response. The next question is also for the privacy commissioner. As you may be aware, during our recent winter sitting the Minister of Health stated that the government is planning to establish an advisory board "to increase the community engagement and accountability and transparency of operations of the Qikiqtani General Hospital." Can you indicate if the Department of Health has approached you for feedback concerning its plans to establish this advisory board? Thank you, Madam Chairperson.	**ᖁᔭᓕᑦ** (ᑐᓴᔨᐅᑎᔪᑦ): ᖃᐅᔨᓄᑦᑕᕐᖢᒃ, ᐃᒃᓯᕆᐊᓕᕆᓂᖅ. ᖃᐅᔨᓄᑦᑕᕐᖢᒃᓂᓗ ᑭᐅᔪᓚᓐᓇᖅ. ᑲᓇᖅᑐᓄᓇᕐᖢᖅᑐᑎᓪᓗᕐᓂᑦ ᑲᒥᓯᓗᓕᑦ ᐊᐱᓚᑲᒃᓴᓂᕐᒥᓇᓐᓇᖅ. ᖃᐅᔨᔪᓚᑎᓚᑦ ᑕᐃᒪ ᐅᑭᐅᒃᑯᑦ ᑲᑎᒪᑎᓂᓗ ᒥᕐᒪᒃᑯᔪᑲᖅ ᐅᖃᐅᔨᔪᓂᐊᕐᓇᑎᐅᔪᖅᑐᑐᓂᖅ ᑲᑎᒪᔨᓴᖅ ᓴᖅᑭᔪᓚᒥᓚᑦ ᓄᓇᕗᓴᓂᑦ ᐃᓕᐅᑎᑦᑎᓂᓴᖅᓴᖅᑐᑦ ᑕᐃᒫᒃ ᐊᑲᓴᐃᓕᓐᓂᒃ, ᐃᓕᓴᒃ ᖁᑭᖅᑕᓂ ᐊᑲᓴᐃᓕᓐᓂᒥ. ᖃᐅᔨᔪᐊᕐᓇᐃᔨᓯᒪᓕᐅᑦ ᐊᐱᓚᓴᐃᔨᓯᒪᓕᐅᑦ ᑕᐃᒪᓕᐃᑦᑐᓴᒃ ᐅᖃᐅᔨᔪᐊᕐᖢᑎᓴᒃ ᑲᑎᒪᔨᖅᑯᓂᖅ ᑲᖅᑭᔪᓚᑎᓕᑦᑐᓴᒃ? ᖃᐅᔨᓄᑦᑕᕐᖢᒃ, ᐃᒃᓯᕆᐊᓕᕆᓂᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Keenan Bengts.	**ᐃᒃᓯᕆᐊᓕᕆᓂᖅ** (ᑐᓴᔨᐅᑎᔪᑦ): ᖃᐅᔨᓄᑦᑕᕐᖢᒃ, ᒥᔅᑕ ᖁᔭᓕᑦ. ᒥᔅ ᑭᓄᓐ <ᐃᓐᓇᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. With the proviso that I have been out of my office for the last four weeks, I have not yet received any communication to that effect, no. Thank you.	**ᑭᓄᓐ <ᐃᓐᓇᔅ** (ᑐᓴᔨᐅᑎᔪᑦ): ᖃᐅᔨᓄᑦᑕᕐᖢᒃ, ᐃᒃᓯᕆᐊᓕᕆᓂᖅ. ᐃᓕᓴᒃ ᐊᑦᓚᓐᓂᒃᑯᓯᒪᔨᕐᓂᓄᓐᓇᒪ ᐱᓇᓯᐊᕐᓯᓂᓂ ᑎᓴᒪᓂᑦ ᒧᓐᓇᕐᓂᑦ. ᑎᑎᕋᖅᑲᐅᑕᐅᖅᓯᒪᔨᓂᓂᕐᒪᑐᒪᓂᑦ ᑕᒪᑐᒪ ᒥᔅᓴᓗᑦ. ᖃᐅᔨᓄᑦᑕᕐᖢᒃ.

Chairperson: Thank you, Ms. Keenan Bengts. Mr. Rumbolt.	ᐃᒃᓯᕋᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᔅᑕ ᕋᒻᐴᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. My next question is for the Department of Health. In response to the question I just asked the privacy commissioner, I will now ask the department if they intend to contact the privacy commissioner on the establishment of this board. Thank you, Madam Chairperson.	ᕋᒻᐴᑦ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕋᐅᑖᖅ. ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔾᑯᓐᓄᑦ ᐊᐱᕆᖖᒎᕈᒪᓕᖅᒥᔪᖓ. ᑖᓐᓇ ᐊᐱᖅᑯᑎᒋᖃᑖᖅᑕᖃ ᐃᓱᒪᒋᒋᐊᖅᑐᒍ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᖅᒧᑦ ᑲᒥᓯᓇᒧᑦ. ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔾᑯᑦ ᑕᐃᒪ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᖅᒧᑦ ᑲᒥᓯᓇᒥᒃ ᖃᐅᔨᒋᐊᖅᕕᖅᑳᖅᑭᓲ ᑲᑎᒪᔩᓂᑦ ᐅᖃᐅᔾᔨᒋᐊᖅᑎᓂᒃ ᓴᖅᑮᒐᓱᐊᓕᕈᔅᓯ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕋᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.	ᐃᒃᓯᕋᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕋᒻᐴᑦ. ᒥᔅ ᓯᑖᒃᓚ.
Ms. Stockley: Thank you, Madam Chairperson. As the commissioner had indicated that she felt it was two different issues, we did as well. We hadn't planned to contact her on that particular piece of work. Thank you, Madam Chairperson.	ᓯᑖᒃᓚ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕋᐅᑖᖅ. ᑲᒥᓯᓇᐃᓛᒃ ᐅᖃᖅᑲᐅᒻᒪᑦ ᒫᓐᓇ ᒪᕐᕉᓕᖅᑲᖕᒐᒻᒪᑦ ᐅᖃᐅᓯᓯ, ᐅᖃᐅᓯᑦᑎᑦ ᐄ, ᒪᕐᕈᐃᓕᖅᑲᖕᒐᔪᕆᒻᒥᒐᑦᑎᒍᑦᑕᐅᖅ ᖃᐅᔨᒋᐊᖅᕕᕆᒐᔭᖅᑕᕗᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕋᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.	ᐃᒃᓯᕋᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓚ. ᒥᔅᑕ ᕋᒻᐴᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. My next question is also for the Department of Health. Earlier I asked a question regarding… . Let's see here. In the report the Information and Privacy Commissioner recommended that "the Qikiqtani General Hospital and all other major health facilities be designated in the *Access to Information and Protection of Privacy Act Regulations* as 'public bodies.'" Do you agree with this recommendation can you clarify if the government plans to make such designations? Thank you, Madam Chairperson.	ᕋᒻᐴᑦ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕋᐅᑖᖅ. ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔾᑯᓐᓄᑦ ᑐᖂᖖᒐᒃᑲᓐᓂᖅᒥᔪᖓ. ᐊᐱᕆᖅᑲᐅᒻᒥᒐᒪ, ᑕᐃᒪ ᐊᐱᖅᑯᑎᖅᑲᖅᑲᐅᒻᒥᒐᒪ ᑕᕝᕙᓂ ᐅᓂᒃᑳᓕᐊᒥᓂᖅᒥᑦ ᑖᓐᓇ ᑲᒥᓯᓇ ᐊᑐᓕᖅᑯᔭᓕᐅᖅᓂᖅᖓ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᒃ ᐊᒻᒪᓗ ᐊᒻᒪᓗ ᐊᓯᖏᑦ ᐊᖏᔪᑦ ᐋᓐᓂᐊᕖᑦ ᓇᑐᓇᐃᖅᑕᐅᓯᒪᓗᑎᒃ ᑕᕝᕙᓂ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᖅᒧᑦ ᐱᖁᔭᖅᓂᑦ ᒐᕙᒪᒃᑯᓐᓄᑦ ᑎᒥᖅᑯᑎᐅᓂᖄᖅᑕᐅᓕᖅᑐᑎᒃ. ᐊᖏᖅᑲᑎᒋᕙᐅᒃ ᑖᓐᓇ ᒐᕙᒪᒃᑯᑦ ᑕᐃᒫᒃ ᑎᒃᑯᐊᖅᓯᒍᒪᓕᖅᓯᒪᒻᒪᑕ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕋᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.	ᐃᒃᓯᕋᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕋᒻᐴᑦ. ᒥᔅ ᓯᑖᒃᓚ.
Ms. Stockley: Thank you, Madam	ᓯᑖᒃᓚ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ,

Chairperson. The ATIPP piece is not my area of expertise, but from my perspective QGH as in all the health centres are not standalone entities. They report to me or to my position through the Assistant Deputy Minister of Operations. Therefore my understanding is it is a public body under the oversight of the Department of Health and subject to ATIPPA.	ᐃᑲᓯᕚᐅᑖᕐᑉ. ᑖᓐᓇᓕ ᖃᐅᔨᒪᔭᕝᕙᕌᓗᒋᓐᖏᒻᒥᒐᒃᑯ, ᐅᕙᖓᓕ ᑕᑯᓈᖅᑕᖓᒍᑦ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᒃ ᐃᒻᒥᒃᑰᖓᓐᖏᒻᒪᑕ, ᐅᕙᓐᓄᑦ ᐅᖃᖃᑦᑕᕆᐊᖃᖅᑐᑎᒃ ᐃᖅᑲᓇᐃᔾᔪᓐᓄᑦ ᑐᖏᓕᕆᔭᐅᒐᒪ ᒥᓂᔅᑕᒧᑦ ᐊᐅᓚᑦᑎᓂᖏᓐᓄᑦ. ᑲᕙᒪᒃᑯᓐᓄᑦ ᑎᒥᐅᔫᖅᑐᖅ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ ᐅᐊᑦᑎᔭᐅᖃᑦᑕᖅᑐᓂᒃ.
If the Government of Nunavut should move to established health authorities with separate governance authorities, this recommendation could be visited at that time and applied to all health care facilities in the territory as governed by the applicable legislation. Thank you, Madam Chairperson.	ᓄᓇᕗᑦ ᑲᕙᒪᒃᑯᖏᑦᓕ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐃᓚᒃᑯᑦ ᑲᑎᒪᔨᖏᑦ ᓴᖅᑭᓂᐊᕐᓂᖅᑲᑕ ᑖᓐᓇ ᐊᑐᓕᖅᑯᔭᓕᐊᓯ ᐃᓱᒪᒋᔭᐅᒋᐊᒃᑲᓐᓂᕈᓐᓇᕋᔭᖅᑐᖅ ᑭᖑᓂᐊᒍᑦ. ᑕᒪᒃᑯᐊᓕ ᒫᓐᓇ ᑲᕙᒪᒃᑯᑦ ᐱᓕᕆᕕᖏᑦ ᑲᕙᒪᒃᑯᓐᓄᑦ ᑎᒥᖁᑎᒋᔭᐃᓐᓇᐅᓂᕋᖅᑕᐅᓯᒪᒪᑕ. ᖁᔭᓐᓇᒦᒃ, ᐃᑲᓯᕚᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. D’Arcy, would you like to provide further comments to that question?	ᐃᑲᓯᕚᐅᑕᖅ (ᑑᓴᕐᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᓯ ᓯᑖᒃᓕ. ᒥᐢᑕ ᑖᓯ, ᓇᓗᓇᐃᖅᓯᒋᐊᒃᑲᓐᓂᕈᒪᕖᑦ ᑖᔅᓱᒧᖓ ᐊᐱᖅᑯᒧᑦ?
Mr. D’Arcy: Thank you, Madam Chairperson. We certainly agree with the statement that Ms. Stockley made. As a department and as the health centres fall underneath the governance structure of the Department of Health, they’re already *de facto* public bodies and are subject to all of the rules and regulations under ATIPP or ATIPPA.	ᑖᓯ (ᑑᓴᕐᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᑲᓯᕚᐅᑖᖅ. ᐊᖏᖃᑎᒋᓪᓚᕆᑦᑕᕗᑦ ᑖᓐᓇ ᐅᖃᐅᓯᖓ ᒥᔅ ᓯᑖᒃᓕᐅᑉ. ᑕᐃᒪ ᐱᓕᕆᕝᕕᐅᓪᓗᑕ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᑦ, ᐋᓐᓂᐊᕖᑦ ᐊᑖᓃᖃᑦᑕᖕᖓᑕ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᕝᖓᑕ, ᑕᐃᒫᒃ ᑲᕙᒪᒃᑯᓐᓄᑦ ᑎᒥᐅᔫᖅᑐᑦ ᒪᓕᒐᕐᒋᓐᓂᓪᓗ ᑲᕙᒪᒃᑯᑦ ᑎᒥᖁᑎᖏᑕ ᒪᓕᒋᐊᖃᖅᑐᑎᒃ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᖅ ᐱᓪᓗᒍ.
As Health moves forward with their new regime in developing health-specific privacy legislation and as they shore up their management team at QGH, we believe that everything will be adequately covered in that respect and that there is no need to think about that kind of assessment.	ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᓪᓕ ᑕᐃᒪ ᓄᑖᒥᒃ ᐊᐅᓚᑦᑎᒍᑎᒥᓂᒃ ᓴᖅᑮᕙᓪᓕᐊᑎᓪᓗᒋᑦ ᒪᓕᒐᓕᐅᖅᑐᑎᖏᑖᒃ ᑲᓐᖑᓇᖅᑐᓕᕐᕙᑎᓭᓂᒃ ᕿᑭᖅᑕᓂᑦ ᐋᓐᓂᐊᕕᒻᒥ. ᓈᒻᒪᓂᐊᖅᑐᒋᔭᕗᑦ ᑕᕝᕗᓇ, ᓈᒻᒪᑦᑐᓂᒃ ᑲᒪᒋᔭᐅᓂᖃᕋᔭᖅᑐᒋᔭᕗᑦ ᖄᖓᒍᒃᑲᓐᓂᖅ ᓴᖅᑮᕝᖃᕆᐊᖃᕋᔭᖅᐸᓪᓚᐃᓐᖏᒻᒪᕆᑦᑐᖅ.
Whereas in other regimes perhaps in the Northwest Territories where they do have separate health boards, it could be considered, but we believe it’s not	ᐊᓯᖏᓐᓂᓪᓕ ᐃᒻᒪᖄ ᓄᓇᑦᓯᐊᕐᒥ ᐃᓚᒃᑯᑦ ᑲᑎᒪᔩᖃᕐᒪᑕ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᑦ, ᑕᐃᒫᑦᑕᐅᖅ ᑕᒫᓂ ᓴᖅᑭᖅᑐᖃᕈᓐᓇᖃᕋᔭᖅᐸᓪᓚᐃᒥᕚᓪᓗᐊᖅ ᑭᓯᐊᓂ ᒫᓐᓇ

necessary here. Thank you, Madam Chairperson.	ᐱᑕᕐᑲᓇᐊᕐᑲᖅᑐᕆᓐᖏᑕᕗᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. D'Arcy. Next on my list is Mr. Akoak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᑖᓯ. ᒥᔅᑕ ᐋᖁᐊᖅ ᑭᖑᓪᓕᐅᓕᕐᒥᐊᖅ.
Mr. Akoak: Thank you, Madam Chairperson. My question is to the commissioner's office. On page 13 of your report you state that, by way of a letter dated on February 24, 2016, you notified the Qikiqtani General Hospital of your intention to undertake an investigation of the collection, use and disclosure practices of the institution. What specific expectations did your office set and communicate to the Department of Health and Qikiqtani General Hospital? Thank you, Madam Chairperson.	**ᐋᖁᐊᖅ** (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐅᓐᓄᓴᒃᑯᑦ. ᐊᐱᖅᑯᑎᒐ ᑐᖄᖓᓂᐊᖅᑐᖅ ᑲᒥᓯᓇᒧᑦ, ᑲᒥᓯᓇᖓᑕ ᐊᓪᓚᕝᕕᖓᓂᒥᓂᐅᑕᕐᒧᑦ. ᒪᑉᐱᒐᖓᓂ 13 ᐅᓂᒃᑳᓕᐊᒥᓂᖅᓯᓐᓂᑦ ᑎᑎᕋᖅᑐᓯ ᕕᕝᕗᐋᕆ 24, 2016-ᒥ ᖃᐅᔨᒃᑲᐃᓐᓂᕋᔅᓯ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᒻᒥᑦ ᖃᐅᔨᓴᕐᓂᐊᕋᔅᓯᒎᖅ ᓄᐊᑦᑎᑐᓯ ᑲᓐᖑᓇᖅᑐᓕᕆᔾᔪᓯᐅᖃᑦᑕᖅᑐᓂᒃ ᐋᓐᓂᐊᕕᒻᒥᑦ. ᑭᓱᓂᒃ ᓂᕆᐅᒋᔅᓴᖃᕐᓂᖅᑭᓯ ᐊᒻᒪᓗ ᖃᓄᖅ ᐅᖃᐅᔾᔨᓂᖅᑭᓯ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᒻᒥ ᐊᐅᓚᑦᑎᔨᐅᔪᓂᑦ, ᐅᕝᕙᐅᑯᐊ ᓂᕆᐅᒋᔭᓚᕗᑦ ᑭᓲᓐᓂᖅᑲᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Akoak. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐋᖁᐊᖅ. ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. We first contacted them and asked to see all of their relevant written policies and procedures. We also entered into a letter of understanding, an audit plan, outlining what we hoped to achieve and the sorts of questions we were going to be asking. That was signed by the department and that's what proceeded on. Thank you.	**ᑮᓇᓐ ᐸᐃᖕᔅ** (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᖃᐅᔨᒃᑲᖅᑳᔪᔭᕗᑦ ᑕᑯᔪᒪᓂᖅᑐᑕ ᐊᑐᐊᒐᖏᓐᓂᑦ, ᒪᓕᔅᓯᐊᒐᖏᓐᓂᓪᓗ ᒪᓕᑉᐸᑦᑕᖏᓐᓂᑦ ᐊᒻᒪᓗ ᐊᖏᖅᑲᑎᒌᒍᑎᓕᐅᔪᔪᑦ, ᐃᓛᒃ ᑐᑭᓯᐅᒪᖅᑲᑎᒌᓐᓂᒃᑯᑦ ᐊᖏᖅᑲᑎᒌᕈᔪᒻᒥᑦ ᐸᕐᓇᐅᑎᒥᑦ ᐊᖏᖅᑕᐅᑎᑦᑎᔪᔪᑦ ᖃᓄᐃᓕᐅᕈᒪᒻᒪᖏᑕ ᓇᓗᓇᐃᖅᓯᓪᓗᑕ ᑕᐃᒃᑯᓄᖓ ᖃᓄᐃᑦᑐᒥᓪᓗ ᐊᐱᖅᑯᑎᖃᓛᕐᒪᖏᑦᑕ. ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ ᑖᓇ ᐊᑎᓕᐅᖅᑕᐅᔪᔪᖅ ᐊᖏᖅᑕᐅᓪᓗᓂ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Akoak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᔅᑕ ᐋᖁᐊᖅ.
Mr. Akoak: Thank you, Madam Chairperson. Next question is also to the commissioner's office. On page 14 of your report you state that "Near the conclusion of our on-site interviews at QGH, we learned of a Privacy Impact Assessment that had been done years earlier and a suite of policies ostensibly to enable an electronic health record in	**ᐋᖁᐊᖅ** (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑭᖑᓪᓕᖅ ᐊᐱᖅᑯᑎᒐ ᑲᒥᓯᓇᑯᓐᓄᑦ ᑐᖄᖓᒃᑲᓂᕐᒥᔪᖅ. ᒪᑉᐱᒐᖓᓂ 14-ᖓᓂ ᐅᓂᒃᑳᓕᐊᒥᓂᖅᓯᓐᓂᑦ ᐅᖃᖅᓯᒪᒪᒐᕕᑦ ᐱᔭᓅᖅᐸᓪᓕᐊᓕᖅᑎᓪᓗᑕ ᐋᓐᓂᐊᕕᒻᒥᑦ ᐊᐱᖅᓱᖃᑦᑕᖅᑐᑕ, ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᒻᒥᑦ ᖃᐅᔨᓚᐅᕋᑦᑕ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᐊᑦᑐᖅᑕᐅᓂᕐᒥᒃ, ᖃᐅᔨᓴᕐᓂᕐᒥᒃ ᐊᑐᖅᑕᐅᔪᖃᓚᐅᖅᓯᒪᓐᓂᕐᖓᑦ ᐊᕐᕌᒍ ᐊᓂᒍᖅᓯᒪᓕᖅᑐᑦ ᖃᑦᑎᒃᑭᐊᖅ ᐊᒻᒪᓗᑦᑕᐅᖅ ᐊᑐᐊᒐᕈᓘᔭᕐᓂᒃ ᓴᖅᑮᔪᒥᓂᐅᓪᓗᑎᒃ ᓴᖅᑮᓕᕿᑎᑕᐅᒍᓐᓇᖅᑐᓂᒃ ᖃᕋᓴᐅᔭᒃᑯᑦ ᑐᑭᓯᐅᒪᔾᔪᑎᓕᕆᔾᔪᑎᔅᓴᓂ

Nunavut." Can you tell us today what the titles of these policies were and can you clarify if, to your knowledge, these policies had been implemented at all? Thank you, Madam Chairperson.	ᓄᓇᕗᒻᒥ. ᐅᑦᑐᒥ ᐅᖃᐅᓯᔾᔪᓐᓇᖅᐿᑦ ᖃᓄᖅ ᑖᒃᑯᐊ ᐊᑐᐊᒐᐃᑦ ᐊᑎᖃᕐᓂᕐᒪᖔᑕ ᐊᒻᒪ ᓇᓗᓇᐃᕈᓐᓇᖅᑭᑖᑦ ᑖᒃᑯᐊ ᐊᑐᓕᖅᑎᑕᐅᓯᒪᓐᓂᕋᓗᐊᕐᒪᖔᑕ ᐊᑐᐊᒐᐅᓂᕋᕋᑖᖅᑕᒃᑲ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Akoak. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐋᖁᐊᖅ. ᒥᔅ ᑮᓇᓐ ᐸᐃᙳ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. I believe we included them at some point. I believe they may be in the appendix to our report. If I could just have one minute, I'll see if I can find them here.	**ᑮᓇᓐ ᐸᐃᙳ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐃᓚᓕᐅᑎᕙᑦᓚᐃᓚᐅᖅᑕᕗᓄᑯᐊ ᑖᒃᑯᓄᙵ. ᐅᐃᒍᕆᓐᓃᑐᐃᓐᓇᖅᐊᓖᑦ ᐅᕙᒍᑦ ᐅᓂᒃᑳᓕᐊᒥᓂᑦᑕ. ᐅᐊᑦᑎᐊᕈᐊᐃ ᑕᑯᕆᐊᑲᐃᓐᓇᓚᒃᑲᐃ ᕿᓂᑲᐃᓐᓇᓚᒃᑲ.
Yes, on page 69 of the report starting, I believe, at number 32, all the way from 32 to 40, I believe, were the directives that we discovered. Thank you.	ᐄ, ᒪᒃᐱᖓᖓ 69 ᐅᓂᒃᑳᓕᐊᒥᓂᖓ ᐱᕆᐊᖅᑐᑎᑦ 32-ᒥ ᓈᓴᐅᑎᓕᒻᒥ. ᑕᐅᕗᙵᓕᒫᖅ 32-ᒥᓂᒃ 40-ᒧᑦ. ᑕᕝᕙ ᑖᒃᑯᐊᙳᕙᑦᓚᐃᔪᓂᑦᑳᒃ ᐅᖃᐅᓯᕆᐊᕈᑎᐅᓯᒪᔪᐃᑦ ᓇᓂᓚᐅᖅᑕᕗᑦ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Akoak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᙳ. ᒥᔅᑕ ᐋᖁᐊᖅ.
Mr. Akoak: Thank you, Mr. Chairman. A question to the same. Commissioner, can you describe in detail what this privacy impact assessment entailed? At that time did you receive any explanation as to why these policies had not been completed or implemented? Thank you, Madam Chairperson.	**ᐋᖁᐊᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᒃᑯᓄᙵᔅᓴᐃᓐᓇᖅ ᐊᐱᕆᓂᐊᖅᑐᖓ ᑲᒥᓯᓇᒧᑦ. ᓇᓗᓇᐃᖅᑐᑦᑎᐊᕈᓐᓇᖅᑭᑖᑦ? ᐃᒻᒥᒨᖓᔪᓂᒃ ᐊᒃᑐᐃᔪᓂᒃ ᖃᐅᔨᓴᕐᓂᖅ ᐊᒻᒪᓗ ᑕᐃᔅᓯᒪᓂ ᓇᓗᓇᐃᖅᑐᐃᕖᐅᓐᓂᖅᑭᑦ ᓱᒻᒪᑦ ᑖᒃᑯᐊ ᐊᑐᐊᒐᐃᑦ ᐱᔮᕆᖅᑕᐅᓯᒪᓐᓂᙱᓐᒪᖔᑕ ᐅᕝᕙᓘᓐᓃᑦ ᐊᑐᓕᖅᑎᑕᐅᓯᒪᓐᓂᙱᓐᒪᖔᑕ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Akoak. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐋᖁᐊᖅ. ᒥᔅ ᑮᓇᓐ ᐸᐃᙳ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. I think I'm going to defer this one to Mr. Dickson, who has far more experience in privacy impact assessments than I. Thank you.	**ᑮᓇᓐ ᐸᐃᙳ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᒥᔅᑕ ᑎᒃᓴᓐ-ᒧᑦ ᑭᐅᔭᐅᙲᖁᓂᐊᕐᒃᑯ. ᑕᐃᒪᐃᑦᑐᓕᕆᓚᐅᖅᓯᒪᓂᖅᓴᕚᔪᐊᕋᓘᒻᒪᑦ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒥᒃ ᐅᕙᓐᓂᒃ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Dickson.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᙳ. ᒥᔅᑕ ᑎᒃᓴᓐ.
Mr. Dickson: Thank you, Madam Chairperson. Thanks for the question. The	**ᑎᒃᓴᓐ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᖁᔭᓐᓇᒦᑦᑕᐅᖅ ᐊᐱᕆᒻᒪᑦ.

privacy impact assessment was what's called a conceptual PIA. It wasn't an actual program that was about to be launched; it was basically a concept. The privacy impact assessment, as all PIAs as we call them, talks about the purpose of a program, what kind of personal information is going to be involved, how it's going to be collected, how it's going to be used, how it's going to be disclosed, and how access is going to be managed.	ᑕᒪᒃᑯᐊ ᐃᒻᒥᒧᑦᓴᓂᑦ ᐊᒃᑐᖅᑕᐅᓯᒪᒻᒪᖔᑕ ᖃᐅᔨᓴᕐᓃᑦ ᐃᒫᒃ ᖃᐅᔨᓴᕐᓂᓪᓚᕆᐋᓗᓐᓂᖏᑦᑐᖅ ᐃᓱᒪᕆᔭᐅᑐᐃᓐᓇᖅᑐᒥᓂᖅ ᐃᒫᒃ ᖃᓄᖅ ᐊᒃᑐᐃᓲᖑᒻᒪᖔᑕ ᐃᒻᒥᒧᑦᓴᐃᑦ, ᓇᐃᓈᕆᐊᓲᕗᑦ PIA-ᖑᓂᕋᑐᐃᓐᓇᖅᑐᕆᑦ, ᖃᓄᐃᑦᑐᓂᒃ ᐃᒻᒥᒧᑦᓴᓂᒃ ᓴᖅᑮᔭᖅᑲᑦᑕᓂᐊᖅᑲ, ᖃᓄᖅ ᓄᐊᑦᑎᔭᖅᑲᑦᑕᓂᐊᖅᑲ, ᖃᓄᖅ ᐊᑐᖅᑕᐅᖅᑲᑦᑕᓂᐊᖅᑲ, ᖃᓄᖅ ᓴᖅᑭᑦᑕᐅᖅᑲᑦᑕᓂᐊᖅᑳᑦ, ᑭᒃᑯᓄᓪᓗ ᑕᑯᔭᐅᔪᓐᓇᕐᒪᖔᑕ ᐊᐅᓚᑕᐅᖅᑲᑦᑕᓂᐊᖅᑳᑦ, ᖃᓄᖅ ᐊᐅᓚᑕᐅᖅᑲᑦᑕᓂᐊᖅᑳᑦ.
The thing that was confusing for us when we saw the privacy impact assessment and then these other ten draft documents is that they didn't correspond in any way to the MEDITECH system that was already up and operational in the hospital. They didn't correspond to, really, any of the other policies or procedures that we understood were in place.	ᓇᓗᓇᓚᐅᖅᖢᑦ ᑕᕝᕙᓂ ᐃᒻᒥᒧᑦᓴᓂᑦ ᐊᒃᑐᖅᑕᐅᓂᖏᓐᓂ ᖃᐅᔨᓴᕐᓃᑦ ᕿᒥᕐᕈᓚᓯᑦᑐᑎᒍ ᑎᑎᕋᕆᐊᖅᖢᐅᑎᓂᒃ ᐱᑕᖃᕈᔫᔭᖅᐸᓚᐅᖅᖢᑦ ᑖᒃᑯᓂᖓ ᖃᕋᓴᐅᔭᒃᑯᑦ ᐊᐅᓚᑦᑎᒍᑎᐅᔪᓂᒃ ᐊᒃᑐᐊᓂᖃᖏᑎᐊᖅᑐᓂᒃ. ᐅᕝᕙᒍᑦ ᑐᑭᓯᓯᒪᔭᖏᓐᓂ ᐊᑐᐊᒐᖏᓐᓂ ᐋᖅᑭᓯᒪᔪᓂᒃ.
I call the PIA conceptual because it was describing a system, if you will, that neither the hospital nor the department was actually constructing or building. Because it was a conceptual PIA, it was, I think it's fair to say, light in terms of there wasn't much identification of practical risks to patient privacy and things like that. It was a very hopeful document that sort of presented the system that all fit together perfectly, as you can do with a concept and you can't so much do with a real system.	ᑖᓐᓇ ᖃᐅᔨᓴᕐᓂᖏᓛᖅ ᖃᓄᖅ ᐊᒃᑐᖅᑕᐅᒐᔭᕐᒪᖔᑕ ᐃᒫᒃ ᐃᓱᒪᕆᔭᒥᓂᑐᐃᓐᓇᐅᓂᖃᖃᑖᖅᑕᖃ ᐃᓱᒪᓂᑐᐃᓐᓇᒃᑯᑦ ᐱᓕᕆᐊᖑᓯᒪᔫᔭᕐᖑᑦ. ᐋᓐᓂᐊᕝᕕᓪᓗ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᖏᑦᑐᓕᐹᒃᑯᑦ ᐃᒫᒃ ᐱᓕᕆᔾᔪᑎᓯᓯᒪᓕᒥᒃ ᓴᖅᑮᕙᓪᓕᐊᔫᔭᓚᐅᖏᒪᑕ ᐃᒫᒃ ᐃᓱᒪᕆᔭᐅᓇᐅᓪᓗᒍ ᑕᐃᒍᓇᖅᑕᖃ. ᐃᒫᒃ ᓴᓐᖏᑦᑐᑯᓗᒃ. ᓇᓗᓇᐃᑦᑐᐃᓂᖅᑲᑎᐊᓚᐅᖏᑦᓚᑎᑦᑐᖅ ᐅᓗᑎᐊᕋᕈᑕᐅᒍᓇᖅᑐᓂᒃ ᓴᖅᑮᓚᕿᔭᖅᑐᐊᓘᓂᖅᑳᑦ ᑲᖑᓇᖅᑐᖁᑎᕆᔭᐅᔭᓂᒃ. ᑕᐃᒫᓪᓗ ᐃᓱᒪᕆᔭᐅᑐᐃᓐᓇᖅᑐᓃᑦ ᐋᖅᑭᑦᑎᐊᖅᓯᒪᖑᐊᖅᑐᐊᓘᔭᓚᐅᖅᑑᒐᓗᐊᖅ ᑭᓯᐊᓂ ᐱᓕᕆᔾᔪᑎᓯᓯᒪᓕᐅᓇᓂ.
Am I being responsive to the question, Madam Chairperson?	ᑭᐅᑦᑎᐊᕋᓗᐊᖅᑲᕋᖅᑲᐃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Dickson. Mr. Akoak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑑᓴᐲᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᑎᒃᓴᓐ. ᒥᔅᑕ ᐋᖁᐊᖅ.
Mr. Akoak: Thank you, Madam Chairperson. You had an acronym there that I don't understand and also for the people listening and watching, what is	**ᐋᖁᐊᖅ** (ᑑᓴᐲᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᓇᐃᓪᓕᑎᐊᖅᓯᒪᒻᒪᑦ ᑐᑭᓯᑖᕐᖏᓇᒃᑯ. ᐊᒻᒪᓗ ᑕᖅᑲᒃᑯᐊ ᓈᓚᑦᑐᑦ, ᑕᐅᑦᑐᑦᑐᓗ

PIA, if you can explain? Thank you, Madam Chairperson.	ᑭᓯᒪᒪᑦ PIA? ᖃᐅᔨᓐᓇᒫᒃ, ᐃᒃᓯᕐᐅᑕᖅ.
Chairperson: Thank you, Mr. Akoak. Ms. Keenan Bengts.	**ᐃᒃᓯᕐᐅᑕᖅ** (ᑐᓴᐸᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᒥᔭᑦ ᐊᖃᐅᐊᖅ. ᒥᔭ ᑭᓇᵒ <ᐃᖏᔪ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. PIA is short for privacy impact assessment. Thank you.	**ᑭᓇᵒ <ᐃᖏᔪ** (ᑐᓴᐸᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᐃᒃᓯᕐᐅᑕᖅ. PIA ᐃᒪᵒᓇ ᑲᵒᖓᓇᖅᑐᑕᓗᓂᓯᒍᑦ ᐊᑦᑐᖅᑕᐅᓯᒪᔪᓂᒃ ᖃᑲᐅᓴᔭᖅ. ᖃᐅᔨᓐᓇᒫᒃ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Akoak.	**ᐃᒃᓯᕐᐅᑕᖅ** (ᑐᓴᐸᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᒥᔭ ᑭᓇᵒ <ᐃᖏᔪ. ᒥᔭᑦ ᐊᑦᑯᐊᖅ.
Mr. Akoak: Thank you, Madam Chairperson. My next question is to the department. Can you clarify why your department's privacy impact assessment and electronic health record policies were not provided to the Information and Privacy Commissioner at the outset of her audit? Thank you, Madam Chairperson.	**ᐊᑦᑯᐊᖅ** (ᑐᓴᐸᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᐃᒃᓯᕐᐅᑕᖅ. ᐃ, ᐊᓇᓂᐊᖅᑲᓇᔪᕐᑐᑐᑕᓚᓕᔪᓂᓇᓕᑦ ᐊᐱᖅᑯᑎᑐ. ᑐᑭᓯᓇᖅᓯᑎᑎᐊᑭᓇᖅᐱᐅᖅ ᑕᒃᑯᐊ ᐱᑕᓚᖏᓐᓇ ᑲᔪᓯᖅᑐᑦᑐᑕᓂᓗᓂᒃ ᐊᑎᓚᓗ ᖃᑲᓴᐅᔪᖅᑎᒍᑦ ᑎᑎᕐᕕᒃᓴᓕᒫᓂᒃ ᐊᑐᐊᑕᓂᒃ ᖃᓄᐃᓕᓴᕐᓂᑦ ᐊᑐᐊᑕᐅᑎᑕᐅᓂᖅᓴᖅᑕᓂᒃ, ᐱᑕᖅᑲᖅᑎᑕᐅᓕᐅᖅᓴᖅᑕᓕᒃ ᑎᑕᐅᓂᓕᓚᓂᓗᓂᒃ, ᑲᔪᓯᖅᑐᑦᑐᑕᓂᓗᓂᒃᓗ ᑲᒥᓯᓇ ᑭᓕᓕᒫᖅᓴᕐᓕᓗᓂᒃᓗ? ᖃᐅᔨᓐᓇᒫᒃ, ᐃᒃᓯᕐᐅᑕᖅ.
Chairperson: Thank you, Mr. Akoak. Ms. Stockley.	**ᐃᒃᓯᕐᐅᑕᖅ** (ᑐᓴᐸᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᒥᔭᑦ ᐊᖃᐅᐊᖅ. ᒥᔭ ᓯᑕᒃᑕ.
Ms. Stockley: Thank you, Madam Chairperson. The conclusion I have reached on that is that they hadn't been tabled, so we're going to rectify that and they will be tabled. They're in for translation right now, so they will be tabled. Thank you, Madam Chairperson.	**ᓯᑕᒃᑕ** (ᑐᓴᐸᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᐃᒃᓯᕐᐅᑕᖅ. ᑕᵒᓇᓕᑕ ᖃᐅᔨᓴᓕᐅᖅᑕᕐᕋᓂ ᑕᕐᔪᓂ ᓴᖅᑭᑕᐅᓕᐅᖅᓯᒪᓕᐅᵒᓄᑦᒪᓕᑕ ᒪᑕᒪᑕᐅᕐᖃᓚᓂᑦ ᑕᵒᓇ ᐊᖅᑭᑎᐊᖃᕐᓂᖅ ᐃᵒᓇ ᐃᓇᑎᑐᑦᑐᖅᑎᑕᐅᕐᕕᑦᑕᐊᓂᑦ, ᐊᓗ, ᓴᖅᑭᑕᐅᓂᐊᓕᑕᖅᑐᑦ. ᖃᐅᔨᓐᓇᒫᒃ, ᐃᒃᓯᕐᐅᑕᖅ.
Chairperson: Thank you, Ms. Stockley. (interpretation) Are you done? (interpretation ends) Okay. Next on my list is Mr. Tom Sammurtok.	**ᐃᒃᓯᕐᐅᑕᖅ** (ᑐᓴᐸᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᒥᔭ ᓯᑕᒃᑕ. (ᑐᓴᐸᑎᔨᑭᓄᖅᑐᖅ) ᑕᐃᒪᓄᖅᑭᑦ? (ᑐᓴᐸᑎᒍᑦ) ᐊᑎᖃᐅᑎᒃᓴ ᒪᑕᓕᑐᑎᑦ, ᒥᔭᑦ ᑕᒪ ᓴᓪᒧᖅᑐᖅ.
Mr. Tom Sammurtok: Thank you, Madam Chairperson. I only have one question here and this is to the commissioner.	**ᑕᒪ ᓴᓪᒧᖅᑐᖅ** (ᑐᓴᐸᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᐃᒃᓯᕐᐅᑕᖅ. ᐊᑕᐅᓯᑐᐃᓐᓇᕐᒥᒃ ᐊᐱᖅᑎᑎᑲᖅᓴᖅᑕᖅᑐᖅᓯᓗ ᑲᒥᓯᓇᒪᑦ.
During your September 13, 2016 appearance before this Standing Committee you had stated that you "had a	ᓯᑎᐱᓗ 13, 2016-ᒥ ᑲᑎᒪᔨᕆᓪᓕᑦ ᓴᖅᓱᓂᑎᓪᓗᑎᑦ ᐅᖃᑲᓪᓕᖅᓯᒪᔪᖅ

hard time getting some of the policies that we asked for" from the Department of Health and that you discovered "through another source, that there was a set of privacy directives that had been drafted some years ago" that you did not receive from the Department of Health, who should have provided them when you had asked if there were privacy policies in place.	ᖃᒃᓄᖅ ᐃᓕᓴᖅᓯᓂᖅ ᖃᒃᓄᖅ ᐊᑐᐊᑕᐃᑦ ᐱᓴᓂᖅᑐᓪᓚᒥᒃᓯᒪᓕᒃ ᐊᑲᓂᕆᖃᑦᓇᓂᕐᓂᑕᑕᓚᓕᕆᓂᖅ ᖃᒃᐅᓕᓚᐅᖅᑎᓪᓗᐊ ᐃᓕᒥᑦᔪᑦᓴᓚᓂᕐᓂᑦ ᑎᑎᕐᖃᑕᐅᔪᕐᓇᐃᓂᐅᓕᒥᒃ ᐊᖏᔪᖅᓯᒪᓂᖅᑐᑦ ᑲᑎᕐᔪᒃ ᐊᓂᔪᓯᓚᖅᑐᑎᒃ ᒪᑉdᓂᖏᓐ ᑲᑲᓂᕆᖃᑦᓇᓂᕐᓂᑕᑕᓚᓕᕆᓂᖅᓗᒃ ᐱᓕᓕᓪᓗ. ᐃ, ᒪᑉdᐊ ᐱᑕᖃᖅᑎᑕᐅᔨᓚᐊᖃᖅᓴᐅᑕᐃᓐᓇᐊᖏᑦ ᑐᔪᕐᓴᒥᒃᑯ, ᑐᔪᕐᕋᓚᑦᐃᒪᓕᒃ ᐊᑐᐊᑲᖅᑕᖃᖅᓯᒪᔭᕐᓂᖅ ᐃᓕᒥᒪᓪᓗᓂᕐᓂᒃ.	
Did you experience any other instances of resistance or lack of cooperation from either the hospital or the department during the course of your audit? Thank you, Madam Chairperson.	ᐃᒪᓐᓇ ᖃᑭᐱᓗᓐᓂᕆᑦ ᖃᐅᔨᓴᖃᖅᐳᖅᓯᓂᕐᓂᐅᔨᖅᐸᑦ ᐱᓕᓚᖃᑎᖃᖅᒪᓐᓂᖅ ᐊᓐᓂᖃᓂᕐᓂᑕᑕᓚᓕᕆᓂᖅ ᐅᓪᓛᓗᓐᓄᑦ, ᐅᓪᓛᓗᓐᓄᓐᓂᑦ ᐊᓐᓂᐊᖃᖅᓴᓐᓂᕐᓂᑕᑕᓚᓕᕆᓂ ᑭᑦᑕᓯᓂᐊᖅᑦᑕᓯᐊᓗᑎᒃ? ᖃᓄᖅᓇᑦᑎᒃ, ᐃᓕᓴᐅᔨᒃᑯᖅ.
Chairperson: Thank you, Mr. Sammurtok. That question was already asked by your colleague, Mr. Mikkungwak. Do you have another question?	**ᐃᓕᓴᐅᔨᒃᑯᖅ** (ᑐᐃᓐᓇᑎᒍᑦ): ᖃᓄᖅᓇᑦᑎᒃ, ᒥᔭᑦ ᓴᓪᒧᖅᑐᖅ. ᑭᖅᓇ ᐊᐱᖅᑯᑕᐅᓴᓇᖅᐳᖅᓯᓪᓚᑦ ᒪᓕᓚᓕᐅᖅᑎᐅᖅᑎᖅᐳᓇᑦ, ᒥᔭᑦ ᒥᑭᖅᔪᐊᒧᑦ. ᐊᓕᐊᓂᒃ ᐊᐱᖅᑯᑎᖅᑎᖅᐳᐃᓐ?
Mr. Tom Sammurtok: No, I don't.	**ᓴᓪᒧᖅᑐᖅ** (ᑐᐃᓐᓇᑎᒍᑦ): ᐊᐅᓚ, ᐊᐱᖅᑯᑎᖅᑎᖅᐳᖅᓯᓂᕐᓂᖅᓚ.
Chairperson: Okay. Alright, we shall go on then to pages 16 to 22. Mr. Joanasie.	**ᐃᓕᓴᐅᔨᒃᑯᖅ** (ᑐᐃᓐᓇᑎᒍᑦ): ᑲᔪᓕᑐᑕ ᒪᑦᐱᓚᖅ 16-ᒥᒃ 22-ᒧᑦ. ᒥᔭᑦ ᔪᐊᓇᓕᓕ.
Mr. Joanasie: Thank you, Madam Chairperson. Good afternoon, Ms. Keenan Bengts, Mr. Dickson, and the officials from the GN.	**ᔪᐊᓇᓕᓕ** (ᑐᐃᓐᓇᑎᒍᑦ): ᖃᓄᖅᓇᑦᑎᒃ, ᐃᓕᓴᐅᔨᒃᑯᖅ. ᐅᓪᓓᓕᓴᐅᔪᑦ ᒥᔭ ᑭᓇᓪ <ᐃᓪᓴ ᐊᓯᒪ ᒥᔭᑦ ᑎᑎᕐᓪ ᐃᓪᖅᓴᐃᓇᓕᐅᖅᑐᑦᓗᒃ ᓄᓇᕗᑦ ᓴᓇᒪᓂᖅᓯᓪᓓᓕᓕᒫᓂᖅ.
My first question is towards the Information and Privacy Commissioner. On page 18 of your report you write that the government has previously indicated that it was conducting a jurisdictional review of health-specific privacy legislation and the management of electronic health records. You state that, in the course of your audit, you determined that "the review appears to have stalled." Can you clarify how it was determined that the government's jurisdictional review had stalled? Thank you, Madam	ᓯᕗᑦᓕᖅᑰᖅ ᐊᐱᖅᑯᑎᑎᕐᔨᓴᕆ ᑐᔭᕆᒪᔨᐅᓕᓂᑦᓴᓕᒃ ᑲᒥᓯᓚ 18-ᖓᓂᓄ ᐅᓄᐢᑲᓯᓄ. ᑎᑎᕆᖅᓯᒪᓕᒪᑦ ᓴᓇᒪᖅᑯᑦ ᓇᓗᓇᐃᖅᓯᓯᒪᓕᐅᖅᓯᒪᓕᒃ ᓴᓇᒪᓕᖅᑎᑦ ᓴᓇᒪᓕᖅᑎᖅᓯᐅᔨᒃ ᖃᕐᒥᖅᑭᓄᖅᓯᒪᓕᒃ ᐊᓯᓄᓕᕆᓂᖅᓴᓕᒫᓄᖅᓴᓇᓄᑦ ᐊᐱᖅᑯᑎᖅᑐᑦᓗᒃ ᐊᓯᒪᓗᓂᒃ ᐊᐅᓪᓚᕆᑎᓄᖅᑎᒃ ᐊᓯᓄᐊᖅᑐᑦᓗᒃᓴᐅᔨᓴᕆ ᐊᖏᓪᓚᕆᖅᑐᖅᓄᑦᓴᓕᒃᐳᖅᓯᒪᓂᖅᓄᑦ. ᑕᒪᓐᓇ ᑲᑐᖅᓯᒪᔨᖅᑎᑎᒍᓐᓇᖅᑐᑦ, ᑐᑭᓯᐊᓂᖅᑎᑎᒍᑦᑐᓂᓐᓇᖅᓯᐅᑦ ᖃᐅᔨᓴᕆᓂᖅᓴᓇᖅᑐᖅ ᖃᓄᖅᓇᑦᑎᒃ, ᐃᓕᓴᐅᔨᒃᑯᖅ.

Chairperson.	
Chairperson: Thank you, Mr. Joanasie. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. The fact of the matter is, as many of you well know and those who have seen me for many years appearing before this Committee, health-specific privacy legislation has been on my recommendation list for probably 15 to 17 years.	**ᑮᓇᓐ ᐸᐃᖕᔅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐃᒪᓐᓇᐃᑦᑑᒻᒪᑦ ᑕᐃᒪ ᐅᓄᖅᑰᓪᓗᓯ ᖃᐅᔨᒪᔪᒃᓴᐅᒐᔅᓯ ᐊᒻᒪᓗ ᐊᕐᕌᒍᒐᓴᓐᓂᒃ ᖃᐅᔨᖃᑦᑕᖅᓯᒪᒐᔅᓯ ᓵᔅᓯᓐᓃᑎᓪᓗᖕᒐ ᑲᑎᒪᔨᕋᓛᑦ. ᐋᓐᐊᖅᑲᖅᓇᖕᒋᑦᑐᓕᕆᓂᕐᒧᑦ ᑐᕌᖕᒐᓪᓚᑦᑖᖅᑐᖅ ᒪᓕᒐᐃᑦ ᐊᑐᓕᖁᔭᓐᓂᓯᒪᓕᕐᒪᑕ 15-17 ᐊᕐᕌᒍᓄᑦ.
The last I heard, I believe it was 2011-12. In response to my appearance, the department indicated they were doing a jurisdictional review. I say that it appears to have stalled because I haven't heard anything further about that. I haven't heard anything about the ongoing plan for creating health information legislation.	ᑕᐃᒪᓕ ᑭᖑᓪᓕᖅᐹᒥ ᑐᓴᕐᕕᒋᓚᐅᖅᓱᒋᑦ 2011-12-ᒥᐅᖅᑰᖅᑐᖅ ᑭᐅᔾᔪᑎᒋᓪᓗᒍ ᓵᔅᓯᓐᓃᑦᑐᖕᒐ ᐋᓐᓂᐊᖅᑲᖅᓇᖕᒋᑦᑐᓕᕆᔨᒃᑯᑦ ᐃᒪᓐᓇ ᓂᕈᐊᖅᑕᐅᓯᒪᕕᓐᓂ ᖃᒥᖅᕈᓇᖅ. ᑖᓐᓇ ᓄᖅᑲᖕᒐᖅᑰᔨᕆᓕᓚᐅᖅᑯ ᑐᓴᕐᕕᒋᓚᐅᖅᓯᒪᓐᖕᒋᓇᒃᑭᑦ ᖃᓄᒃᑲᓐᓂᖅ ᑐᓴᕐᕕᒃᑲᓐᓂᓚᐅᓐᖕᒋᓇᒃᑭᑦ. ᐃᒪᓐᓇ ᐸᕐᓇᑦᑕᐅᕙᓪᓕᐊᔪᓂᒃ ᓴᖅᑭᑦᑎᓂᕐᒧᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᖕᒋᑦᑐᓕᕆᔨᒧᑦ ᑐᓴᐅᒪᔾᔪᑎᓂᒃ ᒪᓕᒐᓕᐅᕐᓂᖅ.
We did have a meeting yesterday afternoon with Department of Health officials and learned that they are progressing, but at the time we did this report, there really didn't seem to be any activity or any progress in creating health-specific privacy legislation. Thank you.	ᐃᒃᐸᔅᓴᖅ ᐋᓐᓂᐊᖅᑲᖅᓇᖕᒋᑦᑐᓕᕆᔨᒃᑯᑦ ᑲᑎᒪᖅᑲᑎᒋᓚᐅᖅᑭᑦ. ᐱᕙᓪᓕᐊᔫᒐᓗᐊᖅᑰᖅ ᑭᓯᐊᓂᓕ ᑖᓐᓇ ᐅᓂᒃᑳᓕᐊᓕᕙᓪᓕᐊᑎᓪᓗᑎᒍ ᖃᓄᐃᓕᐅᕐᓂᖅᑕᖅᑯᔫᓕᐅᖕᒋᒻᒪᑦ ᐊᒻᒪᓗ ᐱᕙᓪᓕᐊᓂᖅᑕᖅᑯᔫᓕᐅᕐᓇᓂ ᑕᐃᒪᓐᓇ ᐋᓐᓂᐊᖅᑲᖅᓇᖕᒋᑦᑐᓕᕆᔨᒧᑦ ᑐᕌᖕᒐᓪᓚᑖᖅᑐᓂᒃ ᐱᖁᔭᓕᐅᕆᐊᔅᓴᖅ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Joanasie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie: Thank you, Madam Chairperson. Thank you for that response. A question for the Department of Health. Can you guys provide us an update on where that stands? Is it installed or where are you guys with that review? Thank you, Madam Chairperson.	**ᔪᐊᓇᓯ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᖁᔭᓐᓇᒦᓪᓗ ᑭᐅᔾᔪᑎᒋᔭᓐᓄᑦ. ᐋᓐᓂᐊᖅᑲᖅᓇᖕᒋᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ ᐊᐱᖅᑯᑎᒐ. ᐅᖅᑲᓇᐊᕈᓐᓇᖅᐱᓯ ᓇᓃᓕᖅᒪᖕᖔᖅ ᑖᓐᓇ ᓄᖅᑲᖕᒐᒻᒪᖕᖔᖅᔫᓐᓃᑦ ᐅᕝᕙᔫᓐᓃᑦ ᖃᒥᖅᕈᓇᖅ ᑕᒪᓐᓇ ᓱᑯᑦᑎᐊᓃᓕᖅᐸ? ᓇᓃᓕᖅᐸ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ,

Chairperson. As I mentioned earlier, Health is in the process of developing the legislative proposal to protect the integrity of health information. It's the intent of the department to be ready to introduce the legislative proposal early in the next government. As it is a new piece of legislation, it's also expected that significant public consultation will have to occur on this, especially in Nunavut where there are other interpretations with regard to privacy.	ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᒪ ᐅᕐᑲᖅᑲᐅᒐᒪ ᐋᓐᓂᐊᕐᑲᕐᓇᓐᖏᑦᑐᓕᕆᔩᒃᑯᑦ ᒫᓐᓇ ᐱᕐᑯᔭᒃᓴᓕᐅᖅᐸᓪᓕᐊᔪᒍᑦ ᓴᐳᒻᒥᒃᓯᓂᕐᒧᑦ ᐋᓐᓂᐊᕐᑲᕐᓇᓐᖏᑦᑐᓕᕆᔨᒧᑦ ᐱᕐᑯᔭᓕᐅᕐᓂᖅ. ᑕᐃᒪ ᐱᓕᕆᕝᕙᐸᐳᑦ ᓴᖅᑭᑦᑎᔪᓐᓇᖅᓯᒐᓲᓐᓂᐊᖅᑐᑦ ᐱᕐᑯᔭᒃᓴᓂᒃ ᒐᕙᒪᐃᑦ ᓄᑖᑦ ᓴᖅᑭᕋᑖᕐᓂᑰᑎᓪᓗᒋᑦ. ᑖᒃᑯᐊ ᒪᓕᒐᒃᓴᓕᐊᕆᔭᕗᑦ ᑕᖅᑲᒃᑯᓇᖕᒐᑦ ᐃᓄᓐᓂᑦ ᑐᓴᕋᑦᑐᒻᒪᕆᐅᑲᐃᓐᓇᕐᓂᐊᕋᑦᑕ ᐱᓗᐊᖅᑐᒥ ᓄᓇᕗᒻᒥ ᐃᒪᓐᓇ ᐊᔾᔨᒋᓐᖏᑕᖏᓐᓂ ᑐᑭᓯᐅᒪᓂᖅᑕᕐᑲᐅᕐᒪᑦ ᐃᒻᒥᒎᖕᒐᔪᓂᒃ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ.
One of the pieces of information that was shared with us when we were doing consultations on the *Mental Health Act* was that communities and individuals in communities with families have views on health information. From that context as well as based on a jurisdictional scan, we do know that significant consultations will be required.	ᑕᐃᒪᓕ ᑐᓴᕋᓱᑉᐸᓪᓕᐊᑎᓪᓗᑕ ᐃᓱᒪᓕᕆᓂᕐᒧᑦ ᐱᕐᑯᔭᓕᐅᕐᕙ ᓄᓇᓖᑦ ᐃᓄᐃᓪᓗ ᐃᓚᔮᖏᓪᓗ ᐊᑐᖅᑕᐅᕐᑲᑦᑕᖅᓯᒪᔪᑦ ᑕᐃᒃᑯᓄᖕᒐᑦ ᑐᓴᐅᒪᔾᔪᑎᔅᓴᓄᑦ ᐋᓐᓂᐊᕐᑲᕐᓇᓐᖏᑦᑐᓕᕆᓂ. ᑕᕝᕙᖕᒐᓪᓕ ᑕᐅᑦᑲᓪᓗᒍ ᐊᒻᒪᓗ ᕿᒥᕐᕈᕙᓪᓕᐊᓗᓂ ᑕᐃᒪ ᑕᖅᑲᒃᑯᓇᖕᒐᑦ ᑐᓴᕋᕆᐊᕐᑲᕐᓂᐊᕋᑦᑕ.
The short answer is we hope to be ready. We plan to be ready really early in the next government with the legislative proposal. Thank you, Madam Chairperson.	ᐊᑐᐃᓐᓇᐅᓕᕋᔭᖑᐊ ᐸᕐᓇᒃᓯᒪᔭᕋᓗᐊᕗᑦ ᐊᑐᐃᓐᓇᓕᕋᔭ ᒐᕙᒪᐃᑦ ᓄᑖᑦ ᐱᕆᐊᓕᓵᖅᑎᓪᓗᕆᑦ ᐱᕐᑯᔭᒃᓴᓂ ᓴᖅᑭᑦᑎᕙᕆᓗᑎᒍ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie: Thank you, Madam Chairperson. Thank you for that response. I'm going to move back to the privacy commissioner's office.	**ᔪᐊᓇᓯ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᖁᔭᓐᓇᒦᓪᓗ ᑭᐅᔾᔪᑎᒋᔭᕐᓄᑦ. ᑖᒃᑯᐊ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑐᓴᐅᒪᔾᔪᑕᐅᑎᓕᕆᓂᕐᒧᓪᓗ ᑲᒥᓯᓇᐅᑉ ᑎᑎᕋᕝᕕ.
In your report you recommend that a chief privacy officer position be created to address the lack of adequate privacy management within the hospital. You state that "What exists is confusion over what is required by employees, and in some cases their managers, in order to comply with ATIPPA and privacy best practices. In some cases, certain individuals may be	ᐊᑐᓕᕐᑯᔫᓯᒪᒐᕝᕙᑦ ᐅᓇᑐ ᑖᓐᓇ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᐱᓕᕆᔨᒥᒃ ᑕᒪᒃᑯᐊ ᑲᒪᒋᔭᐅᑦᑎᐊᓐᖏᓗᐊᕐᓂᖕᒋᓐᓄᑦ ᐃᒻᒥᒎᖕᒐᔪᑦ ᐋᓐᓂᐊᕝᕕᒻᒥ. ᐅᕐᑲᖅᓯᒪᒋᓪᓗᑎ ᐱᑕᕐᑲᖅᐸᕇᖅᑑᒐᓗᐊᑦ ᓇᓗᔭᐅᕈᔪᖅᑯᕐᒥᒻᒪᑦ ᒪᓕᒍᓐᓇᕐᑯᓪᓗᒋᑦ ᑖᒃᑯᐊ ᐱᕐᑯᔭᕐᓂ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᐃᑖᓐᓂ ᑕᒪᒃᑯᐊ

contacted when staff have privacy questions…" Based on your findings, what specific positions… ? I think it was touched up on.	ᐃᒻᒥᒨᖓᔪᓂᒃ ᐊᑐᕐᓂᓗᒃᑕᐅᓯᕆᑦᑎᔫᑦ. ᑕᐃᒃᑯᐊᓗ ᖃᐅᔨᓴᓯ ᑐᓐᖓᕕᒋᓪᓗᒋᑦ. ᐅᖃᐅᓯᐅᒐᓛᖅᑰᖅᑲᐅᔫᒐᓗᐊ ᑕᒪᓐᓇᐅᑎᓪᓗᒍ.
Also with that, Ms. Keenan Bengts said that there are two positions that don't have privacy backgrounds. Would you suggest that there be extensive training for those two positions? I know one of your recommendations is for a privacy officer. What training or what requirements would you see that position within the hospital have? Thank you, Madam Chairperson.	ᒥᔅ ᑇᓇᓐ ᐸᐃᖕᔅ ᐅᖃᖅᑲᐅᒻᒪᑦ ᒪᕿᒻᒪᑎᒎᖅ ᐃᖅᑲᓇᐃᔮᒃ ᐱᓕᕆᓯᒪᓂᑰᓐᓇᑎᒃ ᑲᓐᑑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᐃᒻᒥᒨᖓᔪᒥᒃ. ᑕᐃᒪᓕ ᐅᖃᕋᓯᑉᐲᑦ ᐃᒪᓐᓇ ᐱᓕᒻᒪᒃᓴᔭᐅᒃᑲᓐᓂᖅᑐᒻᒪᕆᐅᑉᐸᑎᒃ ᑖᒃᑯᐊ ᐃᖅᑲᓇᐄᔭᖅ ᒪᕿᒃ ᑕᐃᒫᒃ ᐊᑐᓕᖅᑯᔭᓯ? ᐃᒪᓐᓇ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᑦᑎᐊᒻᒪᕆᒋᐊ ᐃᒻᒥᒨᖓᔪᓕᕆᓂᐅᒥ? ᖃᓄᖅ ᐱᓕᒻᒪᒃᓴᐅᔭᕆᐊᖅᑯᐃᓕᒑᕕᒃ ᑖᓐᓇ ᐃᖅᑲᓇᐄᔭᖅ ᐋᓐᓂᐊᕖᒥ ᐃᓂᒋᔭᐅᑉᐸᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Joanasie. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅ ᑇᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. I think you will find that our report actually contains pretty much a job description for the chief privacy officer that we have in mind. There's a whole array, I think it's almost two pages long, of the responsibilities that would go to this person.	**ᑇᓇᓐ ᐸᐃᖕᔅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᒪ ᑕᑯᓂᐊᖅᑐᔅᓴᐅᒍᑎᑦ ᐅᓂᑳᒍᑦ ᐃᒪᓐᓇ ᐃᖅᑲᓇᐄᔅᓭᓇᙳᓐᒍᐊᖅᑕᕆᓐᓂᒃ ᐃᒻᒥᒨᖓᔪᓕᕆᔨᐅᑉ ᐃᓱᒪᕆᔭᑦᑎᓐᓂ. ᐊᔾᔨᒌᓐᖏᕈᓗ ᒪᒃᐱᒫᒃ ᒪᕿᖃᓭᐅᖅᑰᖅᑐᑦ ᑖᒃᑯᐊ ᐱᔭᒃᓭᓇᒐᔭᖅᑕᕆᑦ ᑖᓯᒪ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᑉ.
I think I heard in your question whether the two existing positions need further training in accessing privacy. With respect to them, we met at least one of them and she was very anxious to do the right thing and to give the right information, but that wasn't her only job. Her job was much broader in terms of orientation, initiation of policies and procedures as a whole as opposed to the privacy bits. She had a little bit of information, but she didn't have all of the information. Her role was limited to orientation. We didn't get to the meet the quality control people, so I don't know what kind of credentials they have.	ᑦᑯᓂ ᐊᐱᖅᑯᑎᒋᔭᕐᓂ ᑐᓵᖅᑰᔨᕋᑖᕋᒪ ᒪᕿᒃ ᑕᐃᒃᑯᐊ ᒫᓐᓇ ᐃᖅᑲᓇᐄᔭᖑᔫᒃ ᐱᓕᒻᒪᒃᓴᔭᐅᒃᑲᓐᓂᕆᐊᖃᕐᒪᖔᑎᒃ ᐊᑐᐃᓐᓇᖃᖅᓂᖏᑦ ᐃᒻᒥᒨᖓᔪᓂᒃ. ᑕᐃᒃᑯᐊᓕ ᐱᑦᑐᕆ ᐊᐃᑉᐸᖓ ᑕᐃᓐᓇ ᑲᑎᖃᑎᒋᔪᓐᓇᓚᐅᕋᑦᑎᒍ ᐱᓕᕆᑦᑎᐊᕈᒪᔪᒻᒪᕆᐅᓚᐅᕐᒪᑦ ᑐᓴᐅᒪᔾᔪᑎᓂᓪᓗ ᑕᒻᒪᓐᖏᑦᑐᓂ ᐱᔪᓂ ᑭᓯᐊᓂ ᐃᖅᑲᓇᐄᔪᑐᐊᕆᓚᐅᓐᖏᒻᒪᒍ. ᐱᔭᒃᓵᒃᑲᓂᖅᑐᒻᒪᕆᐅᓚᐅᕐᒪᑦ ᐃᒪᓐᓇ ᐃᖅᑲᓇᐃᔭᓕᕵᖅᑐᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᑎᓂᕐᒧᑦ ᐊᑐᐊᒐᐃᑦ ᐊᑐᖅᑕᐅᕙᓪᓕᐊᔭᐅᔭᕆᐊᑖᓪᓗ ᐊᑕᖏᖅᓗᒋᑦ. ᐃᒪᓐᓇ ᐃᒻᒥᒨᖓᔪᓕᕆᓂᕐᒧᑑᓐᖏᑦᑐᖅ. ᖃᐅᔨᒪᔭᐅᖃᒐᓛᑦᑑᒐᓗᐊᖅ ᑭᓯᐊᓂ ᓈᒻᒪᖏᑦᑐᓂᒃ ᖃᐅᔨᒪᔭᖃᓚᐅᕐᒪᑦ. ᐃᒪᓐᓇ ᐃᓱᓕᑦᑕᕐᓂᖃᓚᐅᕐᒪᑦ ᐱᓕᕆᔪᓐᓇᕐᓂᕆᔭᖓ. ᑕᐃᒃᑯᐊᓕ ᐱᐅᒐᓗᐊᕐᒪᖔᑕ ᐃᒪᓐᓇ ᐊᔪᓐᖏᓐᓂᕆᔭᖏᑦ ᖃᐅᔾᔪᓐᓇᓚᐅᓐᖏᑕᕗᑦ ᑕᐃᒪᐃᑦᑐᓂᑦ ᐱᓕᕆᓯᒪᓂᖃᓐᖏᑎᓪᓗᒋᑦ.
Health privacy in particular is a fast-changing area. It's complicated. I have been doing this for 20 years and I felt it	ᐃᒻᒥᒨᖓᔪᓕᕆᓂᖅ ᑕᒪᓐᓇ ᐊᓯᔾᔨᐸᓪᓕᐊᔫᒪᕆᒃ. ᐱᔭᕆᑐᔫᓪᓗᓐᒋ ᐃᓗᓕᑯᔅᓴᓕᐊᔅᓪᓗᓂᓗ. ᑕᐃᒪ ᐱᑕᖃᕆᐊᖅᑰᔨᒋᔭᕋ ᐅᑭᐅᓂᑦ ᐊᕙᑎᓂᑦ ᐱᓕᕆᐊᕆᓕᕋᒃᑯ.

necessary to ask Mr. Dickson to assist me because he has the necessary and requisite background in health privacy matters. It changes on a day-to-day basis. The technology changes. The way things are done changes. The flow of information changes. It’s not something that somebody can do off the side of their desk. It’s not something that somebody can do as a part of another job. It’s a job that needs to be done by somebody who has that sole focus and that is privacy. Thank you.	ᒥᔅᑕ ᑎᒃᓯᓐ ᐃᑲᔪᖅᑎᒋᔪᒪᓚᐅᕋᒃᑯ ᑖᓐᓇ ᐱᓕᕆᓯᒪᓂᖅᑲᑦᑎᐊᖅᒪᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᖕᒋᑦᑐᓕᕆᓂᖅᒧᑦ ᐃᒥᒻᒨᖕᒐᔪᑦ ᐅᑦᑐᑕᒫᑦ ᐊᓯᔾᔨᖅᐸᓪᓕᐊᖕᖏᓐᓇᐅᔭᖅᒪᑦ ᐃᖅᑲᓇᐃᔭᐅᑎᖕᒋᑦᑐ ᐊᓯᔾᔨᖅᐸᑦᑐᑎᑦ ᐊᒻᒪᓗ ᐃᖅᑲᓇᐃᔭᕈᓯᖕᒋᑦ ᒪᑯᐊᓗ ᑐᓴᐅᒪᔾᔪᑏᑦ ᐃᖕᒋᖅᑲᓂᖕᒋᑦ ᐊᓯᔾᔨᐸᓪᓕᐊᖕᒋᓐᓇᖅᑐᑎᑦ. ᐃᒪᓐᓇ ᓴᓂᕚᒍᑦ ᐱᓕᕆᐊᕆᔭᐅᔪᓐᓇᖕᒋᒻᒪᑦ. ᐃᒪᓐᓇ ᐃᓚᒋᓗᑎᓯᒪᔪᓂᒃ ᐱᔭᒃᓴᖕᒋᓐᓄᑦ. ᑭᓯᐊᓂ ᐃᖅᑲᓇᐃᔫᖕᒍᒻᒪᑦ ᑖᔅᓯᒥᖕᒐᑐᐊᖅ ᑕᐅᑐᒐᖅᑲᖅᑐᒥ ᐱᓕᕆᐊᖅᑲᖅᑐᖕᒐ ᐱᓕᕆᐊᖕᒍᔭᕆᐊᖅᑲᖁᓗᐊᖅᒪᑦ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Joanasie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᖓᔅ. ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie: Thank you, Madam Chairperson. I’m going to move it back to the Department of Health. Can you give us a list of all the different directives, policies, and procedures concerning privacy, security of information and electronic health records that are currently in place at the hospital? Thank you, Madam Chairperson.	**ᔪᐊᓇᓯ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐋᓐᓂᐊᖅᑲᖅᓇᖕᒋᑦᑐᓕᕆᔩᒃᑯᓐᓂ ᓵᒃᑲᓐᓂ. ᑖᒃᑯᐊ ᒪᓕᑦᑕᐅᔭᕆᐊᓕᖕᒋᓐᓂ ᑎᑎᖅᑲᓯᒪᔪᓂᒃ ᐱᑦᑐᒋᑦ, ᐃᒻᒥᒨᖅᑐᓕᕆᓂᖅ ᑭᑦᑕᐅᓯᒪᔭᕆᐊᖅᑲᖅᓂᖕᒋᑦᑐ ᑕᒪᒃᑯᐊ ᖃᖅᓴᐅᔭᖅᑎᒍᑦ ᑎᑎᖅᑲᑕᐅᓯᒪᕙᑮᖅᑐᑦ ᒫᓐᓇ ᐋᖅᑭᓯᒪᔪᖅ ᐋᓐᓂᐊᕝᕕᒻᒥ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅ ᓯᑖᒃᓚ.
Ms. Stockley: Thank you, Madam Chairperson. I’m sorry, I don’t have that level of detail with me, but I can certainly get it and provide it to the Member. Thank you, Madam Chairperson.	**ᓯᑖᒃᓚ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᒪᒥᐊᓇᖅ ᒫᓐᓇ ᐱᓯᒪᖕᒋᑕᒃᑲ ᑭᓯᐊᓂ ᐱᔪᓐᓇᑕᒃᑲ ᐊᑐᐃᓐᓇᐅᑎᓪᓗᒋᓪᓗ ᒪᓕᒐᓕᐅᖅᑎᒧᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. If you could provide that through the Chair, then I’ll make sure that everybody gets the same information.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓚ. ᐃᒃᓯᕙᐅᑕᖅ ᐊᖅᑯᑎᒋᓗᒍ ᑖᒃᑯᐊ ᐊᔾᔨᒌᑦᑐᒥᒃ ᑐᓂᐅᖅᑲᖅᓂᐊᖅᑭᑦ.
Mr. Joanasie, you’re done? Okay. I think now would be a good time to take a short break. We will take a 15-minute break.	ᒥᔅᑕ ᔪᐊᓇᓯ, ᑕᐃᒫᖅᐲᑦ? ᑕᐃᒪᓕ ᒫᓐᓇ ᓄᖅᑲᖕᒐᑲᐃᓐᓇᖅᑐᑕ. 15 ᒥᓂᑦᓯᒥᒃ ᓄᖅᑲᖕᒐᑲᐃᓐᓇᓂᐊᖅᑯᒍᑦ.
>>Committee recessed at 15:02 and resumed at 15:24	*>>ᑲᑎᒪᔨᕋᓛᑦ ᓄᖅᑲᖕᒐᑲᐃᓐᓇᖅᑐᑦ 15:02-ᒥ ᐊᒻᒪᓗ ᐱᒋᐊᒃᑲᓐᓂᖅᑐᑎᒃ 15:24-ᒥ*

Chairperson: Welcome back. Mr. Rumbolt, you're next on the list. Mr. Rumbolt.	ᐃᒃᓯᕋᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᑐᓐᖓᓱᒋᔅᓯ ᐅᑎᖅᓯ. ᒥᔅᑕ ᕋᒻᐹᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. My first couple of questions are going to be to the privacy commissioner. On page 33 of your report you state that "There is a potential for single-minded focus on the general patient complaints process to create confusion and conflicting approaches with the need to efficiently manage both privacy complaints and access by patients or their surrogates to their PHI." Can you clarify what you mean by this statement? Thank you, Madam Chairperson.	ᕋᒻᐹᑦ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕋᐅᑖᖅ. ᑖᓐᓇ ᐊᐱᖅᑯᑎᒋᓂᐊᖅᑕᖁ ᓯᕗᓪᓕᖅᐹᖅ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᖏᑦ ᑲᒥᓯᓇᒧᑦ. ᒪᐸᖅᑐᒐᖅ 33-ᒥ ᐅᓂᒃᑳᖅᓂ ᐅᖃᖅᓯᒪᔪᑎᑦ ᓵᖓᔭᐅᒃᑲᓐᓂᕆᐊᓕᒫᖅ ᐅᖃᐱᓘᑎᖃᖅᓂᐊᖅᑐᓂ ᑭᓇᒧᑦ ᐅᐸᒍᑎᒍᓐᓇᖅᒪᖔᑦ ᑕᐃᒃᑯᐊ ᐃᒻᒥᓅᖓᔪᑦ ᐅᖃᐱᓘᑏᑦ ᑲᒪᒋᔭᐅᖃᑦᑕᕈᓐᓇᖅᓂᐊᖅᒪᑕ ᑕᒪᒃᑯᓂᖓ ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ. ᓇᑯᓇᐃᖅᓯᔪᓐᓇᖅᐲᑦ ᑕᐃᒪᐃᖓᕙᑦ ᖃᓄᖅ ᑕᒪᓐᓇ ᑐᑭᖃᖅᒪᖔᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕋᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Keenan Bengts.	ᐃᒃᓯᕋᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕋᒻᐹᑦ. ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. I'm going to defer and ask Mr. Dickson, who has experience in this area, to answer this question. Thank you.	ᑮᓇᓐ ᐸᐃᖕᔅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕋᐅᑖᖅ. ᑖᓐᓇ ᐱᓕᒻᒪᖅᓯᒪᓂᖅᓴᐅᒻᒪᑦ ᐱᖃᑎᒐ ᑖᔅᓱᒧᖓ ᑐᕌᖅᑎᓐᓂᐊᖃᒃᑯ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Dickson.	ᐃᒃᓯᕋᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᔅᑕ ᑎᒃᓴᓐ.
Mr. Dickson: Thank you for the question. What we're talking about is something that has been experienced in a number of jurisdictions. Since there has been more focus on creating quality assurance offices or kind of patient complaint offices right across the country, and here is the situation or the potential conflict: when somebody makes an access request to see their own information. That is one of the most frequent complaints generally hospitals and health centres will receive.	ᑎᒃᓴᓐ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕋᐅᑖᖅ. ᖁᔭᓐᓇᒦᒃ ᐊᐱᖅᑯᑎᒋᔭᖓᓄᑦ. ᑕᐃᒃᑯᐊ ᐅᖃᐅᓯᕆᔭᕗᑦ ᐊᑐᖅᑕᐅᖃᑦᑕᖅᓯᒪᒻᒪᑕ ᖓᕋᒪᖃᖅᐸᒥ ᐊᓯᑦᑎᓐᓂ ᐊᒻᒪᓗ ᓈᖓᓂᖅᓴᐅᓕᖅᒪᑕ ᒪᑯᓂᖓ ᐱᐅᓂᖅᐹᓂᒃ ᓴᖅᑮᔭᖅᑎᑦᑎᓇᓱᐊᓂᖅᒧᑦ ᐱᓕᕆᐊᓂᒃ ᐊᒻᒪᓗ ᐅᖃᐱᓘᑎᖅᖅᑐᓄᑦ ᓇᒧᖓᐅᔭᕆᐊᔅᓴᖅ ᑕᐃᒪᐃᑦᑐᒥᒃ ᑎᑎᖅᑲᖃᐅᓕᖅᓂᖓᓄᑦ ᐅᓐᓂᖅᓗᖃᐅᕙᓐᓇᖅᑎᓂᒃ ᑎᑎᖅᑲᓐᓂ ᑲᓇᑕᓕᒫᒥ, ᑕᕝᕙᓂᓗ ᐊᑲᐅᙱᓕᐅᖅᑐᖅᑐᐃᓐᓇᕆᐊᓕᒃ: ᑭᓇᑐᐃᓐᓇᖅ ᓇᒻᒥᓂᖅ ᐃᒻᒥᓅᖓᔪᓂᒃ ᑎᑎᖅᑲᓂᒃ ᑕᑯᔪᒪᓂᖅᐸᑦ. ᑖᓐᓇ ᐅᓐᓂᖅᓲᑕᐅᖏᓐᓇᐅᔭᖅᐸᑦᑐᑦ ᐋᓐᓂᐊᕕᓐᓄᑦ.
Somebody wants to see their chart or a part of their file. Under the law, both under access to information and protection of privacy here or a standalone health	ᑭᓇᑐᐃᓐᓇᖅ ᑕᑯᔪᒪᒍᓂ ᑎᑎᖅᑲᐅᓯᒪᔪᖅᑯᑎᒥᓂ ᐃᓚᖓᓂᓪᓘᓐᓃᑦ, ᒪᓕᒐᐅᑉ ᐃᓗᓕᖓᑦᑎᒍᑦ ᑐᓴᐅᒪᔾᔪᑎᓂᒃ ᐊᑐᐃᓐᓇᖅᑲᖅᓂᖅᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐃᒻᒥᑰᖅᑐᑦ

information law, the role of the health custodian is to respond by providing access within 30 days. It doesn't matter what your reason is for asking to see your file. It's just a fundamental right that is treated by the Supreme Court as a quasi-constitutional right.	ᒪᓕᒐᖕᒋᑎᒍᑦ, ᑖᓐᓇ ᐸᐸᕐᑎᔾ ᑭᐅᔭᕆᐊᓕᒃ ᐅᓪᓗᐃᑦ 30 ᑐᖕᒑᓂ. ᑭᓱᓂᒃ ᐱᔾᔪᑎᖃᕋᓗᐊᕈᓂ ᑭᓱᓂᓪᓘᓐᓃᑦ ᐱᔾᔪᑎᖃᕈᓂ ᑕᑯᔪᒪᒍᕕᒋᑦ ᐸᐃᑉᐹᖁᑎᑎᑦ ᐃᓕᓐᓅᖕᒐᔪᑦ ᐱᔪᓐᓇᐅᑎᖃᖅᐳᑎᑦ ᐊᒻᒪᓗ ᐃᖅᑲᖅᑐᐃᔨᕐᔪᐊᖅᑎᒍᑦ ᓲᕐᓗᒎᖅ ᑐᓐᖓᕕᑦᑐᑦ ᐱᔪᓐᓇᐅᑎᒋᒻᒪᒍ.
What has happened with quality assurance people is they're kind of interested in risk management. We have seen a situation where somebody makes a request to see their file and they're told, "Well, why do you want to see the file? We are now referring you to our quality assurance person." They're going to ask questions about "Do you have some problem with your doctor? Do you have some problem with the care you received? Why would you want to see your file?" The effect frustrates the very simple exercise of a right of access that is provided for by law.	ᑕᐃᒪᐃᑦᑐᓕᕆᔨᐅᔪᑦ ᐅᓗᕆᐊᓇᖅᑐᒧᐊᕐᑯᔨᓐᖏᒧᑦ ᐊᒻᒪᓗ ᑕᑯᖃᑦᑕᖅᓯᒪᓪᓗᑕ ᓲᕐᓗ ᑐᒃᓯᕋᖅᑐᖃᕐᓂᖅᐸᑦ ᐸᐃᑉᐹᓂᒃ ᐃᒻᒥᒨᖕᒐᔪᓂᒃ ᐊᐱᖅᓴᐅᓇᓴᖅᑐᖅ, ᖃᓄᐃᒻᒪᑦ ᑕᑯᔪᒪᕕᑦ ᑕᐃᒪᐃᑦᑐᓕᕆᔨᒧᑦ ᑐᓵᖅᑎᓐᓂᐊᕋᒃᑭᑦ ᐊᒻᒪᓗ ᐊᐱᖅᑯᑎᖃᕐᓂᐊᓇᓪᓗᑎᒃ ᐊᑲᐅᖕᒋᓕᐅᕈᑎᒋᒐᕕᐅᒃ ᑕᐃᓐᓇ ᔫᑦᑖᖅ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓅᓕᓴᐃᔭᐅᓂᓇᓚᐅᖅᑕᐃᑦ ᐱᐅᒋᓐᖏᓐᓇᓂ. ᑕᒪᒃᑯᐊ ᐊᐱᖅᑯᑎᒋᔭᐅᖃᑦᑕᖅᑐᑦ ᒪᓕᒐᖅᑎᒍᑦ ᑕᐃᒪᐃᑦᑕᓇᐊᖃᕐᒥ.
What is really important is that people providing quality assurance need to understand what the access procedure is to understand that that is something that is separate from somebody wearing their hat as a quality assurance person. That is the tension. It doesn't mean that either one of those two objectives is inappropriate or improper. They are both important objectives, but there has to be some particular training to avoid that kind of conflict I have tried to describe for you. Thank you.	ᐃᓄᐃᑦ ᑕᐃᒪᐃᑦᑐᓕᕆᔨᐅᔪᑦ ᑐᑭᓯᑎᐊᕆᐊᓖᑦ ᓱᕗᓐᖓᓂ ᒪᑯᓂᖓ ᑐᒃᓯᕋᖅᑐᖃᖅᑎᓪᓗᒍ ᖃᓄᐃᑦᑐᓂᒃ ᒪᓕᒋᐊᖃᕐᒪᖕᒌᑕ ᓲᕐᓗ ᑕᐃᒪᐃᓕᖕᒐᓪᒪᑦ ᑕᐃᒪᓐᓇᒃ ᐱᔾᔪᑎᖃᖅᑐᓂ ᐊᐱᖅᓲᖅᑕᐅᓲᖕᒍᕗᑦ. ᓈᒻᒪᖕᒋᑦᑑᖕᒋᑦᑐᖅ ᐱᕐᔪᐊᖕᒍᒻᒪᑕ ᑖᒃᑯᐊ ᐊᐱᖅᑯᑎᒋᔭᐅᔭᓇᐊᒃᓴᖅ. ᐃᓕᓐᓂᐊᖅᓯᒪᓗᓂ ᑭᓱᐊᓂ ᑕᒪᒃᑯᓂᖓ ᑐᑭᓯᑎᐊᖅᓯᒪᓇᔭᖅᑐᖅ ᓱᒻᒪᑦ ᑕᒪᒃᑯᐊ ᒪᓕᑦᑕᐅᕆᐊᖃᕐᒪᖕᒌᖕᒋᑦ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Mr. Dickson. Mr. Rumbolt.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᑎᒃᓴᓐ. ᒥᔅᑕ ᖃᒻᐴᑦ.
Mr. Rumbolt: Thank you, Mr. Chairman. My follow-up question will probably also go to Mr. Dickson. In your view, does the Qikiqtani General Hospital's current practice of dealing with patient complaints suffer from this type of "single-minded	ᖃᒻᐴᑦ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᒥᔅᑕ ᑎᒃᓴᒻᒨᖅᓂᐊᖅᑐᒃᓴᐅᔪᖅ ᐊᐱᖅᑯᒋᒃᑲᓐᓂᖅᑕᕋ. ᐃᕝᕕᑦ ᐃᓱᒪᒋᔭᖕᒐᒍᑦ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᒃ ᒪᓐᓇ ᐱᐅᓯᖕᒋᑦ ᑕᒪᒃᑯᓂᖓ ᐅᖃᐱᓗᑦᑐᖃᖅᑎᓪᓗᒍ ᑕᒪᓐᓇᓴᐃᓐᓇᑦᑕᐅᖅ ᐃᓗᐊᑦᑎᐊᖕᒋᔾᔪᑎᖃᓇᕚ?

focus”? Thank you, Madam Chairperson.	ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. Mr. Dickson.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕋᒻᐹᑦ. ᒥᔅᑕ ᑎᒃᓴᓐ.
Mr. Dickson: Well, my observation would be this: when we went in the hospital, there was information about the quality assurance program. I’m not using the correct name, but this program has been set up, it’s on the website, I think, of the hospital, and they talk about the program. As I recall, in the hospital it may have been close to the front door. There were some posters and there were also brochures there.	ᑎᒃᓴᓐ (ᑐᓵᔨᑎᒍᑦ): ᐃᒪᐃᓕᖓᒍᕗᖅ ᐋᓐᓂᐊᕕᓕᐊᕋᑦᑕ ᑐᓴᒐᒃᓴᖅᑕᖅᑲᓪᓚᐅᖅᑐᖅ ᑕᐃᒻᑎᐊᖅ ᓇᓗᓇᐃᔭᐃᒍᑎᒥᒃ. ᑕᐃᑦᑎᐊᖅᑰᓐᖏᑕᕋᓗᐊᕋ, ᑭᓯᐊᓂ ᓵᖅᑭᑕᐅᓯᒪᔪᖅ ᑕᒪᓐᓇ, ᖅᑲᕋᓴᐅᔭᒃᑰᖅᑎᑕᐅᓯᒪᖅᑰᖅᑐᖅ ᐋᓐᓂᐊᕕᒻᒧᐊᖓᔪᒥᒃ. ᐃᖅᑲᓇᐃᔭᖅᑎᐅᔪᖅ ᖅᑲᕋᓴᐅᔭᐃᑦ ᐃᑭᐊᖅᑭᕕᖏᑎᒎᖅᑎᑕᐅᓯᒪᔪᑦ. ᐃᖅᑲᐅᒪᒍᒪ ᐋᓐᓂᐊᕖᐅᑉ ᐹᖓᓃᓪᓚᐅᖅᑐᒃᓴᐅᔪᖅ. ᐊᑭᓐᓇᒥᐅᑕᖅᑲᓪᓚᐅᖅᑐᖅ ᑎᑎᕋᖅᑕᐅᓯᒪᔪᓂᓪᓗ ᑎᒍᔭᔅᓴᖅᑕᖅᑲᓪᓚᐅᖅᑐᖅ..
There was nothing that talked about the patient’s right of access. There was nothing. There were no brochures. There were no posters. There was no information that is readily available to people who come into QH for service. There is just nothing that provides that information to them. It’s something we identified as being problematic.	ᐋᓐᓂᐊᕕᓕᐊᖅᑎᐅᑉ ᐱᔪᓐᓇᐅᑎᖏᓐᓂᒃ ᐅᖅᑲᐅᓯᓕᓐᓂᒃ ᐅᕝᕙᓘᓐᓃᑦ ᖅᑲᓄᖅ ᐃᒻᒥᒨᖓᔪᓂᒃ ᐱᔪᒪᒍᓂ ᖅᑲᓄᐃᓕᐅᕆᐊᖅᑲᕐᒪᖔᖅ ᐱᑕᖅᑲᔾᔮᙱᑦᑐᖅ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᓅᖓᔪᓂᒃ. ᑎᒍᔭᒐᖅᑕᖅᑲᙱᑦᑐᖅ. ᐊᑭᓐᓇᒦᑦᑐᖅᑕᖅᑲᙱᑦᑐᖅ. ᐊᑐᐃᓐᓇᐅᑲᐅᑎᒋᔪᒥᒃ ᐱᑕᖅᑲᓪᓚᐅᙱᑦᑐᖅ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᓄᑦ. ᐱᑕᖅᑲᙱᓯᐊᒻᒪᕆᑦᑐᖅ ᑕᐃᒪᐃᑦᑐᒥᒃ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ. ᑕᒪᓐᓇ ᓇᓗᓇᐃᖅᓯᐅᑎᓚᐅᖅᑕᕗᑦ ᐊᑲᐅᙱᓕᐅᕈᑕᐅᓂᖓ.
We certainly didn’t talk to people who felt they had been denied or frustrated with the right of access, but we know from experience in other jurisdictions in Canada that it is important that there be information available to people entering the hospital, coming in as patients, so they know about that right of access and they know about their privacy rights. That isn’t evident or wasn’t evident when we did our site visit to QGH. Thank you.	ᐅᖅᑲᓪᓚᖅᑎᒋᓚᐅᙱᑦᑕᕗᑦ ᑕᐃᒃᑯᐊ ᐃᓄᐃᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᐊᑐᐃᓐᓇᕈᐃᑎᑕᐅᓲᓐᖏᑦᑐᑦ ᐊᒃᓲᕉᖅᓇᖅᑐᒃᑰᖅᑎᑕᐅᔪᓪᓘᓐᓃᑦ, ᑭᓯᐊᓂ ᖅᑲᐅᔨᖅᑲᑦᑕᖅᓯᒪᓪᓗᑕ ᑲᓇᑕᒥ ᖅᑲᓄᐃᑦᑑᖅᑲᑦᑕᖅᓂᖓᓂᒃ ᐱᖅᔪᐊᖑᓈᓇᓯᒪᔪᑦ ᑕᒪᒃᑯᐊ ᐱᔪᓐᓇᐅᑎᓕᓇᔪᑦ ᐊᓯᖏᓐᓄᑦᓗ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᓄᑦ ᑎᑎᕋᐃᑦ ᑕᒪᒃᑯᐊ ᐊᑐᐃᓐᓇᐅᕈᖅᑎᑕᐅᖅᑲᑦᑕᖅᓗᑎᒃ ᐱᔪᓐᓇᐅᑎᖅᑲᖅᒪᑕ. ᑕᐃᒪᐃᑦᑐᖅᑕᖅᑲᓪᓚᐅᙱᑦᑐᖅ ᐋᓐᓂᐊᕕᓕᐊᕋᑦᑕ ᖅᑭᒥᖅᕈᓇᕆᐊᖅᑐᖅᑐᑕ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Mr. Dickson. Before I hand it back over to Mr. Rumbolt, I have a question for you. You say that it wasn’t evident, but when I have been to the hospital a few times in Ottawa, I have never seen any kind of brochures that tell me I can access my personal	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᑎᒃᓴᓐ. ᒥᔅᑕ ᕋᒻᐹᑦᒧᑦ ᐅᑎᓚᐅᙱᓂᓐᓂᑦ ᐊᐱᖅᑯᑎᖅᑲᖅᑐᑎᑦ, ᐱᑕᖅᑲᓚᐅᙱᒻᒪᒡᒎᖅ ᑕᒪᒃᑯᐊ ᑎᑯᔭᒃᓴᓂᒃ ᐊᓯᖏᓐᓂᑦᓗ. ᐊᑕᐅᓯᐊᓐᖏᑦᑐᖅ ᐋᑐᕚᒥ ᐋᓐᓂᐊᕕᓕᐊᕐᒪ ᑕᐃᒪᐃᑦᑐᓂᒃ ᑕᑯᓚᐅᖅᓯᒪᓐᖏᒻᒥᔪᖓ, ᖅᑲᓄᖅᒍᓇ ᐋᓐᓂᐊᕖᑦ ᑕᐃᒪᐃᑦᑐᓂᒃ

information. Is this something that you're saying usually hospitals have that where you're informing the person that they could access their information? Mr. Dickson.	ᐱᕃᑲᒍᒪᒪᑕ ᐊᑐᐃᐟᓇᖏᑭᐟᓇᕃᓂᕐᓂᕐᓂᓂᑦ ᑕᐃᑲᑯᐊ ᐊᐟᓂᐅᐊᕆᓇᖏᑐᑦ. ᐃᓐᑕ ᑎᑲᓴᐟ.
Mr. Dickson: Thanks for the question. I have spent time working in both Alberta and Saskatchewan and in all health care facilities there you will find that kind of a brochure. Usually there's a general poster on the wall and then brochures available to you which explain what your access and privacy rights are.	**ᑎᑲᓴᐟ** (ᑐᐊᓕᑎᒍᑦ): ᖃᐅᔨᓇᒥᑲ ᐊᐱᖏᐅᑎᐟᓄᑦ. ᐊᐢᓵᑕ, ᓴᖅᑲᑦᓯᐊᐟᑎᓗ ᑕᒪᐟᓇ ᐃᖏᑲᓇᐃᔭᓴᑲᑦᑕᖏᓯᒪᔨᕐᕋ ᐊᐟᓂᐅᐊᕆᓀᒪᑦ ᑕᐃᒪᐃᑕᑐᓂᑲ ᐱᕃᑲᑦ. ᓄᖅᓗ ᑎᒍᑐᐃᐟᓇᓕᐊᓯᓕᑦ ᒪᑯᐊᓗ ᐊᑭᐟᓱᑎᒋᑕᑐᑦ ᓇᓗᓇᐃᔨᐃᓄᓯᒪᔨᑦ ᐃᓕᒥᑐᐃᖅᓯᒪᓂᑦ ᐱᐊᒪᐟᓇᓱᓕᖅᑎᑦ ᖃᐅᔨᓇᒥᑲ ᐱᐊᕃᑲᓂᓕᖅᑎᑦ.
In Ontario, under the *Personal Health Information Protection Act*, or PHIPA, there is the same requirement that custodians in Ontario must be transparent about their access and privacy system. I have to tell you I have been in a number of Ottawa and other Ontario hospitals that don't do it well. Some of them will often have a poster but no additional information. Sometimes they don't provide contact information for the privacy officer. If, as a patient, I had a question, I'm not provided a clear remedy to get more information.	ᐊᐢᑎᐅᓚᐅᒥ ᓇᔪᒋᓂᖅ ᐊᐢᓂᐊᕃᑲᑕᓚᔭᐅᓂᔪᑦ ᑐᕼᓂᑎᓂᖅ ᔭᓴᐢᓂᔪᑦ ᒪᓕᒍᖏᑦ, ᑕᐃᒃᑯᐊ ᐊᐢᑎᐅᓚᐅᒥᐅᑕᐃᑦ ᒪᑐᐃᖏᑦᑎᑲᓚᐊᕃᑲᖏᑦᑕ, ᑕᐃᒃᑯᐊ ᐊᐢᑎᐅᓚᐅᒥᐅᑕᐃᑦ ᒪᑐᐃᖏᑦᑎᑲᓚᐊᕃᓕᐢᑕᑦ ᐊᑐᐃᓇᓕᖅᑎᑕᐅᔪᓕᓴᑐᑦᓗ ᐃᓕᒥᑐᐃᖅᓯᒪᓂᑦ. ᐊᑕᐅᓯᐅᓕᓕᕆᑦᑐᑎᒃ ᐊᑐᓵᒥᑦ ᐊᐢᑎᐅᓚᐅᒥᓗ ᐊᐢᓂᐊᕃᑲᓕᓂᑦ ᐃ, ᐃᓕᓕᕆᑦ ᐊᐳᖏᑲᒪᒥᐅᑕᓂᒃ ᐱᑕᖏᓯᐅᓚᓗᐊᑦ ᐊᓯᖏᑲᓕᓕᕆᑦᑐᑎᒃ. ᐃᓭᓕᓂᒃᑯᒥᓗ ᓇᔭᐅᑎᓂᒃ ᐅᖏᑲᒃᑯᒥᑐᑦ ᓇᔭᐅᑎᓕᕆᓂᑦ ᐊᑐᐃᓇᑭᓕᕆᑦᑐᑎᓗᑦᓗ. ᐊᐱᖏᑯᖏᑲᑐᖏᑲᓂᖅᐸᑦ ᖃᓇᓂᖅᑐᑦᓂᖅᑐᑦᑐᒍᑎᒃ ᐱᑕᖏᓂᕐᓂᕐᓂᖅ.
I'm not here obviously as an apologist for the Ontario health and long-term care ministry, but I think there are lots of facilities there that also need to better job informing patients, but they do have that same obligation to be transparent. Thank you.	ᐃ, ᐊᐢᑎᐅᓚᐅᒥᐅᑕᐃᑦ ᑕᐃᒃᑯᐊ ᒪᒥᐊᔪᑎᓇᓂᕐᑕᕋᑐᐊᐳᒃ ᑭᓯᐊᓂ ᑕᒪᓂᓇ ᖃᒪᑎᔾᐅᑦᑎᐊᐳᓂᕐᒃ, ᑭᓯᐊᓂ ᐱᖏᑯᔪᐊᖏᑎᒍᑦ ᑕᐃᒪᑦᑕᓚᐊᖏᑲᖏᓂᕐᑐᑦ, ᒪᑐᐃᖅᑲᑎᐊᖏᑐᒍᑦ ᑕᖏᖃᐅᔾᖅᓇ ᐃᓇᓂᓄᑦ. ᖃᖏᑯᔪᐊᖏᑐᒍᑦ ᑎᑎᕋᐅᓕᕆᔨᒃᑯᑦ.
Chairperson: Thank you, Mr. Dickson. Mr. Rumbolt.	**ᐃᖅᓯᐅᑕᖅ** (ᑐᐊᓕᑎᒍᑦ): ᖃᐅᔨᓇᒥᑲ, ᑕᐃᑐ ᑎᑎᕋᐅᓂᑦ. ᑕᐃᑐ ᕿᓐᓂᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. My next question is also for the privacy commissioner. On page 35 of your report you recommend that "the Privacy Officer for the QGH work with	**ᕿᓐᓂᑦ** (ᑐᐊᓕᑎᒍᑦ): ᖃᐅᔨᓇᒥᑲ, ᐃᖅᓯᐅᑕᒃᖅ. ᐅᓇ ᐊᐱᖏᑯᒪᑎ ᑲᑕᓯᓇᒧᑦ, ᒪᓴᐱᖏᑐᒪᖅ 35 ᐅᓂᖅᑲᓕᐊᐟᓂᔪᓂᑦ ᐊᑐᓕᖏᑯᔪᐅᖏᓯᒪᓕᐟᑦ ᑕᓐᓇ ᐊᐢᓂᐊᕃᓚᒧᑦ ᑲᓐᖏᓇᖅᑐᑕᓚᔭ ᐱᓕᓚᖏᑎᑲᖏᑎᔨᓗᑐᒍ

the Office of Patient Relations and the Quality Improvement Coordinator to develop protocols to ensure that the information and privacy rights of patients are not in any compromised or diminished by the quality improvement initiative." In your view, are the privacy rights of patients currently being compromised or diminished by the quality improvement initiative at the Qikiqtani General Hospital? Thank you, Madam Chairperson.	ᐅᓐᓂᔪᒃᑎᖏᓐᓇᖅ ᐊᓕᒪᓗ ᐱᐅᓂᖅᓴᓂᑦ ᓴᖅᑭᕐᓂᖅᑎᓇᓂᑎ ᐋᖅᑭᒃᓯᐃᔅᓂᔪᓂᑦ ᒪᓕᑐᖏᓂᑦ ᑕᒃᑯᐊ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᑦ ᐱᓕᓐᓄᐅᑎᖓᓂᑦ ᒥᒃᓕᑎᖏᖅᑕᐅᖏᖅᑕᖓᓂᔪᑎᒃ, ᐃᖏᕕᑦ ᐃᓯᒪᑎᕐᖓᒍᑦ ᑕᐃᒃᑯᐊ ᐋᓐᓂᐊᕕᓕᐊᖅᓯᓪᓗᑦ ᐱᓕᓐᓄᐅᑎᖓᓂᑦ ᒥᒃᓕᑎᐊᖅᑎᑕᐅᓯᒪᔨᑦ ᑕᖏᕐᓂᑕ ᖁᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᖁᑎᒃ? ᖁᓕᕐᓇᒧᑦ, ᐃᒃᓯᕐᐅᑦᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Keenan Bengts.	**ᐃᒃᓯᕐᐅᑦᖅ** (ᑐᐃᓚᓕᑎᒍᑦ): ᖁᓕᕐᓇᒧᑦ, ᒥᓪᑕ ᖃᓪᓗᑦ. ᒥᓪ ᑭᓇᐅ <ᐃᖕᓂ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. We didn't see any evidence of that, but as Mr. Dickson pointed out, we didn't see any evidence that privacy or access rights had any place in the quality of care initiative. We didn't see any evidence that they were promoting the rights of the patient in terms of access and privacy. Were they interfering with it? No, probably not, but they weren't promoting it either. Thank you.	**ᑭᓇᐅ <ᐃᖕᓂ** (ᑐᐃᓚᓕᑎᒍᑦ): ᖁᓕᕐᓇᒧᑦ, ᐃᒃᓯᕐᐅᑦᖅ. ᐃ, ᑕᑯᓕᐅᕐᖏᑕᕐᓂᑦ ᑕᒪᐅᓇ ᑭᓯᐊᓂ, ᒥᓪᑕ ᑎᒃᓴᐅ ᐅᖃᖅᖢᐅᓗᒪᑦ ᑭᓯᓂᒃ <ᐃᓪᓕᐸᑭᔪᐅᓂᑦ ᓇᓗᓇᐃᓴᐃᓯᒪᔪᓂᒃ ᖁᓇᐃᑦᑐᓂᒃ ᑲᐅᖕᒥᓪᓗᓇᐅᑎᑦᑎᓐᓂᒃᑐᑎᒍᑦ ᐱᔪᐅᓇᐅᑎᖃᖏᓐᓇᖅᑐᑦ ᑕᑯᓕᐅᕐᖏᑕᑐᒍᑦ ᓴᖅᑭᒧᑦᑎᓂᕐᓂᑎᓪᓗᑦᑐᓂᒃ ᐱᔪᐅᓇᐅᑎᓂᒃ ᐊᑐᖅᑕᐅᔪᓇᖅᑐᓂᒃ ᐋᖅᑭᒃᓯᐃᔅᓂᔪᓂᑦ ᐱᔪᐅᓇᐅᑎᓂᒃ ᐊᑐᖅᑕᐅᔪᓇᖅᑐᑦᓯᒪᓕᓐᓄᑦ. ᖁᓕᕐᓇᒧᑦ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Rumbolt.	**ᐃᒃᓯᕐᐅᑦᖅ** (ᑐᐃᓚᓕᑎᒍᑦ): ᖁᓕᕐᓇᒧᑦ, ᒥᓪ ᑭᓇᐅ <ᐃᖕᓂ. ᒥᓪᑕ ᖃᓪᓗᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. One more question to the privacy commissioner. Given that the hospital does not currently have a "Privacy Officer" position, what specific steps can the hospital take to ensure that the privacy rights of patients are not compromised or diminished by its "quality improvement initiative"? Thank you, Madam Chairperson.	**ᖃᓪᓗᑦ** (ᑐᐃᓚᓕᑎᒍᑦ): ᖁᓕᕐᓇᒧᑦ, ᐃᒃᓯᕐᐅᑦᖅ. ᐊᑕᐅᓯᒃᓴᓂᕐᒥᒃ ᐊᐱᖅᑯᑎᖅᑭᒥᑦᒪᒪᒻ. ᑕᓐᓇ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᑦ ᐃᒪᓐᓇ ᑲᓇᑕᒥ ᐋᖅᑭᒃᓯᐃᔅᓂᔪᓂᑦ ᓇᓗᓇᐃᓴᐃᓯᒪᔪᓂᒃ ᐱᔪᐅᓇᐅᑎᖃᖏᓐᓇᖅᑐᑦ ᑕᑯᓕᐅᕐᖏᑕᑐᒍᑦ ᐱᔪᐅᓇᐅᑎᓂᒃ ᐊᑐᖅᑕᐅᔪᓇᖅᑐᑦᓯᒪᓕᓐᓄᑦ. ᖁᓕᕐᓇᒧᑦ, ᐃᒃᓯᕐᐅᑦᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Keenan Bengts.	**ᐃᒃᓯᕐᐅᑦᖅ** (ᑐᐃᓚᓕᑎᒍᑦ): ᖁᓕᕐᓇᒧᑦ, ᒥᓪᑕ ᖃᓪᓗᑦ. ᒥᓪ ᑭᓇᐅ <ᐃᖕᓂ.
Ms. Keenan Bengts: Thank you, Madam	**ᑭᓇᐅ <ᐃᖕᓂ** (ᑐᐃᓚᓕᑎᒍᑦ): ᖁᓕᕐᓇᒧᑦ,

Chairperson. I'm going to defer to Mr. Dickson again on this one. Thank you.	ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᒥᔅᑕ ᑎᒃᓴᓐᒧᑦ ᑐᓐᓂᖅᑯᑎᒋᓂᐊᕐᒥᒐᒃᑯ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Dickson.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᔅᑕ ᑎᒃᓴᓐ.
Mr. Dickson: Thank you for the question. Well, if you don't have a privacy officer, then the next best thing is tagging somebody who is good at dealing with patients with that responsibility or at least part of the responsibility.	ᑎᒃᓴᓐ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᐊᐱᖅᑯᑎᒋᔭᓂ, ᑭᓱᓂᒃ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑕᖅᑲᓐᖏᑉᐸᑦ ᑕᐃᒪᐃᑦᑐᓕᕆᓕᒻᒪᒃᓯᒪᔪᒥᒃ ᐃᓄᑦᑕᖅᑲᖅᐸᑦ ᐱᐅᓇᔭᖅᑐᖅ ᑕᐃᒪᐃᑦᑐᒥᒃ ᐃᖅᑲᓇᐃᔮᒥᒃ ᑎᒍᒥᐊᕋᔭᖅᑐᒥᒃ.
The other part is, when we talked before about a privacy management regime, we talked about the importance of having clear policy and procedure. That is certainly something that can be done. Normally the development of those tools is driven by your privacy officer, but if you don't have a privacy officer, you presumably have a committee of managers or some senior people in the hospital who would work at developing appropriate policies and procedures. They need to be consistent, they need to be comprehensive, and they need to be detailed.	ᐊᐃᑉᐸᖓ ᑲᓐᖑᓇᖅᑑᑎᑕᐅᔪᕆᐊᓖᑦ ᐅᖅᑲᐅᓯᕆᓗᒋᑦ ᑐᑭᓯᓇᑦᑎᐊᖅᑐᓂᒃ ᐊᑐᐊᒐᕐᓂᒃ, ᒪᓕᒐᕐᓂᒃ ᐱᑕᖅᑲᕆᐊᓕᒃ. ᑕᒪᓐᓇ ᐱᓕᕆᐊᕆᔭᐅᕙᓐᓇᖅᑐᖅ ᐊᒻᒪᓗ ᑖᒃᑯᐊ ᐋᖅᑭᒃᑕᐅᓇᔭᖅᑐᑦ, ᓴᖅᑭᑕᐅᓇᔭᖅᑐᓪᓗ ᑲᓐᖑᓇᖅᑐᓕᕆᔨᒧᑦ. ᐊᒻᒪᓘᓐᓃᑦ ᑖᓐᓇ ᐊᑐᐊᒐᓕᐅᖅᑎᐅᒐᔭᖅᑐᖅ ᒪᓕᒐᕐᓂᕐᓗ ᑲᑎᒪᔩᖅᑲᓛᖑᖏᓪᓗᑎᒃ, ᐃᓗᐃᒃᑲᐅᒋᐊᓛᑦ ᐃᓗᓕᖅᑲᐅᑦᑎᐊᖅᓗᑎᓪᓗ ᑕᐃᒃᑯᐊ ᐊᑐᐊᒐᐃᑦ ᓇᓗᓇᐃᔭᑦᑎᐊᖅᓯᒪᓗᑎᒃ.
You know faxing is an area where there are just lots of privacy breaches and so you need a simple checklist that staff have ready access to that tells them how to ensure they fax properly and what to do if they learn one of their faxes is being misdirected. That kind of policy and procedure is another important component of a privacy regime and while you're waiting to install a privacy officer, there's nothing to stop you from developing those policies and those procedures. Thank you.	ᓲᕐᓗ ᑕᐃᓐᓇ ᓱᒃᑲᔪᒃᑰᕈᑎᕈᓗᒃ ᐊᑐᖅᑕᐅᕙᔪᒃᑎᓪᓗᒍ ᓯᖁᒥᑦᑎᔪᖅᔪᐊᒻᒪᕆᐊᓘᒻᒪᑦ ᐊᒥᓱᐊᓗᓐᓂᒃ ᑭᓇᑐᐃᓐᓇᖅᑯᓪᓗ ᑕᐃᒃᑯᐊ ᑎᒍᔭᐅᔪᓐᓇᖅᑐᑎᒃ. ᓇᓗᓇᐃᔭᐃᔭᕆᐊᓖᑦ ᓱᒃᑲᔪᒃᑰᕈᑏᑦ ᐊᑐᖅᑕᐅᑉᐸᑕ ᖃᓄᐃᓕᐅᖅᑲᑦᑕᕆᐊᖃᕐᒪᖔᖏᑦ. ᑕᒪᒃᑯᐊ ᐊᑐᐊᒐᓕᐅᕐᓂᖅ ᒪᓕᒐᐃᓪᓗ ᐱᕐᔪᐊᖑᒻᒥᔪᑦ ᓲᕐᓗ ᑲᓐᖑᓇᖅᑐᓕᕆᔨᒥᒃ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᕋᓱᓐᓂᖏᓐᓂ, ᑕᐃᒃᑯᐊ ᑎᑎᕋᖅᑕᐅᔪᓂᐊᓛᑦ ᐊᑐᐊᒐᐃᑦ ᒪᓕᒐᓪᓗ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Mr. Dickson. Mr. Rumbolt.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᑎᒃᓴᓐ. ᒥᔅᑕ ᕿᒻᐴᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. The rest of my questions are	**ᕿᒻᐴᑦ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐅᑯᐊ ᐊᐱᖅᑯᑎᒋᓂᐊᓕᖅᑕᒃᑲ

going to be for Department of Health officials.	ᐊᐢᓂᐊᖅᑲᓇᐢᑎᑕᑐᓕᓴᐅᑎᓂᓪ.
Can you clarify if your department has a formal policy in place that allows a patient to access their own personal health information and, if so, what steps must a patient take in order to access that information? Thank you, Madam Chairperson.	ᓇᓗᓇᐃᖅᓯᓴᓇᖅᐱᑦ ᐱᓕᓀᖏᓕ ᐊᑐᐊᒐᖅᑲᖏᓐᓂᖅ ᑭᐢᓇ ᐊᐢᓂᐊᕆᓕᐊᖅᓯᒪᔪᖅ ᓇᒪᒥᓂᖅ, ᐃᒪᒥᒍᖏᓪᓂᓂᓂᖅ ᑎᑎᖅᑲᖅᑯᑎᓂᓂᖅ ᑕᑯᔪᓇᖅᓯᒪᑦ ᐊᒪᒪᔭᓇᓕᓂ ᖃᓄᖅᑲᐅᑦᑕᐅᓚᐊᖅᑲᖅᐸ ᐊᐢᓂᐊᕆᓕᐊᖅᑐᖅ ᐃᒪᒥᒍᖏᓪᓂᓂᖅ ᑕᑯᔪᒪᓇᓂᖅᐸᑦ? ᖃᐅᔨᓇᒋᑦ, ᐃᑲᓯᐅᑦᑕᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.	**ᐃᑲᓯᐅᑦᑕᖅ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᐅᔨᓇᒋᑦ, ᒥᓪᑕ ᖁᓕᑦ. ᒥᓵ ᓯᑕᒃᑕ.
Ms. Stockley: Thank you, Madam Chairperson. We do have a process in place at QGH which involves the individual completing a form, submitting the form to medical records, and then the individual is provided with their medical file. Thank you, Madam Chairperson.	**ᓯᑕᒃᑕ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᐅᔨᓇᒋᑦ, ᐃᑲᓯᐅᑦᑕᖅ. ᐱᐅᑦᑕᐊᓴᓯᖅᑲᖅᑐᔪᑦ ᑕᐃᑲᓂ ᐊᐢᓂᐊᕆᓕᐊᖅᒪᑎ ᓯᐢᓗ ᑕᑕᑎᓚᐊᑕᓂᓂᒃ ᑕᐃᓐᓇ ᐱᓴᒪᔪᖅ ᑕᑕᑎᓚᔪᓂ ᑕᓐᓇ ᑐᕆᐅᑕᖅᑐᖅ <ᐃᐢᐸᖅᑯᑎᖏᓂᓂ. ᖃᐅᔨᓇᒋᑦ, ᐃᑲᓯᐅᑦᑕᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.	**ᐃᑲᓯᐅᑦᑕᖅ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᐅᔨᓇᒋᑦ, ᒥᓵ ᓯᑕᒃᑕ. ᒥᓪᑕ ᖁᓕᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. Is this policy the same for other patients? For example, mental health patients, will they follow the same process? Thank you.	**ᖁᓕᑦ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᐅᔨᓇᒋᑦ, ᐃᑲᓯᐅᑦᑕᖅ. ᑕᐃᓇ ᐊᑐᐊᒐᖅ ᐊᑐᖅᑕᐅᐸᐢᑦ ᐃᓯᒪᓕᓚᓇᓴᓂᓂ? ᖃᐅᔨᓇᒋᑦ, ᐃᑲᓯᐅᑦᑕᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.	**ᐃᑲᓯᐅᑦᑕᖅ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᐅᔨᓇᒋᑦ, ᒥᓪᑕ ᖁᓕᑦ. ᒥᓵ ᓯᑕᒃᑕ.
Ms. Stockley: Thank you, Madam Chairperson. The content of the medical file is the information of the individual, so yes, they would. Thank you, Madam Chairperson.	**ᓯᑕᒃᑕ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᐅᔨᓇᒋᑦ, ᐃᑲᓯᐅᑦᑕᖅ. ᑕᐃᓇ ᑐᐃᐅᒪᑎᑕᐅᓚᖅᑐᖅ, ᐊ. ᑕᐃᑲᐅᓂᓇᑦᑕᐃᓇᖅ ᒪᑕᑦᓗᑎᑲ ᐊᑐᐃᓇᖅᑲᖅᑎᑕᐅᔪᓇᖅᑎᓕᔪᑦ. ᖃᐅᔨᓇᒋᑦ, ᐃᑲᓯᐅᑦᑕᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.	**ᐃᑲᓯᐅᑦᑕᖅ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᐅᔨᓇᒋᑦ, ᒥᓵ ᓯᑕᒃᑕ. ᒥᓪᑕ ᖁᓕᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. Can you describe any specific procedures, policies, and	**ᖁᓕᑦ** (ᑐᐃᓴᐅᑎᔪᑦ): ᖃᐅᔨᓇᒋᑦ, ᐃᑲᓯᐅᑦᑕᖅ. ᐊᒪᒪᓗ ᓇᓗᓇᐃᕆᐃᓯᓇᖅᑎᓂ ᖃᓄᖅᑲᐅᑦᑕᐅᓂ ᒪᑕᑲᐃᑦ, ᐊᑐᐊᑲᐃᑦ,

directives that guide the operations of the Office of Patient Relations? Thank you.	ᑎᓕᐅᕈᑦᑎᓪᓗ ᐊᑐᖅᑕᐅᖃᑦᑕᕋᒪᖕᒑᖕᒋᑦ ᐋᓂᐊᕕᓕᐊᖅᐸᑦᑐᓂ ᑲᒪᔩᑦ ᑎᑎᕋᕐᕕᖕᒐᑦᑕ ᐊᐅᓚᑕᖕᒋᓐᓂ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕆᒻᐴᑦ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: With regard to the Office of Patient Relations, as I mentioned yesterday I believe it was when I was before the Standing Committee, we are developing new processes, policies, and procedures for the Office of Patient Relations as well as new forms. I'm trying to think of the word. The package that would go out and the promotional materials are what I am trying to think of that we plan to launch in September. There will be more information that we will be able to share at that time. Thank you, Madam Chairperson.	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᐱᔾᔪᑎᒋᓪᓗᒋᑦ ᑕᐃᓐᓇ ᐋᓂᐊᕕᓕᐊᖅᐸᑦᑐᓂᒃ ᑲᒪᔨᐅᔪᖅ ᐃᑉᐸᔅᓴᐅᖅᑰᖅᑐᕐᖏᓐᓇ ᐅᖃᓚᐅᕋᒪ ᓵᒃᓯᓐᓃᑎᓪᓗᖓ ᐋᖅᑭᒃᓱᐃᕙᓪᓕᐊᔪᒍᑦ ᒫᓐᓇ ᐊᑐᒐᓂᒃ ᒪᓕᒐᓂᓪᓗ ᐊᑐᖅᑕᐅᓂᐊᖅᑐᓂᒃ ᐋᓂᐊᕕᓕᐊᖅᐸᑦᑐᓄᒃ ᑲᒪᕕᐅᔪᒥᒃ ᑎᑎᕋᕐᕕᒻᒥ. ᖃᓄᑭᐊᖅ ᐅᖅᑲᑦᑎᐊᕋᔭᕋᒃᑯ. ᑕᐃᒃᑯᐊ ᓲᕐᓗ ᓴᖅᑮᔭᖅᑎᑦᑎᑲᓐᓂᕙᓯᒍᑦᑏᑦ ᐸᐃᑉᐹᑦ ᓯᑎᐱᓇᒥ ᓴᖅᑭᑕᐅᓂᐊᖅᑐᑦ. ᑐᓴᐅᒪᔪᑎᓂᒃ ᑕᐃᓐᓇᐅᓕᖅᐸᑦ, ᓯᑎᐱᓇᐅᓕᖅᐸᑦ ᓴᖅᑭᑦᑎᓛᖅᑐᒍᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᒥᔅᑕ ᕆᒻᐴᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. How many positions currently exist in the hospital's Office of Patient Relations and if you can let us know if they are vacant or filled or not? Thank you, Madam Chairperson.	**ᕆᒻᐴᑦ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᖃᑦᑎᓂᒃ ᐃᖅᑲᓇᐃᔭᖅᑎᖃᖅᐸ ᐋᓂᐊᕕᒻᒥ ᐋᓂᐊᕕᓕᐊᖅᐸᑦᑐᓂᒃ ᑲᒪᔩᑦ ᑎᑎᕋᕐᕕᖓ, ᐊᒻᒪᓗ ᖃᑦᑎᑦ ᐃᓐᓄᒃᑕᐅᓯᒪᕙ ᒫᓐᓇ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕆᒻᐴᑦ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. There are three positions and they're actually located at the department. They're located at headquarters. There's a manager position and there's an indeterminate person in that position. There is another position that is filled on a casual basis. There's a third position that has a clinical focus, as I mentioned yesterday and I'll get the plug in again, that's currently out for a competition. I am hopeful that we will have a successful	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐱᖓᓱᑦ ᑕᐃᑲᓃᑦᑐᑎᒃ, ᑐᑦᑕᕐᕕᒻᒦᑦᑐᑦ ᐊᖓᔪᖅᑳᖅᑲᑦᑐᖅᐳᑦ ᐃᖅᑲᓇᐃᔭᐃᓐᓇᖅᑲᑦᑕᖅᑐᖅ, ᐊᒻᒪᓗ ᐃᖅᑲᓇᐃᔮᖅᑕᖅᑲᒃᑲᓂᖅᒥᔪᖅ ᐃᖅᑲᓇᐃᔭᑲᐃᓐᓇᖅᑐᒧᑦ ᐃᓐᓄᒃᑕᐅᓯᒪᑦᑕᖅᐳᖅ ᐊᒻᒪᓗ ᒪᑯᓄᖓ ᐃᓅᓕᓴᐃᔩᓄᑦ ᑐᕌᖓᔪᓄᑦ ᑲᒪᔨᐅᓪᓗᑎ.

candidate from that competition. If anybody is listening, please consider it. Thank you, Madam Chairperson.	ᒪᓐᓇ ᐃᖃᓗᓇᐃᔨᓴᖅ ᒪᑐᐃᖏᑕᕐᓂᖏᑐ ᑕᖃᐅᖏᑐᑕᐅᓯᒪᓕᕆᓂᖅᑐᖅ. ᐊᐱᖏ ᐱᔪᒪᔪᓐᓂ ᐅᑎᑐᕐᐊᖅᓯᑎᑕ. ᖃᐅᔨᓇᒥᑦ, ᐃᓕᓴᐅᑎᒃ.
Chairperson: Thank you, Ms. Stockley. While you had the opportunity, right? Mr. Rumbolt.	**ᐃᓕᓴᐅᑎᑦ** (ᑐᐃᓴᓂᑎᔪᑦ): ᖃᐅᔨᓇᒥᑦ, ᒥᓵ ᓯᑦᓀᑕ. ᒥᓵᑕ ᖁᓕᓐᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. I wonder if you can describe what specific training has been provided to staff at the Office of Patient Relations to inform them of their obligations with respect to privacy and access to information. Thank you, Madam Chairperson.	**ᖁᓕᓐᑦ** (ᑐᐃᓴᓂᑎᔪᑦ): ᖃᐅᔨᓇᒥᑦ, ᐃᓕᓴᐅᑎᑦᖅ. ᓇᓗᓇᐃᖏᑐᓇᖅᑭᐅᖅ ᖃᓄᓯᑕᓪᑕᑦ ᐱᓕᒪᓕᖅᖃᐃᖏᑕᖃᖅᓯᓚᑦ, ᐱᓕᒪᓕᓴᖅᑕᐅᓯᒪᓕᒪᓚᑦ ᐃᖃᓗᓇᐃᔨᖅᑎᑦ ᑕᐃᓄᓂ ᐊᑦᓚᖕᖓᑎᖏᖅᑕᐅᖅᖃᖅᑕᖅᑐᖅᑕᖅᑐᑦ ᑕᒪᓄᑯᐃᑦ ᑲᖏᖅᓯᓇᖅᑐᓂ ᑐᑭᓯᒪᔪᐃᑦ ᐱᓕᒪᓕᖅᑎᓂᓗ? ᖃᐅᔨᓇᒥᑦ, ᐃᓕᓴᐅᑎᑦᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.	**ᐃᓕᓴᐅᑎᑦ** (ᑐᐃᓴᓂᑎᔪᑦ): ᖃᐅᔨᓇᒥᑦ, ᒥᓵᑕ ᖁᓕᓐᑦ. ᒥᓵ ᓯᑦᓀᑕ.
Ms. Stockley: Thank you, Madam Chairperson. As part of our development of new policies, the manager of the Office of Patient Relations has been involved in all of those pieces of work.	**ᓯᑦᓀᑕ** (ᑐᐃᓴᓂᑎᔪᑦ): ᖃᐅᔨᓇᒥᑦ, ᐃᓕᓴᐅᑎᑦᖅ. ᐃᑕᑭᓴᐅᓐᓗᓂ ᐊᑐᐃᒐᑕᐊᖃᑎᓇᓐᓄᑦ ᑕᐃᓇᓐᓇ ᐊᐅᑕᓂᑎᓴᐅᔨᖅ ᐅᓇᓂᓗᖅᓴᖅᑲᓇᐅᔨᓄᑦ ᑲᒪᑭᓴᑕᑲ ᑕᒪᓕᐅᓂᖓᓴᓕᓐᓂᒃᑯᑦ.
We've had an individual with a background in that type of work made available to us who has been up, I believe, on at least two occasions. I know I have seen her twice for sure. She is working with the manager and the Assistant Deputy Minister who is responsible for programs and standards on those pieces of work.	ᐃᖃᓗᓇᐃᔨᖅᑎᖃᖅᖃᑐᑦ ᑕᐃᒪᐃᓕᑐᑕᓂᕆᖃᖅᑕᖅᓯᒪᔪᐊᑎᑲ ᐅᓴᓂᑎᓇᐅᔨᓄᑦ ᐊᑐᐃᓇᐅᓕᖅᑕᐅᓕᐅᖅᑐᖅ ᒪᕐᕉᑎᖃᖅᑎᖅᑐᖅ ᐱᓕᕆᓂᖅᓴᐅᔪᓂᒃᑯᓂᑦ, ᒥᓂᔅᑕᐅᓪᓗ ᐱᓕᕆᓂᖃᖅᑎᖃᖅᑐᖅ ᑭᖑᓂᓴᖅ ᐅᖃᖅᓯᓯᐅᔪᓂᖅ.
Part of what we're also working on is a patient's bill of rights. Privacy considerations would also be included in that training and that overview. Thank you, Madam Chairperson.	ᐃᓕᓴᖅᑕᐅᖅ ᑕᓴᓴ ᐱᓕᓕᐊᓕᒪᓕᕆᔨᓄᑦ ᐱᔪᓇᐅᐅᑎᑎᕆᔨᖅᑭᑦ ᐊᑲᓇᐊᖅᑕᖃᖅᑕᖅᑐᑦ, ᓇᓗᓇᐃᖅᑕᐅᓪᓗᑎᑎᖅ ᑭᖑᓂᐃᑦ ᐃᓕᓴᐅᓇᐊᖅᑎᑕᖅᑐᑦ ᐃᓕᓴᐅᑎᖅᑕᐅᖅᑕᐅᑎᕆᔨᖅᑐᑦ. ᖃᐅᔨᓇᒥᑦ, ᐃᓕᓴᐅᑎᑦᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.	**ᐃᓕᓴᐅᑎᑦ** (ᑐᐃᓴᓂᑎᔪᑦ): ᖃᐅᔨᓇᒥᑦ, ᒥᓵ ᓯᑦᓀᑕ. ᒥᓵᑕ ᖁᓕᓐᑦ.
Mr. Rumbolt: Thank you, Madam	**ᖁᓕᓐᑦ** (ᑐᐃᓴᓂᑎᔪᑦ): ᖃᐅᔨᓇᒥᑦ,

Chairperson. How does your office ensure that the public is aware of their privacy rights and their rights of access to information? Thank you, Madam Chairperson.	ᐃᒃᓯᕙᐅᑖᖅ. ᐊᓪᓚᕝᕕᓯᓕ ᖃᓄᖅ ᑕᖅᑲᒃᑯᓂᖓ ᖃᐅᔨᒃᑲᐃᒐᓱᐊᓲᖑᕕᓯ ᐱᔪᓐᓇᐅᑎᖏᓐᓂᑦ ᑲᙳᓇᖅᑐᓂᒃ ᑕᑯᔪᓐᓇᕐᓂᖏᓐᓄᑦ ᑭᒃᑯᐃᓐᓇᐃᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕋᒻᐳᓪ. ᒥᔅ ᓯᑖᒃᓚ.
Ms. Stockley: Thank you, Madam Chairperson. At this point we are sharing information throughout the department. As I indicated, we are working on a patient's bill of rights that will include everything that a patient should expect, from being treated with respect to what their rights are with regard to their own information.	ᓯᑖᒃᓚ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᒫᓐᓇᓕ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᓐᓂᑦ ᖃᐅᔨᒪᑎᑦᑎᔪᑦ ᒫᓐᓇᓗ ᐋᖅᑭᑦᑎᓗᕝᕙᓪᓕᐊᓪᓗᑕ ᐋᓐᓂᐊᕕᓕᐊᖅᑕᑦᑕᖅᑐᐃᑦ ᐱᔪᓐᓇᐅᑎᖏᓐᓂᑦ ᓇᓗᓇᐃᖅᑐᐃᓪᓗᑕ ᐋᓐᓂᐊᕕᓕᐊᕋᐃᑉᐸᑕ ᑭᓱᓂᒃ ᐱᔪᓐᓇᐅᑎᖃᕐᓗᑎᒃ ᑕᐃᑯᖓ ᐃᓯᖃᑦᑕᕐᓂᐊᕐᒪᖔᑕ ᖃᐅᔨᒪᓂᐊᕐᖓᑕ.
We do regular circulation of privacy directives for staff and the expectation is that they will inform their patients, their clients. We do consistent training and presentations for all staff. We do standard orientation presentations for new frontline health care providers. We do information dissemination through the two health internal newsletters called *The Pulse* and *The Connection* that are distributed right throughout the territory to health care providers.	ᐃᖅᑲᓇᐃᔭᖅᑎᓄᓪᓗ ᑖᒃᑯᐊ ᖃᐅᔨᒪᔭᐅᑎᑕᐅᓗᑎᒃ ᑕᐃᒃᑯᐊᓗ ᐃᖅᑲᓇᐃᔭᖅᑎᕗᑦ ᖃᐅᔨᒃᑲᐃᖃᑦᑕᕐᑯᓪᓗᒋᑦ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᓂᒃ ᑭᓱᓂᒃ ᐱᔪᓐᓇᐅᑎᖃᕐᒪᖔᑕ ᐃᓕᓐᓂᐊᖅᑎᒋᐊᖕᒐᓱᒍᑦ ᐃᖅᑲᓇᐃᔭᕆᐊᓕᑕᐃᓐᓇᖅᑐᐃᑦ ᐊᒻᒪᓗᑦᑕᐅᖅ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᒃᑲᓂᖃᑦᑕᖅᑐᑎᒃ ᐊᑐᖅᑐᑕ ᑐᓴᐅᒪᑎᑦᑎᔾᔪᑎᑦᑎᓐᓂᒃ ᐅᖃᓕᒫᒐᕐᓂᒃ ᑐᓂᖃᑕᑕᑦᑎᓐᓂᒃ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔨᑭᒨᔭᕐᓄᑦ .
As well, when the Office of Patient Relations gets a complaint or gets an enquiry, they provide the appropriate information to the person making the enquiry. Thank you, Madam Chairperson.	ᐊᒻᒪᓗ ᑖᓐᓇ ᐅᕐᓂᓗᖅᓴᕐᕕᒃ, ᐅᕐᓂᓗᔅᓴᖅᑐᕐᑲᕋᐃᑉᐸᑦ ᐊᑲᖅᓴᖕᒋᑦᑐᓄᑦ ᖃᐅᔨᒪᑎᑦᑎᐊᓲᑦ ᑕᐃᒃᑯᓂᖓ ᐅᕐᓂᓗᖅᓴᕋᓱᒃᓯᒪᔪᓄᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Before I get to the next name on my list, I know Ms. Stockley, you had requested that you want to do some clarification on a question that was posed before we had the coffee break. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓚ. ᑭᖑᓪᓕᕐᒨᓚᐅᓐᖏᓐᓂᕐᓂᑦ ᖃᐅᔨᒪᒐᒪᐃᑏᒃ ᒥᔅ ᓯᑖᒃᓚ ᓇᓗᓇᐃᖅᕕᐅᑎᐊᒃᑲᓂᕈᒪᕙᓪᓚᐃᖅᑲᐅᒐᕕᑦ, ᓄᖅᑲᑲᐃᓐᓇᓚᐅᓐᖏᓐᓂᑦᑎᓐᓂᑦ ᓇᓗᓇᐃᖅᑐᐃᑲᐃᓐᓇᕈᓐᓇᖅᑐᑎᑦ. ᒥᔅ ᓯᑖᒃᓚ.
Ms. Stockley: Thank you, Madam	ᓯᑖᒃᓚ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ,

Chairperson. The question was for a list of the privacy… . I'm not sure of the exact wording, but the directives and the policies and so on. All of them are actually located in the report of the privacy commissioner. She had already included them in the appendix.	ᐃᒃᓱᕈᐅᒃ. ᐊᐱᓕᔪᖅᑲᒃᑲᐅᓪᓚᑦ ᑲᵒᖏᓐᓇᖅᑐᓕᓂᐅᓂᖅᓯᑦ ᐅᖅᑲᐅᑎᕐᑕᐅᓱᒪᔪᐃᑦ ᐃᖅᑲᓇᐅᔭᖅᑎᓄᑦ ᐊᑐᐊᑦᓯᓂᖅ ᐱᓕᒪᓕᒃ, ᑕᒃᑯᐊ ᑕᑯᔭᐅᔪᓇᖅᑐᑦ ᐅᓂᒃᑲᓕᐊᒥᓇᖏᓐᓄᑦ ᑲᒥᓱᓇᖅᑐᓕᓂᓪᓚᑦ ᑲᒥᔪᓇᐅᔾᔨ ᐅᐃᔪᖏᵒᓂᵒᓂᕐᖅᑲᐅᓚᒋᑦ, ᑕᐃᒃᓂᑐᑦ.
The only thing that I would have to add to that is the privacy and security directives that guide employees, contractors, and agents of the Government of Nunavut on matters concerning the management of eHealth systems, including the iEHR system.	ᐃᓕᓐᔪᵒᓇᖅᑕᕎᓗᐊᒃᒃ ᑲᵒᖏᓐᓇᖅᑐᓕᓂᓪᓚᑦ, ᑲᐸᐱᐊᓱᕐᖅᑎᑕᖅᑲᖏᓂᓪᓚᑦᓗᓄ ᒪᓕᓴᖅᑕᐅᑎᐊᕐᕕᒃᓴᓕᕐᓂᒃ ᐅᐃᔪᓕᐅᑎᓕᒋᓕᕆᓂᒃ ᖃᑕᕐᓴᐅᕗᖅᑯᓂ ᓴᖅᑭᖅᓕᓕᕆᓂᒃ.
There are seven directives and I'll read them into the record. The seven directives include: ▯ monitoring and audit of eHealth systems; ▯ eHealth information security; ▯ retention and disposal of electronic personal information; ▯ eHealth information privacy; ▯ password management for eHealth systems; ▯ collection, use, and disclosure of personal information in eHealth systems; and finally ▯ eHealth access control.	ᑎᕋᒪᐅᔨᓴᒃᑯᓕᒃᑐᐃᓐᓇ ᑕᐃᒃᑯᓚᒥᔨᓂ, ᐅᐃᔪᓱᑯᖅᑕᐅᔨᓂ ᑲᒥᔪᓇᐅᔾᔨ. ᑕᑯᔭᐊ ᐃᓕᓐᓂᑦ: ▯ ᖃᑯᐅᓚᓴᐅᑲᓕᐊᖃᑦᑕᕐᓂᓗᑎᒃ ᐊᑲᓂᐊᖃᑦᑯᓴᓐᓂᕐᒪᔨᑦᑐᑦ ᖃᑦᑕᕐᓴᐅᓴᒃᑯᓂᑦ; ▯ ᖃᑦᑕᕐᓴᐅᓯᑦᑕᐃᐃᑦ ᓕᓵᒥᑕᕐᑐᓂᒃ; ▯ ᐃᓱᔾᑎᓴᓂ ᓇᖏᑦᑕᕐᓚᐊᓯᓂ ᖃᑯᐅᓚᓴᐅᑎᐊᖃᑦᑯᓴᓐᓂᕐᒪᑦ; ▯ ᐃᓄᓐᓂ ᐱᓕᒪᓯᓂ ᑲᵒᖏᓐᓇᖅᑎᑕᐅᔪᐃᑦ; ▯ ᓴᓵᒥᐅᓴᖅᓯᒪᓂᒃᑯᓂ ᒥᐊᓂᖅᓱᓂᖅ ᖃᑦᑕᕐᓴᐅᓱᐅᑎᓄᑦ; ▯ ᑲᑎᖅᓱᐃᓂᖅ, ᐊᑐᖃᑦᑕᕐᓂᖅ ᓴᖅᑭᑎᓚᓂᓪᓗ ᓇᓕᒥᓂᓚᓄᓂ ᑐᓴᐱᑎᓂᒃ ᖃᑦᑕᕐᓴᐅᓱᐅᑎᓂ; ᐊᓕᒪᓗ ᑭᖑᓪᓕᓀᖅᐸᖅ ▯ ᖃᑦᑕᕐᓴᐅᓯᑦᑕᑐᒃ ᐊᑐᐃᵒᓇᖃᒃᵒᓂᓪᓕᑦ ᐊᐅᓪᓕᑎᓂᖅ.	
These are the directives that are being translated and will be tabled. Thank you, Madam Chairperson.	ᐅᖅᑲᐅᔭᕆᐊᑭᑎᑦᑕᖅᑕᕐᓯᒪᔪᐅᑦ ᐃᖅᑲᓇᐃᔪᖅᓴᐃᑎᵒᓂᑦ. ᖅᑯᔪᵒᓇᒪᒃ, ᐃᒃᓱᕈᐅᑕᖅ.
Chairperson: Thank you, Ms. Stockley. May I ask you if these policies and directives are already implemented and are they being used? Thank you. Ms. Stockley.	**ᐃᒃᓱᕈᐅᑕᖅ** (ᑐᐊᔭᑎᐃᑦ): ᖅᑯᔪᵒᓇᒪᒃ, ᒥᔭ ᓯᑕᒃᑕ. ᐊᐱᓕᓪᒪᑦ ᑕᒃᑯᐊ ᐊᑐᐊᖃᐃᑦ ᐊᑐᑕᖅᑎᑕᐅᓯᒪᔪᐃᵒᓇᐅᑕᖅᑲᑦ, ᐊᑐᖅᑕᐅᑕᖅᑐᑎᓪᓗ? ᖅᑯᔪᵒᓇᒪᒃ. ᒥᔭ ᓯᑕᒃᑕ.
Ms. Stockley: Thank you, Madam Chairperson. They are being used. They have never been formally adopted and	**ᓯᑕᒃᑕ** (ᑐᐊᔭᑎᐃᑦ): ᖅᑯᔪᵒᓇᒪᒃ, ᐃᒃᓱᕈᐅᑕᖅ. ᐃ, ᐊᑐᖅᑕᐅᑕᖅᑐᑦ ᐊᑐᑕᖅᑎᑕᐅᓪᓚᑕᓗᐊᔪᓚᐅᖅᓯᓯᓚᖅᑐᓕᓪᓚᑦ

they have been around for a while. We're actually in the process of updating them. Thank you, Madam Chairperson.	ᑭᓯᐊᓂ ᓄᑦᑕᓗᐊᖅᐸᑦᓂᐊᓂᕆᔨᓐᑦ. ᖃᐅᔨᓪᓚᑦᑐᒃ, ᐃᒃᓯᖏᑦᑕᖅ.
Chairperson: Thank you, Ms. Stockley. The next person on my list is Mr. Enook.	**ᐃᒃᓯᖏᑦᑕᖅ** (ᑐᐊᔪᓂᑎᔪᑦ): ᖃᐅᔨᓪᓚᑦᑐᒃ, ᒥᔭ ᓯᑦᒃᓂ. ᑭᖓᑦᓂᐅᑦᕆᔭᖅ ᑕᐃᒪ ᒥᔭᑕ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. In Ms. Keenan Bengts' report on pages 35 and 36 she indicates that during the course of your audit, you had discovered a number of "draft" documents related to a plan to create an electronic health record in Nunavut dated from 2009-2012. You also state that "none of the documents bear any resemblance to existing processes for PHI in the QGH." Did you have the opportunity to discuss these documents with the Department of Health during your audit? Thank you, Madam Chairperson.	**ᐃᓄᒃ**: ᖃᐅᔨᓪᓚᑦᑐᒃ, ᐃᒃᓯᖏᑦᑕᖅ. ᑕᐃᒃᑯᓚᓄ ᑭᓇᓪ-ᖏᐃᓴᓐ ᐅᓂᒃᑲᓐᓇᓂᒃ ᒪᕼᐱᖅᑐᖅᓂᒃ 35 ᐊᖏᒪᓗ 36-ᒥ ᑎᑎᕆᖅᓯᒪᔪᖅᑐᒪᑦ ᑕᐃᒃᓯᒪᓂᔪᖅ ᑕᑯᓚᑐᑐᓯ ᑕᑯᖅᑐᑕᓚᐅᕆᔨᓯ ᓯᖏᑦᓂᓴᐸᒥ ᑎᑎᕆᓚᐊᖅᑕᐅᓯᒪᔪᐃᓂᓂᑦ ᖃᓄᕆᔨᐅᑎᑐᑦ ᐱᓕᓚᖏᑕᐅᖅᑐᕆᓂᖅᑐᓂᒃ ᐊᓂᓚᖏᑕᐅᓯᒪᔪᖅᑐᓂᒃ ᐊᓐᓂᐊᖅᑐᓇᓐᖓᑦᓂᓚᓂᑦ, ᐃᓅᓴ ᐃᓕᒥᐅᔪᓐᖓᓂᒃ ᑎᑎᕆᖅᑕᐅᓯᒪᔪᑦ, ᑎᑎᕆᖅᑕᐅᔪᑕᐅᖅᑐᑕᕆᓂᖅᑐᓂᒃ electronic health record. ᑕᐅᑯᐊ 2009-12-ᒧᑦ ᐅᑦᓗᓐᓂᓐᓂ ᐊᖏᒪ ᑕᖏᓂᓂ ᑎᑎᕆᖅᓯᒪᓕᕐᓂ ᑕᐅᑯᐅᑕᐅᖅᑕᓯ ᐊᐅᓕᖅᑲᖅᔨᓴᓇᖏᑦᑎᐊᕆᒪᑦ ᐊᑐᖅᑕᐅᔪᓄᑦ ᑕᖏᓂᓂ ᕿᑭᓂᓂ ᐊᐅᓂᐊᕐᓚᓐᓂ. ᑕᓐᓇ ᐅᕆᐅᓯᓗᐃᑦ ᐱᕐᓚᕆᑕᐅᖅᐱᓯᐅᒃ? ᐅᕆᑦᑕᓚᖅᑎᑕᐅᖅᐱᓯᐅᒃ ᑕᐅᑯᐊ ᐊᐅᓂᐊᖅᑕᓇᓐᖓᑦᑕᑐᓂᒃ ᐱᑕᓚᓴᓇᓐᓂᑦ ᑕᔭᓯᒥᖓ ᖃᐅᔨᓴᖅᑎᑦᓗᓯ? ᖃᐅᔨᓪᓚᑦᑐᒃ, ᐃᒃᓯᖏᑦᑕᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Keenan Bengts.	**ᐃᒃᓯᖏᑦᑕᖅ**: ᖃᐅᔨᓪᓚᑦᑐᒃ, ᒥᔭᑕ ᐃᓄᒃ. ᒥᔭ ᑭᓇᓪ <ᐃᓐᔭ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. We actually received these after we had completed our visit to the hospital. It was my understanding and we were given the understanding… .	**ᑭᓇᓪ <ᐃᓐᔭ** (ᑐᐊᔪᓂᑎᔪᑦ): ᖃᐅᔨᓪᓚᑦᑐᒃ, ᐃᒃᓯᖏᑦᑕᖅ. ᑕᐅᑯᐊ ᐱᓕᐅᖅᑕᕆᔨᓪ ᑭᖓᓂᐊᔪᑦ >ᓴᓗᐊᓕᐅᖅᑎᑦᓗᓂ ᑭᖓᓂᐊᔪᑦ ᐱᔪᕆᔨᓪ, ᐊᓪᓂᐊᖅᑲᓪᓚᒃ >ᓴᓗᐊᓕᐅᖅᑎᑦᓗᓂ. ᑐᑭᓯᑎᑕᐅᔪᔪᑦ...
Let me say it this way: nobody in the hospital knew about these directives. Nobody referred them to us. Nobody could show these directives to us in their policy books. They just weren't in the mindset of any of the people we spoke to at the hospital. We received them afterwards and we were given to understand that they were never put into effect.	ᐃᒪᓐᓄᖅᑲᐃ ᐅᖅᑕᐳᑯ, ᐊᓪᓂᐊᐊᖏᓚᒥ ᖅᑲᐅᓴᒪᓕᕐᓂᐅᓪᓚᖅᑐᑦ ᑕᑯᐊ ᐅᖅᑲᐅᓴᐅᐊᑕᑦᑎᑦ, ᖅᑲᐅᓴᐳᑲᐃ ᖅᓄᓕ ᓯᑎᐊᐳᖅᓂᐅᓚᐊᖅᑎᓐᓄᑦ ᐅᖅᑲᐅᓴᐅᑎᑕᐅᑎᑦ ᖅᑲᐅᓴᒪᓕᕐᓂᐅᓪᓚᖅᑐᓂᑦ. ᐊᑐᐃᓪᓗᐅᓂᐅᓪᓚᖅᑐᓂᑦ ᐃᓯᒪᓪᓂᑦ, ᐃᓕᓴᐳ ᐃᖅᑲᐅᒪᓕᕐᓂᐅᓪᓚᖅᑐᓂᑦ ᐊᐱᖅᓯᑕᑎᓪᓗᓂ, ᑭᐅᔾᔨᓄᑦᓂᐅᓪᓚᖅᑐᓂᑦ ᐊᑐᖅᑕᐅᓂᓂᑦ ᐅᖅᑲᐅᓴᐅᑎᑕᐅᖅᑐᓂᑦ. ᑐᑭᓯᑎᑕᐅᔪᔪᑦ ᐊᑐᖅᑕᐅᓂᓂᑦ ᐃᓯᒪᓪᓂᑦ ᐊᐱᖅᓯᑕᑎᓪᓗᓂ ᐅᖅᑲᐅᓴᐅᑎᑕᐅᖅᑐᓂᑦ. ᑐᑭᓯᑎᑕᐅᔪᔪᑦ ᐊᑐᖅᑕᐅᓂᓂᑦ ᐃᓯᒪᓪᓂᑦ ᐊᐱᖅᓯᑕᑎᓪᓗᓂ ᐅᖅᑲᐅᓴᐅᑎᑕᐅᖅᑐᓂᑦ.
Now, as I understand our discussions in the last couple of days, that's changing and they are reviewing these directives now and starting to implement them at this	ᐅᖓᓐᓂᒃ ᑐᑭᓯᓚᐅᖅᑕᓐᓄᑦᓂᑦ, ᐅᖅᑲᖅᑲᑎᖅᑲᖅᑕᑕᖅᑐᓐᓄᑦ ᐃᔨᔨᓴᓂᐅᓂᒃ ᑕᒪᐃᓗ ᐊᓯᔾᔨᓯᓚᐊᓕᖅᑐᑐᖅᑐᑦ ᖃᑎᖅᑭᔭᐅᖏᓪᓚᐊᓕᖅᑐᑦ ᑕᐃᒃᑯᐊ ᒪᓕᓴᓴᓇᕐᑐᐊᓕᓕᖅᑐᓂᒃ ᐅᖅᑲᐅᓯᑦ.

point. My understanding is that, at the time we did this report, none of these directives had been implemented. Thank you, Madam Chairperson.	⊃Pᓯᓯᒪᓴᒃᑯᑦᓂ ᐅᑯᐊ ᐅᓂᒃᑲᓂᐊᑦ ᓴᓇᑎᑦᓗᑎᒍ ᑦᒃᑯᐊ ᐊᑐᐃᵒᓇᐅᓂᐅᵒᖏᓂᑐᑦ. ᖃᐅᔨᵒᓇᒋᒃ, ᐃᒃᓯᕐᒧᐅᑦᖅ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Enook.	**ᐃᒃᓯᕐᒧᐅᑦᖅ** (⊃ᐃᓕᓴᐅᑎᒍᑦ): ᖃᐅᔨᵒᓇᒋᒃ, ᒥᓵ ᕿᓇᵒ <ᐃᵒᓵ. ᒥᔭᑦ ᐃᓄᒃ.
Mr. Enook: Thank you, Madam Chairperson. For the record, Ms. Stockley, I will ask you this question. Can you specify what work your department has done to develop formal policies or procedures concerning electronic health records in Nunavut since 2012? (interpretation) Thank you, Madam Chairperson.	**ᐃᓄᒃ** (⊃ᐃᓕᓴᐅᑎᒍᑦ): ᖃᐅᔨᵒᓇᒋᒃ, ᐃᒃᓯᕐᒧᐅᑦᖅ. ᐊᓪᓚ ᑲᑎᒪᔨᐅᑎᓄᑦ ᑎᑎᕋᖅᑕᐅᔪᵒᓇᓄᕐᕋᖅᓯᑦ ᐊᐱᓚᔪᒪᓪᓕᕆᑲᖅᑭᒃᑭ, ᓇᓗᓇᐃᖅᓯᔪᵒᓇᖅᑭ ᐱᑕᓚᐃᓕᓴ ᖃᓄᐃᓇᑕᐅᖅᓯᒪᓪᓚᖅᓯᑦ ᐊᑐᐊᒐᑕᐅᕋᓯᑐᓂ ᑕᒪᐅᑯᓄᑦ ᖃᑎᖅᑕᐅᓴᐅᑯᑦ <<ᑕᐅᔨᓂᑦ ᐊᑲᵒᓂᐊᖅᑲᓇᵒᖏᑕᑐᓕᔨᑎᐅᓄᖅ 2012-ᒥᓂᒃ? (⊃ᐃᓕᓴᒍᑲᵒᓂᕐᓇᖅ) ᖃᐅᔨᵒᓇᒋᒃ, ᐃᒃᓯᕐᒧᐅᑦᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.	**ᐃᒃᓯᕐᒧᐅᑦᖅ**: ᖃᐅᔨᵒᓇᒋᒃ, ᒥᔭᑦ ᐃᓄᒃ. ᒥᓵ ᓯᑦᒃᓪ.
Ms. Stockley: Thank you, Madam Chairperson. There has been work ongoing and I'm just going to refer to the two positions that we have at QGH right now. They were filled through competition, one in January of 2017 and one in February of 2017. As I had mentioned earlier, we hadn't had any luck with filling a privacy officer position, so we went out to competition and got these two positions.	**ᓯᑦᒃᓪ** (⊃ᐃᓕᓴᐅᑎᒍᑦ): ᖃᐅᔨᵒᓇᒋᒃ, ᐃᒃᓯᕐᒧᐅᑦᖅ. ᐱᑕᓚᐊᖏᐃᵒᓇᖅᓯᒪᔪᓗᑕᐊᖅ ᑭᵒᓇᖅᑲᐃ, ᑭᒃᑯᐊ ᒪᖅᑐᒃ ᐃᖅᑲᓇᐃᓕᒃ ᐅᖅᑲᐅᓯᓚᑐ ᒧᵒᓇ ᐊᵒᓂᐊᕕᒪᒥ ᐃᖅᑲᓇᐃᓕᒃᑭᖏᓚᐅᖅᑐᒃ ᒃᵒᓄᐊᓚᒥ 2017-ᖏᑎᑦᓗᒍ ᐊᓪᒪᓗ ᕕᖏᐊᓚᒥ 2017-ᒥᒃ. ᐅᖅᑲᖅᑲᐅᑎᒪ ᑕᐃᵒᓇ ᐃᓪᒥᒍᖅᔪᓄᑦ ᑲᵒᖏᓇᓇᑕᒥᓚᓕ ᐃᖅᑲᓇᐃᓕᒃᖅ ᐃᵒᓄᔪᵒᓇᖅᓯᒪᵒᖏᑕᒥᑎᒍ ᓯᓚ, ᓴᖅᑭᑲᵒᓂᖅᓯᒪᓕᕐᓂᑦ. ᑭᔾᔪᓂ ᑭᒃᑯᐊ ᒪᖅᑐᒃ ᐃᖅᑲᓇᐃᓕᒃᖅᑎᑕᓇᓯᒪᓕᕆᓕᐅᑦ.
Just to give you the context of that, the responsibility is divided between the clinical advisor and the quality assurance and risk management coordinator. The clinical advisor is accountable for the development of the policy, procedures, practices, and guidelines for Iqaluit Health Services and is also accountable for the development of educational material related to privacy. The quality assurance and risk management coordinator is accountable for the quality, safety and risk piece, which includes the reporting,	ᑭᒃᑯᐊ ᐱᑕᓚᐊᖏᓴᖅᓂᑦ ᐊᓚᔪᖅᑕᐅᓯᒪᓕᕐᑦ ᐊᑲᵒᓂᐊᕕᑕᐊᖅᑲᓂᖅᑕᖅᑐᓄᑦ ᐅᖅᑲᐅᔨᔪᑎᐊᖅᑎᐅᔨᒧᑦ ᐊᓚᒪᓗᑦᑕᐅᖅ ᐊᑕᑕᓇᑭᵒᓇᖅᑐᓂᑦ ᖃᑲᐅᔨᔪᖅᑎᐅᔨᓕᑦ, ᑲᒪᔨᐅᑦᑕᐅᑎᒍᑦ ᐊᑐᐊᒐᑕᐅᖅᓯᖅᑐᒃ ᓴᖅᑭᒃᑯᐊᑦ ᐃᖅᑲᓇᐃᓕᒃᖅᑎᑕᓇᓯᒪᓕᕆᓕᐅᑦ, ᐊᓚᒪᓗᑦᑕᐅᖅ ᐃᓕᓴᐅᔪᓄᑦ ᓴᓇᑎᑦᓗᒍᑦ. ⊃Pᒧᐅᓂᒃᑲᓇᐃᓕᒃᖅᑎᑕᓇᓯᒪᓕᕆᓕᐅᑦ, ᐊᓚᒪᓗ

analyses, review, capture, and reporting of events. That would include near misses and incidents as well as disclosure. As part of this process, Iqaluit Health Services is currently working on the development of a monthly advanced reporting and analysis report, which will provide an overview of all events and will designate privacy breaches as a separate item on the report. The ATIPP manager and the ATIPP coordinator from the Department of Health will be involved to ensure these processes are consistent with legislation and already established protocols. Madam Chairperson, that's where our focus has been in the last little while. Thank you, Madam Chairperson. **Chairperson**: Thank you, Ms. Stockley. Mr. Enook. **Mr. Enook** (interpretation): Thank you, Madam Chairperson. Perhaps, Madam Chairperson, (interpretation ends) my concern or where I am at a bit of a loss is the privacy commissioner states that "none of the documents bear any resemblance to existing processes…" If you are saying that these directives and policies are being used… . Let me rephrase. Has the concern of the privacy commissioner in this regard been addressed? (interpretation) Thank you, Madam Chairperson. **Chairperson**: Thank you, Mr. Enook. Ms. Stockley. **Ms. Stockley**: Thank you, Madam Chairperson. I hope so. It's what we're working toward. We are working as quickly as we can. I don't mean to speak for the privacy commissioner. I know that	ᖃᑎᖏᑕᐅᖏᑦᑐᖏᑦᑕᕐᓂᐊᕐᓗᒃ ᖃᓄᐃᙱᓐᓂᐅᕕᓴᕐᓚᕐᔪᑦ, ᐊᒻᒪ ᓴᖅᑭᖅᑕᐅᖏᑦᑐᖏᑦᑕᕐᓂᒋᑦ. ᐃᖏᓄᓐᓂᒋᑦ ᐊᐪᓂᐊᖏᓄᖅᓯᖏᑕᑐᑕᓐᓇᒃᑯᑦ ᓴᓇᓕᒫᑦᑕᓐᓇᐊᕐᓚᑦ ᑕᖅᑭᑕᒫᑦ ᐅᓂᒃᑲᑕᐅᖏᓄᑕᑎᓂᒃ ᑎᒥᖅᓴᓕᐅᖏᓄᑕᖏᓐᓄᑦ ᑲᓇᑕᒫᑦ. ᖃᓄᐃᙱᑕᐅᖅᓴᓚᕐᒫᒫᑎᑦᑕᓐᓇᐊᓂᒃ ᑎᑎᖅᑰᓐᓇᐅᖏᓄᑕᖏᓐᓄᑦ, ᑕᐪᓇᓗ ᑲᐪᓯᓇᖅᑕᑕᓐᓇᓂᖏᓐᓄᑦ ᐊᐅᑕᕐᑎᓗ, ᐊᒻᒪᓗ ᑐᑭᒧᐊᖅᑎᓂᕐᖓ ᒪᑕᕐᑎᐊᖏᓐᓇᐊᖅᓴᓚᕐᔪᐊᖅᑐᑦ ᒪᑕᑐᓂᒃᑯᑦ ᐃᓕᓴᕐᓂᐊᖅᑐᑦ ᖃᓄᐃᙱᑕᐅᖅᓴᓚᕐᒫᒫᑎᑦᑕᓂᐊᖅᑐᑦ. ᐃᓕᓴᕐᓂᐊᖅᑐᑦ, ᑕᕐᓇ ᑕᒃᑯᐊ ᐱᑕᓇᐊᓇᒪᓂᕐᓴᐊᖅᓴᒪᑐᑎᒍ. ᖃᐅᔨᓇᒃᑕᑦ, ᐃᓕᓴᕐᓂᐊᖅᑕᖅ. **ᐃᓕᓴᕐᓂᐊᖅᑕᖅ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓇᒃᑕᑦ, ᒥᔅ ᓴᑕᒃᑕᓗ. ᒥᔅᑕ ᐃᓗᒃ. **ᐃᓗᒃ**: ᖃᐅᔨᓇᒃᑕᑦ, ᐃᓕᓴᕐᓂᐊᖅᑕᖅ. (ᑐᓴᔨᑎᒍᑦ) ᐃᓴᓇᒍᑎᖃᕆᐊᖃᒪᓕᒪᓗᒍ ᑕᓪᓗᒍ ᑲᓇᑕᒫᑦᑕᓐᓇᐊᓂᖏᓐᓄᑦ ᑲᒥᓴᒃ ᐅᖃᖅᑕᖏᑦᑕᒃᑯᑦ ᑕᒃᑯᐊᒍᑦ ᑎᑎᕆᖏᓐᓇᐊᕐᓴᐅᑦ ᐊᐱᖃᑲᓇᕐᓂᖅᑐᒥᓂᒃ ᐃᓕᓴᕐᓂᐊᖅᑕᖏᑦᑕᖏᑦᑕᒫᓂᒃᑯᑦ ᐃᓗᓕᓴᕐᓂᐊᖅᑕᖅᑐᓗᒃ ᐃᖅᑲᓇᐃᔪᖏᓐᓄᑦ ᐅᖃᖅᑕᖏᑦᑕᒃᑯᑦ ᑲᑎᒪᔨᖅᑎᓪᓗᒍ, ᐊᑐᐊᓗᐃᓐᓇᑲ ᐊᑐᖅᑕᖏᑦᑕᒃᑯᑦ ᒪᑕᑐᓂᒃᑯᑦ ᐃᓕᓴᕐᓂᐊᖅᑕᖏᑦᑕᒫᓂᒃᑯᑦ ᐃᓗᓕᓴᕐᓂᐊᖅᑕᖅᑐᓗᒃ ᐃᓅᖅᑲᐃᓐᓇᖅᑐᓂᒃᑯᑦ ᐃᓗᓕᓴᕐᓂᐊᖅᑕᖅ. **ᐃᓕᓴᕐᓂᐊᖅᑕᖅ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓇᒃᑕᑦ, ᒥᔅᑕ ᐃᓗᒃ. ᒥᔅ ᓴᑕᒃᑕᓗ. **ᓴᑕᒃᑕ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓇᒃᑕᑦ, ᐃᓕᓴᕐᓂᐊᖅᑕᖅ. ᐃᓐᓇᖃᐅᔨᓇᒃᑕᑐᓴᐊᖅᑕ ᑕᒪᐅᔭ ᐱᑕᓇᐊᓇᒪᓂᕐᕼᒃᑕᕐᓂᒍ. ᑕᐃᒪᓐᓇᒃ ᑐᐊᕕᐊᓇᒪᓂᓴᑕᕐᓂᐊᖅᑐᓂᓪᓗᒃ. ᖃᒃᑲᓇᕐᑎᓪᓗᒍ ᐅᖃᒃᑭᑎᑐᑦᑕᓐᓇᐊᖅᑐᑦ ᑲᑎᒪᔨᖅᑎᓪᓗᒍ ᐅᖃᖅᑕᖏᑦᑕᒫᓂᒃᑯᑦ ᐃᓗᓕᓴᕐᓂᐊᖅᑕᖅᑐᓗᒃ ᐃᓅᖅᑲᐃᓐᓇᖅᑐᓂᒃᑯᑦ ᐃᓗᓕᓴᕐᓂᐊᖅᑕᖅᑐᓗᒃ ᐃᓅᖅᑲᐃᓐᓇᖅᑐᓂᒃᑯᑦ ᐃᓗᓕᓴᕐᓂᐊᖅᑕᖅ. **ᓴᑕᒃᑕ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓇᒃᑕᑦ, ᐃᓕᓴᕐᓂᐊᖅᑕᖅ. ᐃᓐᓇᖃᐅᔨᓇᒃᑕᑦᑐᖏᑦᑕᒫᓂᒃᑯᑦ ᑕᒪᐅᔭ ᐱᑕᓇᐊᓇᒪᓂᕐᕼᒃᑕᕐᓂᒍ. ᑕᐃᒪᓐᓇᒃ ᑐᐊᕕᐊᓇᒪᓂᓴᑕᕐᓂᐊᖅᑐᓂᓪᓗᒃ. ᖃᐅᔨᓇᒃᑕᑦ, ᐃᓕᓴᕐᓂᐊᖅᑕᖅᑐᓗᒃ ᐅᖃᖅᑕᖏᑦᑕᒫᓂᒃᑯᑦ ᐃᓗᓕᓴᕐᓂᐊᖅᑕᖅᑐᓗᒃ ᐃᓅᖅᑲᐃᓐᓇᖅᑐᓂᒃᑯᑦ ᐃᓗᓕᓴᕐᓂᐊᖅᑕᖅᑐᓗᒃ ᐃᓅᖅᑲᐃᓐᓇᖅᑐᓂᒃᑯᑦ ᐃᓗᓕᓴᕐᓂᐊᖅᑕᖅ.

a huge component her concern is health-specific privacy legislation and we're moving as quickly as we possibly can on that.	ᑲᒥᓂᓇ ᑲᓐᖏᓇᖅᑐᑕᓗᓂᕐᒧᑦ ᐃᓂᒋᔭᑎᕃᖅᖢᑦ ᐊᐢᓂᐊᕃᖅᓇᓐᖓᑦᑐᑕᓗᓂᕐᒧᑦ ᑐᖃᖏᓚᐅᓂᒃ ᒪᑕᒪᑦᐅᕃᐯᓪᓗᓂ ᑕᒪᓐᓇ ᑐᐊᕆᐊᓕᓚᓂᑦᑕᕋᓗᐊᕐᓗᑦ.
I know that her concern as well is that there are old policies and things that are around that weren't formally endorsed or adopted, which is why we're bringing forward and we're going to table the iEHR, so that kind of will formalize that process.	ᐃᓂᒋᔭᑎᖏᑦ ᑕᕆᔨᐊ ᖃᐅᔨᓪᓚᖅᑐᑦ ᐊᑐᐊᓚᑐᖃᖅᑐᑕᒪᔭᕆᓚᒃ ᓂᑦ ᓴᖅᑭᒋᖅᑐᐃᑦ ᐅᐊᕐᑎᐊᑭ ᐊᑐᓪᖅᑎᑕᐅᓪᓕᖅᓂᓚᕐᓂᒃ, ᑕᐃᒪᓕᒃ ᑕᖏᐅ ᓄᑕᒥᒃ ᓴᖅᑭᑲᓂᓚᖅᑐᑦᑎᓐᓂᐊᕐᓂᖅ ᒪᑕᒪᑦᐅᕃᐱᓕᕆᔨᑦ ᑕᕆᔨᐊ ᐃᑕᓴᓇᖅᑐᕐᓂᑦ.
In the meantime while we're doing all this work, we have two individuals in place. I know the privacy commissioner would prefer to have a privacy officer, but we have two individuals in place fairly recently, one on a term and one on an indeterminate basis. They are not there on a casual basis, so that is very good news. Although they don't have a specific background in health privacy legislation, they do have an applicable type of background and will be having privacy training as everything moves ahead.	ᑕᒪᐅᓪᓗ ᐱᑕᓇᐊᓇᑎᑦᓗᑎᒍ ᒪᖅᑭᐅᓂᒃ ᐃᖅᑲᐅᐃᓴᖅᑎᐅᓂᒃ ᐃᑕᓯᓯᒪᑕᕋᑦᑕ, ᐅᖅᑲᖅᑕᑕᕐᒪ ᖃᐅᔨᓪᓚᖅᑐᑦᑎᓐᓂᐊᕐᓂᖅ ᑲᑎᒪᔨᖅᑕᐅᖅᑲᖅᑐᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦ ᐃᖅᑲᐅᐃᓴᖅᑎᖅᑐᑦᑎᓐᓂᐊᕐᓂᖅ. ᐃᖅᑲᐅᐃᓴᖅᑲᐃᐅᓪᓕᖅᑎᑎᓯᒪᔪᑦ ᑕᐃᒪᐃᓕᐅᖅᑕᐃᓐᓇᐅᓪᓕᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦ ᐃᓪᓕᖅᑐᕐᓂᑕᐅᓪᓕᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦ ᐃᓕᓴᕐᕕᐊᓂᖅᓯᒪᔭᕐᓗᒍ ᐃᖅᑲᐅᐃᓴᖅᑲᐃᐅᓪᓕᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦᑐᖅ, ᑕᐃᒪᓗᓂ ᑕᐃᒪᐃᓕᐅᖅᑕᐃᓐᓇᐅᓪᓕᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦ ᐃᓕᓪᓂᕐᓂᐊᓕᕆᔨᖅᑲᐃᐅᓪᓕᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦ ᐃᓕᓴᕐᕕᐊᓂᖅᓯᒪᔭᕐᓗᒍ.
In the meantime we are trying to create a culture of privacy. We have been going out to staff and we have been sharing information through newsletters, overviews, memos, and memorandums from me to create that culture of privacy. Is it mature yet? No, it isn't, but we're moving in the right direction, I feel. Thank you, Madam Chairperson.	ᓴᓇᖕᓂᑕᐊᑲᓂᑕᒍᑦ ᒪᑕᑦᑕᐅᖓᓂᓇᖅᑲᑦᑕᕋᓂᕐᓂᐊᕐᓂᖅᑐᑦᑎᓐᓂᐊᕐᓂᖅ ᑲᓇᖅᑲᐅᐃᓴᖅᑎᑕᐅᓪᓕᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅ ᒪᑕᓴᓴᑕᐅᑦᑎᐊᕐᓂᐊᕐᓂᖅᑎᑦ. ᐃᖅᑲᐅᐃᓴᖅᑎᖅᑐᖅᑕ ᑐᓂᓴᖅᑲᓱᓕᖅᑐᐃᓐᓇ ᑎᑎᖅᑲᐅᓯᐊᖅᑎᓪᓕᖅᑐᐃᓐᓇᔭᓗ, ᐅᖅᑲᐅᐃᓴᖅᑲᐃᐅᓪᓕᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦᑐᖅ ᑲᓇᖅᑲᐅᐃᓴᖅᑎᖅᑐᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦᑐᖅ ᒪᑕᒪᑦᐅᕃᐯᓪᓗᓂ ᐱᓕᓐᓂ. ᑕᓴᓇ ᐱᓱᐋᖅᓯᒪᔭᖅᑲᓪᓚᑦ, ᐊᑦᑐᒃ ᓯᑕ, ᑭᓯᐊᓂ ᑕᒪᐅᑐᒃᑲᓪᓕᐊᖅᑎᑦ ᐃᓐᓇᕐᓂᐊᓕᕆᔨᖅᑲᐃᐅᓪᓕᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᑎᑦ. ᖃᐅᔨᓴᓇᖅᑐᑦ, ᐃᓱᓯᐅᐅᑕᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Enook.	**ᐃᓱᓯᐅᐅᑕᖅ** (ᑐᐊᓵᑎᒍᑦ): ᖃᐅᓱᓇᓚᐅᖅᑐᑦ, ᒥᓵ ᓯᑕᓐᓂ. ᒥᓵᑎᑕ ᐃᓄᓱ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. (interpretation ends) I believe we had touched a bit on the issue of MEDITECH systems earlier. I'm going to try to ask some questions and obviously it is your prerogative to stop me if you feel	**ᐃᓄᓱ**: ᖃᐅᓱᓇᓚᐅᖅᑐᑦ, ᐃᖅᑲᐅᐃᓴᖅᑎᑕᖅ. (ᑐᐊᓵᑎᒍᑦ) ᑕᓇᓇ ᐊᑦᑐᒍᓕᓵᓯᒪᓕᕆᔨᓗᐊᕐᓂᑦ ᖃᖅᑎᓴᐅᓴᖅᑯᓕᑦ ᐅᓴᖅᖢᑎᑕᐅᓪᓕᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᑐᐃᑦ ᐃᓄᓐᓂᑦ ᐱᓵᓯᒪᑎ. ᐊᐢᓂᐊᕐᓇᐊᕐᓂᖅᑐᖅᑲᓱᐅᑎᑐᓕᓴᕐᓂᑦ. ᐊᐱᖅᑯᑎ ᑕᓇᓇ ᓄᓕᒥᑎᓪᓗᓂᕐᒪᖅᑯᓄᐊᐅᖅ ᐊᐱᓚᐅᐅᑦᑎᖅᑲᓱᒪᓴᓕᓇᓐᓂᑦ ᓄᖅᑎᓐᓇᐅᓪᓕᖅᑎᑦᑎᓐᓂᐊᕐᓂᖅᓴᖅᖢᖅ.

that they have been asked.	
To the privacy commissioner, on page 37 of your report you state that the MEDITECH system which is currently being used in the hospital is "clearly not an EHR as that instrument is defined by Canada Health Infoway."	ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇᒧᑦ. 37-ᖓᓂ ᒪᑉᐱᒐᖓᓂ ᐅᓂᒃᑳᓕᐊᒥᓂᕐᓂᑦ ᐅᖃᕋᕖᑦ ᑖᓐᓇ ᖃᕋᓴᐅᔭᒃᑯᑦ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᖅᓯᐅᑎᓄᑦ ᑎᑎᕋᖅᑕᐅᕙᓚᐅᖅᑐᓂᑦ ᑑᖅᑲᐃᕕᐅᕐᑲᑦᑕᖅᑐᖅ ᓱᓕ ᐊᐅᓚᓪᓚᕆᓐᖏᒻᒪᑦ ᑕᐃᒫᒃ ᑲᓇᑕᒥ ᐋᓐᓂᐊᕐᑲᕐᓇᙱᑦᑐᓕᕆᓂᕐᒧᑦ ᖃᕋᓴᐅᔭᒃᑯᑦ ᑑᖅᑲᐃᕕᐅᕙᑦᑐᑎᑐᑦ.
Can you explain in detail what components must be included in a system in order for it to be considered an electronic health record or an electronic health record infrastructure, as defined by the Canadian Health Infoway? (interpretation) Thank you, Madam Chairperson.	ᑭᓱᒃᑲᓂᕐᓂᑦ ᐃᓚᔭᐅᒋᐊᖃᕐᒪᖔᖅ ᓇᓗᓇᐃᕈᓐᓇᖅᑭᐅ ᑕᐃᒫᒃ ᓈᒻᒪᓪᓗᓂ ᐃᓗᐃᑦᑑᓗᓂ ᑲᓇᑕᒥ ᐊᑐᖅᑕᐅᓲᓂᑦ ᐊᔾᔨᐸᓗᕐᑲᓕᕐᓂᐊᕐᓗᓂ. ᒪᓕᓪᓗᒋᑦ ᑖᒃᑯᐊ ᓇᓗᓇᐃᖅᕕᐅᓯᒪᔪᑦ ᑲᓇᑕᓕᒫᒥᑦ ᐊᑐᖅᑕᐅᔪᓄᑦ? (ᑐᓵᔨᑎᒎᕐᓃᖅᑐᖅ) ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Enook. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐃᓄᒃ. ᒥᔅ ᑮᓇᓐ ᐸᐃᙵ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. I'm going to start to answer this question and I'm going to hand it over to Mr. Dickson to finish.	**ᑮᓇᓐ ᐸᐃᙵ** (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐃᓚᖓ ᑭᐅᓂᐊᕋᒃᑯ, ᒥᔅᑕ ᑎᒃᓴᓐᒧᓪᓗ ᐃᓚᒃᑲᓐᓂᖓ ᑭᐅᔭᐅᕐᑯᓂᐊᕋᒃᑯ.
What is meant by the electronic health record or what is intended is a nationwide system so that if, for example, you needed medical attention while you were travelling in another part of Canada, it would be available on their computers right there. We're not even close to that, right? None of the country is. Alberta may be the closest in terms of being able to access the information for all of their population.	ᑖᓐᓇ ᖃᓄᖅ ᑐᑭᖅᖃᖅᑎᑕᐅᒐᓱᒻᒪᖔᖅ ᖃᕋᓴᐅᔭᒃᑯᑦ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᖅᓯᐅᑎᓂᑦ ᐸᐸᑦᑎᓂᖅ ᑐᑭᖅᑲᖅᑐᖅ ᑖᓐᓇ ᑲᓇᑕᓕᒫᒥ ᑲᓱᖅᓯᒪᒐᓱᑦᑐᖅ, ᑲᓱᖅᓯᒪᑎᑕᐅᒐᓱᑦᑐᖅ. ᐋᓐᓂᐊᕕᓕᐊᕆᐊᖃᕐᓂᕈᕕᑦ ᐊᐅᓪᓚᖅᓯᒪᓗᑎᑦ ᑲᓇᑕᒥᐅᒐᓗᐊᖅ ᓇᒥᑐᐃᓐᓇᖅ ᐊᑐᐃᓐᓇᐅᑦᑕᐅᑎᒋᒐᔭᕐᖓᑕ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᖅᓯᐅᑎᒥᓂᖅᑎᑦ ᐃᕝᕕᑦ ᓄᓇᖓᓂ. ᑖᓐᓇ ᓱᓕ ᐱᔮᖅᑕᐅᓂᐅᓵᖏᒻᒪᕆᑦᑐᖅ, ᐋᓪᐹᑕᒥ ᑕᐃᒪ ᐱᔮᖅᐸᓪᓕᐊᓂᖅᐹᖑᐋᔾᔭᓕᖅᓯᒪᔪᑦ ᖃᕋᓴᐅᔭᒦᑦᑐᓂᒃ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᖅᓯᐅᑎᓂᒃ ᓇᒥᑐᐃᓐᓈᕋᓗᐊᕈᑎᒃ ᐋᓪᐋᑕᒥ. ᐊᒻᒪᓗ ᑖᒃᑯᐊ ᖃᕋᓴᐅᔭᕐᒦᑎᑕᐃᑦ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᖅᓯᐅᑎᕈᓘᔭᐃᑦ, ᐋᓐᓂᐊᕕᓕᐊᖅᑐᖅᓯᑎᒥᓃᑦ.
Maybe at this point I should hand it over to Mr. Dickson, who has been developing these systems for 30 years. Thank you.	ᒥᔅᑕ ᑎᒃᓴᓐᒧᖔᕐᒧᖅᑲᐃ ᑭᐅᔭᐅᑎᑲᐃᓐᓇᕋᓱᐊᕈᒃᑯ, ᑖᓐᓇ ᓴᓇᖃᑕᐅᖃᑦᑕᖅᓯᒪᒻᒪᑦ ᑕᒪᒃᑯᓂᖓᕈᔫᔭᖅ ᐊᕋᒎ 30 ᐊᓂᒍᓕᖅᑐᐃᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Dickson.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᑮᓇᓐ ᐸᐃᙵ. ᒥᔅᑕ ᑎᒃᓴᓐ.
Mr. Dickson: Yes, not quite that long, but	ᑎᒃᓴᓐ (ᑐᓵᔨᑎᒎᑦ): ᑕᐃᒪᓐᓇ ᑕᑭᓗᐊᓐᖏᑦᑐᖅ, ᑕᐃᒪᓕ

let me try to explain my understanding of the electronic health record and how that's different from an electronic medical record.	ᑐᑭᓯᐅᒪᓂᓐᓂ ᐅᖃᕋᓱᓐᓂᐊᖅᐳᖓ, ᖃᕋᓴᐅᔭᒃᑯᑦ ᑎᑎᕋᖅᐸᓪᓚᐊᓂᖅ ᖃᓄᕐᑐ ᖃᓄᖅ ᐊᔾᔨᒋᓐᖏᒻᒪᖔᒍ.
An electronic medical record, or EMR, is what you typically find in a medical clinic, in a hospital, that sort of thing. It's an electronic record of health services provided to a patient.	ᐃᓅᓕᓴᖅᑕᐅᓂᕐᒧᑦ ᑎᑎᕋᖅᑕᐅᕙᓖᕐᓂᖅ ᑕᑯᒐᔫᒃᑲᔭᖅᑕᐃᑦ ᐃᓅᓕᓴᖅᑕᐅᕝᕕᒥ ᐋᓐᓂᐊᕝᕕᒥ ᐃᒪᓐᓇ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ ᐃᓅᓕᓴᖅᑕᐅᓂᖏᓐᓄᑦ ᑎᑎᕋᖅᑕᐅᕙᓪᓕᐊᕕᕕᓂᖅ.
The electronic health record is envisaged by Canada Health Infoway and is being funded by Canada Health Infoway. I think they spent well over $4 billion investing in systems in different jurisdictions to this point.	ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔭᐅᓂᖓᓄᑦ ᑎᑎᕋᖅᑕᐅᓂᖅ ᑲᓇᑕᒥᓗ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔾᒃᑯᓐᓂ ᑮᓇᐅᔭᖃᖅᑎᑕᐅᓂᖓ $4 ᐱᓕᐊᙳᓗᐊᖅᑐᓂᒃ ᑮᓇᐅᔭᖅᑐᕈᑕᐅᖃᑦᑕᖅᓯᒪᔪᖅ ᐃᖅᑲᓇᐃᔭᐅᑎᓄᑦ ᐊᔾᔩᓐᖏᑦᑐᓂᑦ ᐊᕕᒃᑐᖅᓯᒪᔪᓂ.
The electronic medical record is usually based on three kinds of domain repositories. One is lab test results, the second one is prescription drug history, and the third domain is X-rays and radiologist reports. That is supplemented with clinical information from hospital visits and it's supplemented with clinical information from primary health care providers. On top of all that is immunization information. That's the electronic health record. The notion is that there would be such a record for every man, woman, and child living in Canada wherever they live in Canada and that information can move between jurisdictions, as the commissioner said.	ᑖᓐᓇ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ ᑎᑎᕋᖅᑕᐅᕕᓕᐊᕕᖓ ᑐᙵᕕᖃᕐᒪᑦ ᐱᖓᓲᓕᖅᑲᖓᔪᒥᒃ ᐃᓗᓪᓕᖅᓱᖅᑕᐅᔪᑦ, ᑕᒪᒃᑯᐊᓗ ᖃᐅᔨᓴᖅᑕᐅᕝᕕᒥ ᖃᐅᔨᔭᐅᔪᑦ ᐊᒻᒪᓗ ᑐᓪᓕᐊ ᐄᔭᒐᖅᑖᕆᖃᑦᑕᖅᓯᒪᔭᖏᑦ ᐊᒻᒪᓗ ᐱᖓᔪᖓ ᑕᕐᕋᖅᑐᖅᑕᐅᖃᑦᑕᖅᓯᒪᓂᕐᒧᑦ, ᒪᑯᐊᓗ ᓄᖑᑎᖅᑕᐅᖃᑦᑕᕐᓂᖏᓐᓄᑦ ᐅᓂᒃᑳᖏᑦ, ᑖᒃᑯᐊ ᐃᓚᔭᐅᒋᐊᖅᓯᒪᓪᓗᑎ ᐃᓅᓕᓴᖅᑕᐅᓂᕐᒧᑦ ᑎᑎᕋᖅᑕᐅᖃᑦᑕᖅᑐᕕᓂᕐᓂ ᐋᓐᓂᐊᕕᓕᐊᖅᐸᑦᑐᓄᑦ. ᐃᓚᒋᐊᖅᑕᐅᓯᒪᕙᑦᑐᓂ ᒪᑯᓇᙳᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔩᑦᑐᖃᑦᑕᖅᑐᓄᑦ ᒪᓐᓇ ᑲᐱᔭᐅᖃᑦᑕᕐᓂᖅ, ᑖᓐᓇ ᑕᕝᕙ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ ᑎᑎᕋᖅᑕᐅᕙᓪᓕᐊᕕᖓ ᐃᒪᓐᓇ ᐃᓄᓕᒫᓄᑦ, ᓱᕈᓯᓕᒫᓄᓪᓗ ᑲᓇᑕᒦᑉᐸᑕ ᓇᓂᐅᒐᓗᐊᖅ ᑖᒃᑯᐊᓗ ᐃᓗᓕᖏᑦ ᓯᐊᒻᒪᖅᑎᖅᑕᐅᖃᑦᑕᕈᓐᓇᖅᑐᑦ. ᑲᒥᓯᓇᐅᑉ ᐅᖃᐅᓯᕆᖅᑲᐅᒻᒥᔭᖓ.
What MEDITECH is, is it's really an electronic medical record. One of the things that we have raised here, and I guess we didn't say it in the report, but if ever there were a jurisdiction where you think an electronic health record would be enormously useful, it would be in Nunavut where you're challenged so much by geography and distance. In any event we simply made the point that there is this	ᐃᒪᓐᓇ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ ᑐᖅᑯᖅᑕᐅᓯᒪᔪᑦ ᐃᓅᓕᓴᖅᑕᐅᖃᑦᑕᕐᓃᑦ. ᑕᐃᒪᓕ ᓴᖅᑭᓚᐅᕋᑦᑎᒍ ᐅᓂᒃᑳᒥ ᐅᖃᐅᓯᕆᓯᒪᙱᑦᑕᕋᓗᐊᕗᑦ, ᑭᓯᐊᓂ ᐊᕕᒃᑐᖅᓯᒪᔪᓕᒫᓂ ᑖᒃᑯᐊ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ ᑎᑎᕋᖅᑕᐅᓯᒪᓂᖏᑦ ᐊᑑᑎᖃᑦᑎᐊᖅᑐᒻᒪᖔᑕ ᓄᓇᕗᑦᒥᓗ. ᐃᒪᓐᓇᓕ ᓄᓇᑦᑐᓐᓂᖓᓄᑦ ᓄᓇᖓᑕ ᐊᖏᔫᓂᖓᓄᑦ ᐊᒃᓱᐳᕐᓇᖅᑑᒻᒪᑦ ᐃᒪᓐᓇ ᐅᖃᐅᓯᕆᒋᐊᑐᐃᓐᓇᕋᑦ ᑖᓐᓇ

MEDITECH system. What wasn't clear to us and we couldn't determine is whether the MEDITECH system can be scaled up to be an electronic health record like what's being built in other Canadian jurisdictions.	ᑎᑎᕋᖅᑕᐅᕙᓪᓚᐊᕐᕕᖓ ᑐᑭᓯᓇᖅᓯᑦᑎᐊᖅᓯᒪᓗᐊᙱᒻᒪᑦ ᐋᖅᑭᒍᑎᒋᔪᓐᓇᓚᐅᙱᑦᑐᑎᒍᑦ. ᐃᒪᓐᓇ ᐊᖏᓪᓕᒋᐊᖅᑕᐅᑲᓐᓂᕈᓐᓇᕐᒪᖔᑕ ᖃᕋᓴᐅᔭᖅᑎᒎᖓᓕᕐᓗᓂ ᐊᓯᖏᓐᓂ ᑲᓇᑕᒥ ᐱᓕᕆᐊᖑᓂᖓ ᑕᐅᑦᑐᒍ.
I'm sorry that was a long explanation, but that's my best effort at trying to distinguish between the electronic medical record that we have in place in the Qikiqtani General Hospital and the electronic health record that is being built right across Canada through Canada Health Infoway funding. Thank you.	ᒪᒥᐊᓇᐅᓇᓗᐊᖅ ᑕᑭᓛᕋᒃᑯ, ᑭᓯᐊᓂ ᑐᑭᓯᓇᖅᓯᓐᓇᓱᒃᑲᒃᑯ ᑕᒪᒃᑯᐊ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ ᑎᑎᕋᖅᓯᒪᕙᓪᓚᐊᕕᒌᑦ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᖓᓂ, ᐊᒻᒪᓗ ᑲᓇᑕᓕᒫᒥ ᐋᖅᑭᔅᓱᖅᑕᐅᕙᒌ, ᑲᓇᑕ Health Inforway-ᑯᓐᓄᑦ ᑮᓇᐅᔭᖃᖅᑎᑕᐅᓂᒃᑯᑦ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Mr. Dickson. Mr. Enook.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᑎᒃᓴᓐ. ᒥᔅᑕ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. (interpretation ends) Your report mentions as a matter of fact and Mr. Dickson, you just used the words "scale up." Let me ask you this: in your view what specific changes would need to be made in order to "scale up" the hospital's current MEDITECH system into an electronic health record infrastructure? (interpretation) Thank you, Madam Chairperson.	ᐃᓄᒃ: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. (ᑐᓵᔨᑎᒍᑦ) ᐅᓂᒃᑳᕐᓂ ᐅᖃᐅᓯᖃᖅᓯᒪᒻᒪᑦ ᒥᔅᑕ ᑎᒃᓴᓐ, ᐃᒪᓐᓇ ᐊᖏᓪᓕᒋᐊᕐᓗᒍ. ᐃᒪᓐᓇ ᐊᐱᕆᓚᐅᕐᓚᒋᑦ, ᑕᐅᑐᑦᑕᕐᓂ ᑭᓱᑦ ᐊᓯᔾᔨᖅᑕᐅᔭᕆᐊᖃᖅᐸ ᐸᐃᖑᕆᐊᖅᑎᒃᑯᕕᐅ ᓛᓐᓇ ᑎᑎᕋᖅᐸᓪᓚᐊᕕᖓ ᐋᓐᓂᐊᕕᐅᑉ ᐃᒪᓐᓇ ᖃᕋᓴᐅᔭᖅᑎᒎᖓᓕᕐᓗᓂ, ᐃᖅᑲᓇᐃᔭᐅᑎᑎᒍᑦ? (ᑐᓵᔨᒎᕐᓇᓖᖅᑐᖅ) ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Mr. Dickson.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐃᓄᒃ. ᒥᔅᑕ ᑎᒃᓴᓐ.
Mr. Dickson: Thank you for the question. We didn't spend a lot of time in terms of the MEDITECH technology in terms of how that would happen, but we know that all electronic medical record systems have limitations in terms of capacity, in terms of the movement of information to other systems. We simply posed the question. We weren't able to determine through our discussion with the IT department, if you will, at the hospital how they would be able to move to an electronic health record	ᑎᒃᓴᓐ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ ᐊᐱᕆᒐᕕᑦ, ᐊᐱᖅᑯᑎᓐᓄᑦ ᑖᓐᓇ ᖃᓄᐃᓕᐅᖅᓲᔭᓗᐊᓚᐅᙱᓇᑦᑎᒍ ᐃᓅᓕᓴᐃᓂᕐᒧᑦ ᐃᖅᑲᓇᐃᔭᐅᑎᖏᑦ ᖃᓄᖅ ᐱᓕᕆᔪᑕᐅᒐᔭᕐᒪᖔᑦ. ᖃᐅᔨᒪᒐᑦᑕ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ ᑎᑎᕋᖅᑕᐅᕙᓪᓚᐃᕖᑦ ᐃᓱᓕᒃᑕᕐᓂᖃᕐᒪᑕ, ᐱᓕᕆᔾᔪᑕᐅᒐᔭᕐᒪᖔᑦ. ᖃᐅᔨᒪᒐᑦᑕ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ ᑎᑎᕋᖅᑕᐅᔭᓪᓚᐃᕖᑦ ᐃᓱᓕᑦᑕᕐᓂᖃᕐᒪᑕ ᐱᓕᕆᔾᔪᑕᐅᔪᓐᓇᕐᓂᖏᑦ ᑕᒪᒃᑯᐊ ᑐᓴᐅᒪᔾᔪᑎᑦ ᐃᖏᕋᕐᓂᖏᓐᓂᑦ ᐊᐱᖅᑯᑎᒋᑐᐃᓐᓇᓚᐅᖅᑕᕗᑦ, ᖃᐅᔨᔪᓐᓇᓚᐅᙱᑕᕗᑦ ᐅᖅᑲᖅᑎᕇᓐᓂᒃᑯᑦ ᐋᔩᖅᑲᑎᕇᓐᓂᒃᑯᑦ ᑖᒃᑯᐊ ᐋᓐᓂᐊᕖᓐᓂᑦ ᖃᓄᖅ ᖃᕋᓴᐅᔭᖅᑎᒎᖓᔪᓄᑦ ᐱᓕᕆᕙᓪᓚᐊᔪᓐᓇᕋᔭᕐᒪᖔᑕ.

system similar to what exists elsewhere in Canada from the MEDITECH system they currently have. There may well have been work done by the health department in terms of how you get from where we are now in the hospital with the MEDITECH system to an electronic health record, but we didn't find that information in the course of our audit. Thank you. **Chairperson**: Thank you, Mr. Dickson. Mr. Enook. **Mr. Enook** (interpretation): Thank you, Madam Chairperson. (interpretation ends) I'm going to ask some questions to Department of Health officials and I will start with this MEDITECH system. Is this system being used by all health care professionals and administrative staff at the hospital as of today? (interpretation) Thank you, Madam Chairperson. **Chairperson**: Thank you, Mr. Enook. Ms. Stockley. **Ms. Stockley**: Thank you, Madam Chairperson. Yes, they are. Thank you, Madam Chairperson. **Chairperson**: Thank you, Ms. Stockley. Mr. Enook. **Mr. Enook** (interpretation): Thank you, Madam Chairperson. (interpretation ends) I realize we are specifically talking about the Qikiqtani General Hospital, but if I may, Madam Chairperson, is the same system being used in our community health centres in Nunavut? (interpretation) Thank you, Madam Chairperson. **Chairperson**: Thank you, Mr. Enook. Ms. Stockley.	ᑲᓇᑕᒥ ᐊᓱᖏᑭᓂᒃ ᐱᓕᕆᐊᖏᔪᒡᒪᒃ ᒧᓇᖅ ᑎᑎᕋᖅᑭᒃᓴᒥᐊᖏᕐᕈᑎᒍᒃ. ᑕᐅᑐᒃᓗᑎᒃ ᐃᓂᓂᐊᕋᖅᓇᖏᑦᑐᑕᓕᕆᓂᐅᑉᓗᒃ ᐱᓕᕆᐊᖏᔪᖅᓴᒪᑕ ᐱᓕᕆᐊᖏᔪᓱᖅᓴᐅᔪᕐᓂᐅᓚᐅᑉᓗᒃ ᖃᐅᔨ ᒧᓇᖅ ᒪᓕᒃ ᑕᐃᒪᓚᖏᓂᕐᒥᓂᒃ ᑕᐃᑯᖏᑐ ᑎᑭᕕᒃᓴᓕᖏᓐᓇᖅᑐᑦ ᑎᑎᕋᖅᑕᐅᖏᓪᓕᐊᕐᓂᖏᓐᓄᑦ ᖃᖅᑎᕋᐅᓴᕋᖅᓴᓪᓕᐊᓗᑎᒃ, ᑕᐃᒃᑯᐊ ᓇᓂᔨᓇᓕᐅᕋᖏᓐᓇᕆᔨᒪᔭᒥᒃ ᑭᓪᓕᓯᐊᖅᓴᓪᓕᐊᑉᓗᑎᒃ. ᖃᐅᔨᓴᓇᒋᒃ. **ᐃᒃᓱᖏᐅᑕᖅ** (ᑐᐃᓐᓇᑎᑦ): ᖃᐅᔨᓴᓇᒋᒃ, ᒥᓪᑕ ᑎᒃᓪᓴᒃ. ᒥᓪᑕ ᐃᓄᒃ. **ᐃᓄᒃ**: ᖃᐅᔨᓴᓇᒋᒃ, ᐃᒃᓱᖏᐅᑕᖅᑲᖅ. (ᑐᐃᓐᓇᑎᑦ) ᐊᐱᓚᑐᓂᐊᖅᑭᑯ ᐊᓂᓂᐊᖅᑭᖅᓇᖏᓐᓇᕆᑕᑐᓕᕆᓂᐅᑉᓗᒃᑯᑦ ᐃᖅᑲᓇᐃᔨᖅᑎᖏᓪᓄᓂᒃ ᑕᓪᓇᓗ ᑎᑎᕋᖅᓴᓪᓕᐊᖅᑲᑦᑐᑕ, ᑕᒪᓪᓇ ᐃᖅᑲᓇᐃᔨᖅᑲᓂᒃ ᐅᑦᑐᐊᖅᑎᓂᒃ ᐊᑐᖅᑕᐅᖏᓪᓕᐊᓂᒃ ᐃᖅᑲᓇᐃᔨᖅᑎᓄᑦ ᐅᑦᓗᒍᒥᒃ ᑎᑎᕋᖅᓴᓪᓕᐊᓗᑎᒃᑲᓇᑕ ᐃᖅᑲᓇᐃᔨᖅᑎᓄᑦ ᐅᑦᓗᒍᒥᒃ ᑎᑭᕕᒃᓴᓕᖏᓐᓇᖅᑐᑦ ᑎᑎᕋᖅᓴᓪᓕᐊᓗᑎᒃ? (ᑐᐃᓐᓇᑐᔪᓐᓇᖅᑐᖅ) ᖃᐅᔨᓴᓇᒋᒃ, ᐃᒃᓱᖏᐅᑕᖅ. **ᐃᒃᓱᖏᐅᑕᖅ** (ᑐᐃᓐᓇᑎᑦ): ᖃᐅᔨᓴᓇᒋᒃ, ᒥᓪᑕ ᐃᓄᒃ. ᒥᓪ ᓱᑕᒃᓕ. **ᓱᑕᒃᓕ** (ᑐᐃᓐᓇᑎᑦ): ᖃᐅᔨᓴᓇᒋᒃ, ᐃᒃᓱᖏᐅᑕᖅᑲᖅ. ᐃ, ᑕᐃᒪᐃᑕᑐᖅ. ᖃᐅᔨᓴᓇᒋᒃ, ᐃᒃᓱᖏᐅᑕᖅᑲᖅ. **ᐃᒃᓱᖏᐅᑕᖅ** (ᑐᐃᓐᓇᑎᑦ): ᖃᐅᔨᓴᓇᒋᒃ, ᒥᓪ ᓱᑕᒃᓕ. ᒥᓪᑕ ᐃᓄᒃ. **ᐃᓄᒃ**: ᖃᐅᔨᓴᓇᒋᒃ, ᐃᒃᓱᖏᐅᑕᖅᑲᖅ. (ᑐᐃᓐᓇᑎᑦ) ᐃ, ᖃᒃᐅᔨᓴᕐᓗᑕᐊᕐᓗ ᖃᑭᑦᑕᓂ ᐊᓂᓂᐊᖅᑭᓪᓕᐊᓘᑦᑭᑦ ᐅᖃᒃᐅᓱᓕᔪᓐᓇᕆᐊᖃᓕᒫᒃ. ᑭᓱᐊᓂ ᐱᓚᓂᓇᒧᒪ, ᐃᒃᓱᖏᐅᑕᖅᑲᖅ ᐊᔨᓴᖅᑕ ᐊᑐᖅᑕᐅᑕᖅᑲᑦ ᓇᓇᓕᓂᓂᑦ ᐊᓂᓂᐊᖅᑭᓂᓂᑦ, ᓇᓇᓕᓂᓂᑦ? (ᑐᐃᓐᓇᑐᔪᓐᓇᖅᑐᖅ) ᖃᐅᔨᓴᓇᒋᒃ, ᐃᒃᓱᖏᐅᑕᖅᑲᖅ. **ᐃᒃᓱᖏᐅᑕᖅ** (ᑐᐃᓐᓇᑎᑦ): ᖃᐅᔨᓴᓇᒋᒃ, ᒥᓪᑕ ᐃᓄᒃ. ᒥᓪ ᓱᑕᒃᓕ.	

Ms. Stockley: Thank you, Madam Chairperson. The Department of Health and the Department of Community and Government Services are working on this. Close to 50 percent of the rollout has been completed and the remainder is anticipated to occur by the end of December 2017.	ᓯᑖᒃᓕ (ᑐᖅᑳᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐊᒻᒪᓗ ᓄᓇᓕᓐᓂᑦ ᒐᕙᒪᒃᑯᓐᓂᓪᓗ ᐱᔨᑦᑎᖅᑏᑦ ᒫᓐᓇ ᐱᓕᕆᐊᖅᑲᖅᑐᑦ ᑕᒪᑐᒪ ᐊᕝᕙᓪᓗᐊᑲᓴᖏᑦ ᐱᔭᕇᖅᓯᒪᓕᖅᑐᑦ, ᐊᒻᒪᓗ ᐊᒥᐊᒃᑯᖏᑦ ᑎᓯᐱᕆ 2017 ᐱᔭᕇᖅᓯᒪᓕᖅᑐᑦ.
If the Chair will allow, I'll just give you a little update that was shared with me at 5:35 yesterday afternoon. This will address some of the questions you had for Mr. Dickson as well. We have kind of more of a hybrid model here with regard to being an electronic medical record and being a system. Part of that is because of the size of Nunavut, but a part of that is also because we don't have fee-for-service type clinics and things. When a person is seen, everything is done in a health facility or a health care centre. Canada Health Infoway is actually funding a good part of the electronic record that we're rolling out.	ᐃᒃᓯᕙᐅᑕᐅᑉ ᐱᔪᓐᓇᖅᑎᑉᐸᕚ, 5:35 ᐃᑉᐸᒃᓴᖅ ᐅᖅᑲᐅᓯᐅᓚᐅᖅᑐᖅ ᐊᒻᒪᓗ ᒥᔅᑕ ᑎᒃᓴᓐᒧᑦ ᐊᐱᖅᑯᑎᒋᖅᑲᐅᔭᖅᓄᑦ ᐊᑦᑐᖅᓯᓯᒪᒻᒪᑦ, ᒫᓐᓇ ᐊᔾᔨᒌᙱᑦᑐᓂᒃ ᑲᑎᓯᒪᔪᓂᒃ ᐊᑐᖁᑦᑕ. ᐃᒪᓐᓇ ᖅᑲᕋᓴᐅᔭᖅᑎᒎᖕᒐᓪᓗᓂᓗ ᐊᒻᒪᓗ ᐱᔾᔪᑎᖓᑕ ᐊᖏᓂᖓ ᑕᑯᓪᓗᒍ ᓄᓇᕗᑦ ᐊᒻᒪᓗ ᐃᓚᒋᒻᒥᒻᒪᒍ ᐃᒪᓐᓇ ᐊᑭᓕᖅᓱᖅᑕᐅᔪᓂᒃ ᐊᑭᖦᑎᑕᐅᔭᕆᐊᓕᓐᓂᑦ ᐃᓅᓕᓴᐃᕕᖅᑲᙱᒻᒪᑕ ᓲᖅᓗ ᐋᓐᓂᐊᕙᓐᓂᑦ ᑲᓇᑕᒥ ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᒫᓐᓇ ᐊᑐᖅᐸᓪᓕᐊᔭᖅᑎᓐᓂᑦ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ ᐃᑲᔪᖅᒪᑕ.
Yesterday I was advised that the 10th community health centre is now live. As of May 1, Kimmirut was using the iEHR and that's complete with CHN documentation, so the community health nurses are documenting in this. From Monday afternoon until the end of day yesterday, a little over four days, they had registered 72 patients with 95 orders. That was blood work and X-rays, as Mr. Dickson had referred to, but it was also consults and referrals being placed. They had lots of practise ordering blood work, I'm told. There was a CHN and a SHP involved in that. Nursing documentation was brought live with this health centre, so it was a very exciting launch for us.	ᐃᑉᐸᒃᓴᖅ ᐅᖅᑲᐅᔾᔭᐅᓚᐅᖁᑦᑕ ᖁᓕᒋᓕᖅᑕᖓ ᐋᓐᓂᐊᕕᒃ ᒪᐃ 1-ᖑᓕᖅᑎᓪᓗᒍ ᕿᒻᒥᕈᖅᒥ ᖃᕋᓴᐅᔭᖅᑎᒍᑦ, ᑖᓐᓇᓗ ᓄᓇᓕᓐᓂ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᓇᒡᒍᔾᔭᐅᒥ ᐅᓐᓄᓴᖓ ᐃᑉᐸᒃᓴᒧᑦ ᑎᑭᑦᑐᒍ ᐅᓪᓗᑦ ᑎᓴᒪᐅᓕᖅᑐᑦ 72 ᐃᓅᓕᓴᖅᑕᐅᔪᕕᓃᑦ, 95-ᒥᓂᑦ ᐊᐅᖏᑦ ᖃᐅᔨᓴᖅᑕᐅᓪᓗᑎᒃ, ᑕᖅᕿᖅᑐᖅᑕᐅᓪᓗᑎᒃ. ᒥᔅᑕ ᑎᒃᓴᓐ ᐅᖃᐅᓯᕆᖅᑲᐅᔭᖓ ᐊᒻᒪᓗ ᐃᑯᖓ ᑐᓂᐅᖕᒎᖅᑐᓂ ᐃᒪᓐᓇ ᐊᐅᒥᑦ ᖃᐅᔨᓴᕆᐊᒃᓴ ᒫᓐᓇ ᑖᒃᑯᐊᓗ ᐋᓐᓂᐊᓯᐅᖅᑎᓄᑦ ᑎᑎᖅᑕᐅᕙᓪᓕᐊᔪᑦ ᑖᓐᓇ ᖁᕕᐊᓇᖅᑐᒻᒪᕆᐅᓚᐅᖅᑐᖅ ᐱᒋᐊᖅᑎᒃᑲᑎᒍ.
The CHNs have grasped this quite well and are quite comfortable entering their	ᑖᒃᑯᐊ ᐋᓐᓂᐊᓯᐅᖅᑎᖏᑦ ᐊᑐᖅᑕᐅᓕᒫᖅᑐᓂᒃ ᖃᕋᓴᐅᔭᒃᑯᓪᓗ, ᐃᒃᑭᐊᖅᑭᕙᒃᑯᓪᓗ ᐊᑐᖅᑕᐅᓪᓗᓂ

notes online. The clerk interpreters doing the registrations have done well with it, so that was great. There were two psychiatrists on site that week, which meant that the mental health nurses were quite busy, but they were managing to get the patients registered and documented for those patients as well and they're continuing to offer support to the health centres.	ᒐᖁᐊᓗ ᑎᑎᕆᖏᕐᓂᓕᕆᔨᑦ ᐱᓕᓚᕆᑎᐊᖏᓱᒪᔨᑦ, ᑕᒪᐢᓇ ᐱᐅᑦᓗᓂ. ᐃᓱᒪᓕᓚᓛᓵᑦ, ᓂᐊᕆᑯᓕᓚᓛᓵᑦ ᒐᖁᐊ ᐃᓱᒪᓕᓚᓂᔪᑦ ᐊᐢᓂᐊᓱᐅᖏᑲᖅ ᐱᕆᖏᓕᒪᓚᐅᓕᐅᖏᓐᓄᑦ ᑭᓱᐊᓂ ᐃᓇᓕᓴᖏᑕᐅᔨᑦ ᑎᑎᕆᖏᑕᐅᔨᐢᓇᓕᓕᐅᖏᓐᓂᑦ, ᐃᓇᓕᓴᖏᑕᐅᔨᑦ ᑕᐃᐢᑯᐊ ᐊᑐᐃᐢᓇᐅᑎᑕᐅᐢᓕᓕᐅᓐᓄᑐᓗ ᐊᐢᓂᐊᓱᐃᐢᓂᓂ.
That's the update I got at 5:35 yesterday afternoon, so I'm happy to share that with you. Thank you, Madam Chairperson.	ᒐᖁᐊᓕ 5:35-ᖃᒧᑎᑦᓗᒍ ᐅᖏᐅᓱᐅᓕᐅᖏᓐᓂ ᐅᐢᐢᓄᑦ, ᖏᑯᐊᓱᑦᑐᖃᓗ ᐃᓕᓴᓱᓄᑦ ᐅᖏᐅᓱᓚᐢᓇᕆᑯᑯ. ᖏᑯᐢᓇᒪᒃ, ᐃᐢᓱᐢᐅᑕᖏ.
Chairperson: Thank you, Ms. Stockley. That's good to hear, good progress. Mr. Enook.	**ᐃᐢᓱᐢᐅᑕᖏ** (ᑐᐃᓕᑎᒍᑦ): ᖏᑯᐢᓇᒪᒃ, ᒥᔪ ᑭᓇᐢ <ᐃᐢᔪ ᑐᓴᓭᒥᓇᐢᖏᑐᖏᓐᓄᖏ. ᒥᔪᑕ ᐃᓄᐢ.
Mr. Enook: Thank you, Madam Chairperson. I'm certain I would be happy to hear if I understood what you said, but I didn't.	**ᐃᓄᐢ** (ᑐᐃᓕᑎᒍᑦ): ᖏᑯᐢᓇᒪᒃ, ᐃᐢᓱᐢᐅᑕᖏ. ᑐᑭᓱᒍᒪ ᖏᑯᐊᐢᐢᑲᓚᑐᐊᖏᑐᖏᔪ, ᑭᓱᐊᓂ ᑐᑭᓱᖏᑕᐢᔪᑭᐢᓇᓚ. >>ᐃᑦᓪ ᖏᑐᑦ
>>*Laughter*	
Excuse me. If I may go back to my original question that was, are health centres using the system now, how many? I think you mentioned the number 50 percent rollout. Did you mean 50 percent of the health centres are now using this? Is that what you meant in plain English? (interpretation) Thank you, Madam Chairperson.	ᐅᑎᑲᐃᐢᓇᑭᓇᑭᒪ ᐊᐱᖏᑯᑎᑎᖏᑲᐅᓴᐢᓄᑦ, ᒐᖁᐊ ᐊᐢᓂᐊᓚᐢᑦ ᖏᑲᑎᐢᑭᐊᖏᑦ, ᐅᖏᑲᐱᓪᓚᖏᑯᓴᑦᑕᖏᓚᑦ ᓇᕐᓪᓚᐊᖏᓐᓄ ᐊᐢᓂᐊᓚᐢᑦ, ᓇᕐᓪᓚᓪᓚᐊᖏᓐᓄ ᐊᑐᓂᖏᓪᓴ ᒐᓪᓕᒥᖏᒪ? ᒐᓪᓕᒥᖏᒪ ᐅᖏᑲᓕᓕᒐᖏᐲ? (ᑐᐃᓕᑎᔫᑭᓂᖏᑐᖏ) ᖏᑯᐢᓇᒪᒃ, ᐃᐢᓱᐢᐅᑕᖏ.
Chairperson: Thank you, Mr. Enook. Yes, I think she did, but Ms. Stockley.	**ᐃᐢᓱᐢᐅᑕᖏ** (ᑐᐃᓕᑎᒍᑦ): ᖏᑯᐢᓇᒪᒃ, ᒥᔪᑕ ᐃᓄᐢ. ᐲᖅᖏᑯᑦᖏᑐᖏ. ᒥᔪ ᓭᒐᓚ.
Ms. Stockley: Yes, Madam Chairperson, that's what I meant. We expect and we're on track with Canada Health Infoway and they're very pleased with our progress in the last couple of years in particular. We expect to have them all live by the end of 2017. Thank you, Madam Chairperson.	**ᓭᒐᓚ** (ᑐᐃᓕᑎᒍᑦ): ᐲ, ᐃᐢᓱᐢᐅᑕᖏ. ᐲ, ᑕᐃᒧᒃ ᐅᖏᑲᓭᕆᑕᖏᑐᖅ ᑕᐃᐢᖅᖅᓗᓗ ᐊᖅᔪᒪᒪᐢᓕᓕᓭᓗᓗ ᐅᓇᑕᒥ, ᖏᑯᐊᓱᐢᑐᑐᒪᑦᓚᓗ ᖏᑯᐊᓱᒪᑲᖏᑕᑐᒪᑦᓚᓗ ᐱᐢᓕᓕᐊᓂᑎᐢᓂᐢᓂᐢ ᐊᖏᑦᑐᐊᓂᐢᓂᐢ ᒪᖏᑭᑕᖏᑭᐢᓂᐢ ᐱᓗᐊᖏᑐᒥ. ᓂᓚᐅᒪᑲᑐᑦ 2017 ᓇᐢᖅᔪᐊᓂ ᑕᐃᒪᒧᑐᑎᓕᐃᐢᓕᐅᓕᖏᓂᐊᓚᖅ. ᖏᑯᐢᓇᒪᒃ, ᐃᐢᓱᐢᐅᑕᖏ.

Chairperson: Thank you, Ms. Stockley. Mr. Enook.	**ᐃᒃᓯᖏᐅᑕᖅ** (ᑐᓴᓕᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᒥᔪ ᓯᑦᒃᓚ. ᒥᔪᑕ ᐃᓄᒃ.
Mr. Enook: Thank you, Madam Chairperson. Now I will say that's good to hear. *>>Laughter* If I may, Madam Chairperson, you had just mentioned "hybrid." I'm not quite sure what you mean by that, but are you able to give us a detailed explanation as to what specific types of information are stored in this system? (interpretation) Thank you, Madam Chairperson.	**ᐃᓄᒃ** (ᑐᓴᓕᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᐃᒃᓯᖏᐅᑦᖅ. ᑕᐃᒪ ᐅᖃᐅᔾᓇᖅᓯᔾᔪᑎᑐᓴᖅ. *>>*ᐃᓕᓴᕐᓗ ᖁᑐᑦ ᐃᒃᓯᖏᐅᑦᖅ, ᐱᓪᓕᓇᕈᒪ ᐅᖃᐅᓯᖅᑕᕐᕕᒃᑦ ᐊᔨᑎᑯᓚᑦᑐᔾᔨᓂᒃ ᑲᑎᓯᒪᓪᓂᒃ, ᖃᓄᐅᑭᐊᖅ ᑐᑭᖃᖅᑐᓕᕐᓂᖅᐊᖅᑐᑦ. ᓇᓗᓇᐃᔨᐃᑕᑎᐊᖅᓯᒪᓕᐊᒍᑦ ᐅᓂᒃᑲᓕᓇᖅᐱᐅᒃ ᑭᓯᓂᒃ ᐃᓗᕐᓂᖅᓯᖅᑕᐅᓯᒪᓕᒫᓐᓇᖅ ᖃᐅᔨᓴᓕᕐᓂᐊᕐᓂᒃ? (ᑐᓴᓕᑎᔭᑭᓂᖅᑐᖅ) ᖃᐅᔨᓐᓇᒫᒃ, ᐃᒃᓯᖏᐅᑦᖅ.	
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.	**ᐃᒃᓯᖏᐅᑕᖅ**: ᖃᐅᔨᓐᓇᒫᒃ, ᒥᔪᑕ ᐃᓄᒃ. ᐊᖏᖅᑯᖅᑐᖅ. ᒥᔪ ᓯᑦᒃᓚ.
Ms. Stockley: Thank you, Madam Chairperson. I apologize for my use of acronyms. I was reading from my BlackBerry when I was giving you that little update. The CHN is the community health nurse.	**ᓯᑦᒃᓚ** (ᑐᓴᓕᑎᒍᑦ): ᖃᐅᔨᓐᓇᒫᒃ, ᐃᒃᓯᖏᐅᑦᖅ. ᒪᒥᐊᓇᐅᑎᓗᐊᖅ ᓇᐃᔪᓚᑎᐊᖅᓯᒪᔨᓂᒃ ᐊᑐᑎᒪ, ᐅᖃᐅᓚᐅᑎᕋᓐᓂ ᐅᖃᐅᓚᒪᔪᑕᒪ. ᓄᓇᓚᓐᓂ ᐊᓐᓂᐊᐃᓕᑦ.
In Kimmirut this was the first launch that included the community health nurse being able to put notes in on the system. When our system is implemented the way we want it, it will have blood work and X-rays. I was advised yesterday as well that with rollout, we went from a 22-day wait for X-ray results to a 1.7-day wait. Again, that was part of the update I got yesterday afternoon.	ᑭᒪᒥᑦᒥ ᑕᐃᒪ ᓯᕗᑦᓚᖅᓴᒥ ᐱᑎᐊᖅᑎᑕᐅᓚᐅᕗᖅᓄᖅ ᓄᓇᓚᓐᓂ ᐊᓐᓂᐊᓯᐅᖅᖅᑲᖅ ᓯᕗᑦᓚᖅᓴᖓᓚᐅᕗᖅᓯᒪᑦ ᑎᑎᕋᖅᓂᕆᐊᖅᑭᕐᓂᖅ. ᑕᐃᒪ ᐃᒪᓐᓇ ᐊᐅᐸ ᖅᐅᔨᓴᖅᑕᐅᓂᖅᓚᐅᓂ ᑕᕋᖅᑐᑭᑕᐅᖅᑕᖅᓯᒪᓕᐊᓂ, ᐃᐸᑦᔨᖅ ᐅᖅᐅᕐᖅᐅᓚᐅᕋᒪᑦᒪ ᐱᑎᐊᖅᑎᑕᐅᑎᓂᓚ 29-ᓂᑦ ᐅᑦᑐᓂ ᐅᑕᖅᑭᖅᑕᑦ, ᐃᒪᓐᓇ 1.7 ᐅᑦᑐᓂ ᐅᑕᖅᑭᓯᓲᖅᑐᑎᑦ. ᐃᐸᑦᔨᖅ ᑕᓐᓇ ᐅᖃᐅᕐᖅᐅᔨᕐᑎᑐᓚᐅᕋᒪᔭᖅ.	
X-ray results, blood work, scans, mental health nursing notes, community health nursing notes, progress reports, and medications will all be included on this. Of course we're still in the process of rolling it out. Though Kimmirut was number 10 coming onto the system, they're the first one to have those notes	ᑕᕋᖅᑐᖅᑕᐅᔨᕕᓂᑦ, ᐊᐅᖏᑦᑕ ᖃᐅᔨᓴᖅᑕᐅᔨᕕᓂᑦ, ᐃᓯᒪᓕᒥᓱᓴᐅᐸ ᓄᓇᓚᓐᓂᑐᓂᓗ ᓇᓐᓂᐊᓯᐅᖅᖅᑎᓄᑦ ᑎᑎᕋᖅᑕᐅᔨᕕᓂᑦ ᐱᖓᓕᒥᐊᓯᖏᓐᓄᑦᓗ ᐃᓕᓴᖅᑭᖅᑎᑕᓂᑦᓗ ᕿᖓᓂᑦᑐᐃᓐᓇᐅᓂᐊᓱᒥᓗᑎᒃ. ᑕᐃᒪ ᑕᒪᓐᓇ ᐱᑎᐊᖅᑎᐸᒥᓕᐊᓂᖅ, ᑭᒪᑭᖅ ᖃᐅᔨᓴᖅᑕᕐᕕᖅᑐᑦ ᑕᐃᒪᐃᑦᑐᒃ ᐊᑐᓕᖅᑐ, ᑕᐃᒃᑯᐊ ᑎᑎᕋᖅᐸᒥᓕᐊᓂᖅᓯᒪᓕᒫᓂ,	

on. Everyone else will be included in that. It's coming out and we're making great progress.	ᑕᒃᑯᐊ ᐊᑕᖏᑎᔪᓂᑎᒃ ᐱᖃᑕᐅᓕᕆᔨᖅᑐᑦ ᑕᵒᓇ ᐱᑎᐊᖅᐸᑦᓕᐊᓴᖅ, ᐱᓯᑦᓕᐊᑎᐊᖅᑐᑕᓗᓪ.
The health centres, despite all of the challenges they have in meeting patient care needs and so on, are embracing this and we're really getting good feedback on it. Thank you, Madam Chairperson.	ᑕᒃᑯᐊ ᐃᵒᓂᐊᕕᵒᓂ ᑕᒪᒃᑯᐊ ᐊᒃᓴᑐᖓᓇᖅᑐᒃᑯᑭᑎᖅᑐᖅᑐᐃᵒᓇᐅᑦᓪᓕᐊᖅᑎᑦᓪᓂᑦ ᑕᒪᵒᓇ ᑎᒍᑦᓕᐊᔪᖕᑦ, ᑕᐃᒪᵒᓇᓪ ᐱᐅᓴᒥᒃ ᑐᓴᖓᑎᓯᑦᓕᐊᑦᓪᓕᐊᑎᒍ. ᖃᐅᔪᵒᓇᒋᒃ, ᐃᒃᓴᓯᐅᑦᖅ.
Chairperson: Thank you, Ms. Stockley. (interpretation) Mr. Enook, any more questions?	**ᐃᒃᓴᓯᐅᑦᖅ** (ᑐᐃᓵᑎᒍᑦ): ᖃᐅᔪᵒᓇᒋᒃ, ᒥᓵ ᓴᑦᒃᓕ. (ᑐᐃᓵᑎᒍᒍᵒᕆᖅᑐᖅ) ᒥᔭᑕ ᐃᓇᒃ, ᓴᓪᒍ?
Mr. Enook (interpretation): Thank you, Madam Chairperson. (interpretation ends) I hope and trust that those X-rays were of excellent quality. *>>Laughter* To my next question, Madam Chairperson, can I take it for granted that the information that is stored in the system is absolutely secure? Thank you, Madam Chairperson.	**ᐃᓇᒃ**: ᖃᐅᔪᵒᓇᒋᒃ, ᐃᒃᓴᓯᐅᑦᖅ. (ᑐᐃᓵᑎᒍᑦ) ᐃᓴᒪᓚᑐᐊᖅᑐᖅᓱᑲ ᐅᕐᐱᓚᒃᓪᑐᑦᓪᓗ ᑕᒃᑯᐊ ᑕᖏᖅᑐᑐᑕᐅᓴᕕᕆᓕᒃ ᐱᐅᵒᓂᖏᓪᓕᐊᖅᑐᖅᖅᑲᐃ. *>>ᐃᓪᓕ ᖅᑐᑦ* ᐊᐱᖅᑯᑎᒃᑲᵒᓂᵒᓇᓂᑦ, ᐃᒃᓴᓯᐅᑦᖅ, ᐃᒪᵒᓇ ᑐᑭᒃᓇᵒᓇᖅᑐᓱᖏᓚᐅᖅᑐᑦ ᑕᒃᑯᐊ ᑐᖏᒪᓴᕆᑦ ᐊᑕᖏᓇᵒᖓᒃᓗᑕᐊᖅᑐᖅᐸ? ᖃᐅᔪᵒᓇᒋᒃ, ᐃᒃᓴᓯᐅᑦᖅ.
Chairperson: Thank you, Mr. Enook. Ms. Stockley.	**ᐃᒃᓴᓯᐅᑦᖅ** (ᑐᐃᓵᑎᒍᑦ): ᖃᐅᔪᵒᓇᒋᒃ, ᒥᔭᑕ ᐃᓇᒃ. ᒥᓵ ᓴᑦᒃᓕ.
Ms. Stockley: Health is committed to making sure that the right people have access to the system. One of the things the privacy commissioner had mentioned was about people having access for far longer like once they leave, they would have access for a long time after. We have rectified that.	**ᓴᑦᒃᓕ** (ᑐᐃᓵᑎᒍᑦ): ᐃᵒᓂᐊᖅᑲᖅᓇᵒᖓᑦᑐᓕᓪᓕᒃᑯᑦ ᐱᓕᓪᔨᒪᓂᖅᑲᑎᐊᖅᓚᑕ ᑕᒃᑯᐊ ᑕᑯᔪᐅᓕᓪᑐᑐᑦ ᑕᑯᔪᵒᓇᖅᑯᑦᓪᓗᑕ. ᑕᐃᒪᓕ ᑲᵒᖏᓇᖅᑐᑕᓪᓕᓂᓪᓕᒧᑦ ᑲᒥᓴᓇᐅᑦ ᐅᖅᑲᐅᓴᓪᖅᑲᐅᓚᒍ, ᐃᒪᵒᓇ ᐃᖅᑲᓇᐃᔭᑭᵒᓇᖅᑐᖅᑲᑐᐊᖅᑎᑦᓪᓂᑦᓪᓗ. ᑕᒪᵒᓇ ᐃᐸᖅᑭᓴᒪᓕᓪᖅᑕᐅᑦᓪᓗ.
We're working with our IT folks on any other issues that the privacy commissioner has brought up to make sure that the information is secure. That would be screensavers, for example, so that your information is not left up when someone walks away from the computer terminal.	ᖃᑲᖅᐅᔭᓕᓪᓚᔨᐅᑦ ᐱᓕᓪᖅᑲᑎᑎᒃᓴᑦ, ᐊᓴᖏᵒᓇᓂᑦ ᑲᵒᖏᓇᖅᑐᐅᑦᓪᓕᐅᓪᓚᔨᐅᐸ ᑲᒥᓴᓇᐅᑦ ᐅᖅᑲᐅᓴᓪᓚᔨᐅᑦ ᑕᒪᒃᑯᐊ ᐃᓕᓴᖏᑦ ᐊᑕᖏᓇᵒᖓᑲᓕᐊᖅᓚᑕ. ᐃᒪᵒᓇ ᑕᑯᕆᓇᒃ, ᓴᓵᓕ ᖃᑲᖅᐅᔭᖅᖃᖅ ᖃᑭᒪᒃᑕᐅᐸᐸᑦ ᑕᑯᕆᓇᐅᖏᓪᓕᓕᒍ.

Thank you, Madam Chairperson.	ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Enook.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᑲ. ᒥᔅᑕ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. (interpretation ends) I have another question to the office of the privacy commissioner. On page 38 of your report you state that "There is an inconsistent use of 'Personal Information' and 'Personal Health Information'" in the draft documents that you had discovered. Based on your findings, how is the hospital currently collecting and storing the "Personal Information" of its employees, volunteers, and contractors and how does it differ from the manner in which it is collecting and storing the "Personal Health Information" of its patients? (interpretation) Thank you, Madam Chairperson.	**ᐃᓄᒃ**: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑕᖃᖅᑑᖅ. (ᑐᓵᔨᑎᒍᑦ) ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇᒧᑦ ᐊᐱᖅᑯᑎᔅᓴᖃᕋᒪ, ᒪᑉᐱᖅᑐᒐ 38 ᐅᑯᓇᓂ ᐅᓂᒃᑳᓕᐊᖓᓂᕐᓂ, ᐅᖃᖅᓯᒪᒐᖓᑦ ᐊᑐᖅᑕᐅᖃᑦᑕᕋᒪᑕᑑᖅ ᑕᒪᒃᑯᐊ ᐃᒻᒥᓘᙵᔪᑦ ᑐᓴᐅᒪᔪᑏᑦ ᐋᓐᓂᐊᖓᓕᐊᖃᑦᑕᖅᓯᒪᔪᓄᑦ, ᐊᒻᒪᓗ ᑕᐃᒃᑯᓇᓂ ᐸᐃᑉᐹᓂ ᑕᑯᓐᓇᓚᐅᖅᑕᕐᓂ ᑖᒃᑯᐊ ᒪᓕᒃᑐᕆᑦ ᐋᓐᓂᐊᖑᑦ ᖃᓄᖅ ᓄᐊᑦᑎᖃᑦᑕᕋᒪᑕ ᐃᒻᒥᓘᙵᔪᓂᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᑐᕌᖓᔪᓂᒃ ᐊᑭᓕᖅᓱᖅᑕᐅᓐᖏᑦᑐᓄᑦ ᑳᓐᑐᕌᒃᑕᐅᓯᒪᔪᓄᑦ? ᐊᒻᒪᓗ ᖃᓄᖅ ᑖᒃᑯᐊ ᐊᔾᔨᒌᙱᑦᑕᖃᖅᐸ, ᑕᐃᒃᑯᐊ ᐋᓐᓂᐊᖓᓕᐊᖅᐸᑦᑐᓄᑦ ᑐᕌᖓᔪᑦ? (ᑐᓵᔨᑏᑭᓐᓃᖅᑐᖅ) ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Enook. Ms. Keenan Bengts.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐃᓄᒃ. ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. Those comments were made in the context of our review of that conceptual privacy impact assessment that we were talking about. That document did not differentiate between personal information, which is one kind of information, it could be medical or it could be something else, and personal health information, which would be defined under health-specific privacy legislation.	ᑮᓇᓐ ᐸᐃᖕᔅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᒪᒃᑯᐊ ᐅᖃᐅᓯᕆᔭᐅᓚᐅᖅᓯᒪᔪᑦ ᕿᒥᕐᕈᓇᒃᑎᓪᓗᑕ ᑕᐃᒃᑯᓂᖓ ᐅᓗᕆᐊᓇᖅᑑᑎᒋᔭᐅᔪᓐᓇᖅᑐᓂᒃ. ᑕᐃᒃᑯᐊ ᐸᐃᑉᐹᑦ ᐃᒻᒥᓘᙵᔪᓂᒃ ᓰᕐᓗ ᐃᓚᖏᑦ ᐋᓐᓂᐊᖓᓕᐊᖅᑕᖅᑐᓄᑦ ᑐᖐᙵᓇᔭᖅᐳᑦ ᐊᓯᙵᓪᓗ ᐊᓯᙵᓅᙵᓪᓗᑎᒃ.
Really, what that paragraph was trying to point out is that the conceptual PIA was confusing the difference between personal information and how it had to be handled and personal health information and how it had to be handled. We were just trying to illustrate that the conceptual PIA	ᑕᐃᒪᐃᓕᖕᖓᑎᓪᓗᒍ ᑕᐃᒪᓐᓇ ᐅᖃᖅᓯᒪᔪᖅ PIA ᓇᓗᓇᓚᐅᖅᑐᑦ ᐃᒻᒥᓘᙵᔪᑦ ᐊᒻᒪᓗ ᖃᓄᖅ ᑲᒪᒋᔭᐅᔭᕆᐊᖃᕐᒪᖔᖅ, ᖃᓄᕐᓗ ᐊᐅᓚᑕᐅᔭᕆᐊᖃᕐᒪᖔᖓ. ᓇᓗᓇᐃᖅᓯᓇᓱᑐᐃᓐᓇᓚᐅᖅᑐᒍᑦ ᑖᒃᑯᐊ ᐃᒻᒥᓘᙵᔪᑦ ᖃᓄᖅ ᑲᒪᒋᔭᐅᔭᕆᐊᖃᕐᒪᖔᖏᓐᓂᒃ,

needed to be looked at again and that was one of the examples that we used to demonstrate that. Thank you.	ᓇᓗᓇᐃᖅᓯᓇᓱᑐᐃᓐᓇᓚᐅᖅᑐᒍᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Enook.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᓯ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᐢᑕ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. (interpretation ends) A question to the health officials. Can you provide a list of any other databases that are currently used by either the hospital or community health centres to store health information? I appreciate and understand that we're trying to stay focused on the Qikiqtani General Hospital, but if you will allow me. (interpretation) Thank you.	**ᐃᓄᒃ**: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. (ᑐᓵᔨᑎᒍᑦ) ᐊᒻᒪᓗ ᐅᓇ ᐊᐱᖅᑯᑎᒋᔭᒪᔪᕋ ᑖᒃᑯᓄᖓ ᐋᓐᓂᐊᕐᑲᕐᓇᖕᒋᑦᑐᓕᕆᔾᒃᑯᓐᓄᑦ. ᐊᓯᓕᖕᒋᓐᓂᒃ ᖃᕋᓴᐅᔭᒃᑰᖅᑎᑕᐅᓯᒪᔪᓂᒃ ᓇᓗᓇᐃᖅᓯᔪᓐᓇᖅᐱᑦ ᐊᑐᖅᑕᐅᔪᓂᑦ ᐅᕙᓂ ᐋᓐᓂᐊᕖᒻᒥ ᐋᓐᓂᐊᕖᐊᓛᖑᓂᖅᓴᐅᔪᓂᓪᓘᓐᓃᑦ, ᐃᒻᒥᒨᖓᔪᓂᒃ ᐃᓗᓕᕐᑲᐅᖅᑐᓂᒃ? ᐅᑯᐊ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕖᓕᕆᓇᓱᒃᑲᓗᐊᖅᑐᒍᑦ ᐱᕖᕐᑲᖅᑎᒃᑯᕖᓐᖓ ᐊᐱᖅᑯᑎᒋᔭᒻᒥᔭᕋ ᐋᓐᓂᐊᕖᐊᓛᖑᓂᖅᓴᐅᔪᓄᑦ ᑐᕌᖓᔪᑦ? (ᑐᓵᔨᑑᕈᓐᓃᖅᑐᖅ) ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Chair. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᒥᓯ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. I can't off the top of my head, but I will check into it and get back. Thank you, Madam Chairperson.	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐃᖅᑲᐅᒪᕚᓐᖏᑕᕋᓗᐊᕋ ᖃᐅᔨᒋᐊᕐᓂᐊᖅᐸᕋ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. The next person on my list is Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᓯ ᓯᑖᒃᓕ. ᒥᐢᑕ ᒥᑭᖕᒍᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. My first question is to the Information and Privacy Commissioner. In your report you recommend that the government use the 2013 COACH Guidelines for the Protection of Health Information to develop a privacy management program for the hospital. On page 32 of your report you state that "Such a privacy management regime might incorporate the relevant and appropriate provisions of the GN Privacy Management Manual." Based on your audit, what elements of this Privacy Management Manual need to be edited, updated, or replaced? Thank you,	**ᒥᑭᖕᒍᐊᖅ**: ᒪ'ᓇᓪᓗᐊᕙᒃ ᐃᒃHᐃᕙᐅᑕᕐᑲᖅᑑᖅ. Hᐃᕗᓪᓚᖅᐹᒥ ᐊᐱᖅᑯᑎᒋᓂᐊᕋᕋ ᑖᒃᑯᓄᖓ privacy office-ᑯᓐᓄᑦ ᑐᕌᕐᓂᐊᖅᑐᖅ. ᑖᒻᓇ ᑎᑎᖅᑲᓚᐊᕆᓚᐅᖅᑕHᐃ ᑎᓚᐅᖅᑐᐃᓚᐅᕋᑉᓯ ᑖᒃᑯᓄᖓ ᒐᕙᒪᒃᑯᓐᓄᑦ ᐊᑐᓚᖅᑕᐅᕐᑯᓪᓗᒍ, ᑖᓐᓇ 2013-ᒥ ᑲᓇᑕᒥ ᑲᑐᔾᔨᖃᑎᖒᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᑎᑎᖅᑲᓂᒃ ᑕᒪᒃᑯᓂᐊ ᐋᖅᑭᒃᓱᐃᕙᓪᓚᐊᕐᑯᔨᓪᓗᓯ ᑲᖕᒍᓇᖅᑐᓂᒃ ᑲᒪᒋᔭᐅᑦᑎᐊᕆᐊᖃᕐᓂᖕᒋᓐᓂᒃ, ᑕᐃᑲᓂ ᕿᑭᖅᑖᓗᒻᒥ ᐋᓐᓂᐊᕖᐊᓂᒃ. ᒪᐸᒐᖕᒐᓂᑦ ᑎᑎᕐᑲᑦ HᐊᖅᑭHᐃᒪᔭᑉᓯᓐᓂ 32-ᖓᓂᑦ, ᑕᐃᒪ ᑎᑎᕋᖅᓯᒪᒐᑉᓯ ᓇᓗᓇᐃᖅᑐᐃHᐃᒪᓪᓗᓯᓗ ᑲᖕᒍᓇᖅᑐᓚᖓᓂᐊᕐᓂᖅ ᑲᒪᒋᔭᐅᑦᑎᐊᕆᐊᖃᕐᒪᑦ, ᐊᑐᐊᒐᒃᓴᖕᒋᓪᓗ ᒪᓕᒃᑕᐅᑦᑎᐊᕆᐊᖃᖅᑐᑎᓪᓗ, ᐊᒻᒪᓗ ᑕᐃᒃᑯᐊ ᑲᒪᒋᔭᐅᔭᕆᐊᓖᑦ, ᐊᑐᐊᒐᕆᔭᐅᔭᕆᐊᓖᓪᓗ ᒐᕙᒪᒃᑯᓐᓂᑦ ᑕᒪᒃᑯᓂᖓ ᑲᖕᒍᓇᖅᑐᓂᒃ ᑲᒪᒋᔭᖃᑦᓯᐊᕐᓂᐊᕐᓗᑎᒃ. ᑕᐃᒪ ᖃᐅᔨᓴᓚᐅᖅᑎᓪᓗᓯ ᑕᒪᒃᑯᓂᖓ ᑲᖕᒍᓇᖅᑐᓚᖓᓂᐅᑉ ᒥᓵᓄᑦ, Hᐅᓇ ᐋᖅᑭᒋᐊᖓᐊᕐᑲᖅᐸᑦ? Hᐅᓇᓪᓗ ᓄᑖᖑᖅᑎᖓᐊᕐᑲᖅᐸᑦ? ᐊᒻᒪᓗ Hᐅᓇᑦ ᐊᓯᔾᔨᖅᑕᐅᔭᖓᐊᕐᑲᖅᐸᑦ? ᒫᓇ,

Madam Chairperson.	ᐃᒃᓯᕙᐅᑕᕐᑲᖅᑰᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Keenan Bengts.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙵᐊᖅ. ᒥᔅ ᑮᓇᓐ ᐸᐃᙵ.
Ms. Keenan Bengts: Thank you, Madam Chairperson. I would have to go back to that manual and do a page-by-page review. I don't have that detail with me today. I am happy to do that and get back to you. Thank you. One of the things that I can say to try to illustrate what the issue is that we were trying to get at here, on page I think it's 13 of my report we outline the various sources of all the various policies that apply. We found, for example, and this is why it's confusing for the people who work at the hospital, of the policies that we reviewed, three were policies created by QGH, one was from the Department of Health, three were from EIA, one was from the Department of Community and Government Services, and one was from the Department of Culture, Language, Elders and Youth. Some of these various policies from various departments are conflicting and some of them were not consistent with one another. Our intention was to say that what we need at the hospital is a set of policies created by and for the hospital that incorporate all of the GN general policies that are available, consistent, and workable for the health system. Thank you, Madam Chairperson.	**ᑮᓇᓐ ᐸᐃᙵ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᒃᑯᐊ ᐅᖃᓚᒫᒐᑦ ᐅᑎᖅᑭᕆᔭᕆᐊᖅᑲᖏᐊᖅᑕᒃᑲ ᖃᒥᕐᕈᓇᑦᑎᐊᕐᔪᒋᓪᓗ,ᐃᓗᓕᑯᔅᔭᓕᓐᓂᑦ ᓴᓐᓃᑦᑐᖅᑲᓐᖏᒻᒪᑦ, ᑲᖑᖕᖓᒍᑦ ᑭᐅᒋᐊᕈᓐᓇᖅᑕᕋ. ᖁᔭᓐᓇᒦᒃ. ᑭᓯᐊᓂ ᐃᒪᐃᓕᔪᓐᓇᖅᑐᖓ ᐊᒻᒪᓗ ᓇᓗᓇᐃᕆᐊᕐᓗᒍ ᑕᐃᒃᑯᐊ ᑐᑭᓯᓇᖅᓯᑦᑎᓐᓇᓱᓚᐅᖅᑕᒃᑲ ᒪᑉᐱᖅᑐᒐᖅ 13-ᒥ ᐅᕙᓂ ᐅᓂᒃᑳᓕᐊᕆᓂᓐᓂᑦ ᐊᑐᐊᒐᑦ ᐊᑐᖅᑐᓂᒃᑯᐊ ᐃᓘᓐᓇᖏᑦ ᑕᑯᓇᓱᓚᐅᕋᑦᑎᒃᑯ ᐊᒻᒪᓗ ᑕᐃᒪᓐᓇ ᐅᐃᒪᓇᖅᑑᔾᔪᑎᒋᔭᖕᒐ ᑕᑉᐸᓂ ᐋᓐᓂᐊᕆᓐᓂᑦ ᐃᖅᑲᓇᐃᔭᖅᑐᓄᑦ ᑕᐃᒃᑯᐊ ᕿᒥᕐᕈᓇᑦᑐᑎᒃᑯ ᐱᖓᓱᑦ ᐊᑐᐊᒐᐃᑦ ᐋᖅᑭᓱᖅᑕᐅᓚᐅᖅᑐᑦ ᐋᓐᓂᐊᕕᒻᒥᐅᓄᑦ. ᐊᑕᐅᓯᖅ ᐋᓐᓂᐊᖅᑲᕐᓇᖕᒋᑦᑐᓕᕆᔾᔪᑦ ᐱᓕᕆᕝᕕᖕᖑᓐᓅᓐᖔᖅᑐᓂ, ᐱᖓᓱᑦ ᐅᕙᒪᓕᕆᔨᒃᑯᓐᓄᑦ ᐋᖅᑭᒃᓱᖅᑕᐅᓐᓂᖅᑐᑎᒃ, ᐊᑕᐅᓯᖅ ᓄᓇᓕᓐᓂ ᐅᕙᒪᒃᑯᓄᑦ ᐱᔨᑦᑎᖅᑎᓂᒃ ᓴᓇᔭᐅᓐᓂᖅᑐᓂ, ᐃᓚᖕᒐᑦ ᐃᓕᖅᑯᓯᓕᕆᔨᒃᑯᓐᓄᑦ ᐋᖅᑭᒃᓱᖅᑕᐅᓐᓂᖅᑐᑎᒃ.
	ᑕᒪᒃᑯᐊ ᐊᑐᐊᒐᐃᑦ ᐊᔾᔨᒌᓐᖏᑦᑐᑦ ᐱᓕᕆᕕᓐᓅᓐᖔᖅᑐᑦ ᐃᓚᖏᑦ ᐊᐳᖅᑕᖅᑐᑎᒃ, ᐃᓚᖏᓪᓗ ᐊᔾᔨᒌᓐᖏᓗᐊᖅᑐᑎᓪᓗ. ᐃᒪᐃᓕᓇᓱᓚᐅᖅᑐᒍᑦ, ᐋᓐᓂᐊᕕᓐᓂᑦ ᐊᑐᐊᒐᖅᑕᕆᐊᓕᒃ ᐋᓐᓂᐊᕕᒻᒥᐅᓄᑦ ᐋᓐᓂᐊᕕᓐᓂᑦ ᐊᑐᖅᑕᐅᔪᒃᓴᐅᑕᐅᓪᓗᑎᒃ. ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᑦ ᐊᑐᐊᒐᖏᑦ ᐊᑐᐃᓐᓇᐅᔪᑦ ᐊᔾᔨᒌᔾᔪᒥᓗᑎᒃ, ᐃᓚᒃ ᐅᐊᖅᑲᑎᕆᓪᓗᑎᒃ ᐊᑐᖅᑕᐅᔪᓐᓇᕐᓗᑎᓪᓗ ᐋᓐᓂᐊᖃᕐᓐᖏᑦᑐᓕᕆᔾᔪᑎᓄᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᙵ. ᒥᔅᑕ ᒥᑭᙵᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. I will then move on to another question to the Department of Health and to EIA	**ᒥᑭᙵᐊᖅ**: ᒪ'ᓇᓪᓗᐊᕝ, ᐃᒃᓯᕙᐅᑕᕐᑲᖅᑰᖅ. ᑖᓇ ᐊᐱᖅᑯᑎᒋᓂᐊᓕᖅᐸᕋᓕ ᑖᒃᑯᓄᖓ ᐅᕙᒃᑯᓐᓄᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᓄᑦ ᐊᒻᒪᓗ ᐅᕙᒪᐅᕐᑲᑎᒋᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ.

officials. In listening to the response from the Information and Privacy Commissioner, some policies are undoubtedly in conflict and some others are not in harmony with one another. How will that be addressed? Who will decide what rights are to be covered under this policy in the end? Thank you, Madam Chairperson.	ᑖᓐᓇ ᑭᐅᔾᔪᑎᒋᕼᐋᖠ ᑐᕼᐋᑉᑐᒍ ᖃᓄᖅᑕ ᑕᒪᓐᓇ, ᐃᓚᖕᒋᑦ ᑕᐃᒪ ᓇᑐᓇᓐᖏᒻᒪᑦ ᑐᑐᖅᑕᐅᑎᑐᖃᐅᓪᑐᑎᒃ ᐃᓚᖕᒋᓪᑐ ᕼᐊᐃᒻᒪᖅᑐᕿᐅᓐᖏᑦᑐᑎᒃ ᓈᒻᒪᓐᖏᑕᐅᕈᑎᖃᑕᕆᓪᑐᑎᒃ ᐱᒻᒪᑕ ᑕᒪᒃᑯᐊ ᐊᑐᐊᒐᒃᓴᐅᔪᑦ. ᖃᓄᖅᑕ ᑕᒪᓐᓇ ᐋᖅᑭᓐᓂᐊᕐᖅᐸ, ᑭᓇᑐ ᑭᖖᒎᑕᖅᐹᒥᒃ ᐱᔪᓐᓇᐅᑎᒥᒃ ᐅᓇ ᐊᑐᐊᒐᖅ ᐃᒪᓐᓇᐃᓐᓂᐊᖅᐳᖅ, ᐅᖃᖅᑭᐊᖅᐸ? ᒫ'ᓇ, ᐃᒃᓯᕙᐅᑕᖃᖅᑯᖅ.
Chairperson (interpretation): Thank you, Mr. Mikkungwak. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᓐᖑᐊᖅ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Health would take the lead on that with assistance from EIA. Thank you, Madam Chairperson.	ᓯᑖᒃᓕ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᔾᔪᑦ ᓯᕗᒃᑲᖅᑕᖅᑎᐅᓇᔭᖅᑐᑦ ᐃᑲᔪᖅᑕᐅᓗᑎᒃ ᑲᕙᒪᓕᕆᔾᔪᓐᓄᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson (interpretation): Thank you, Ms. Stockley. Mr. Mikkungwak.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᒥᔅᑕ ᒥᑭᓐᖑᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. I would then like to direct my question to the Information and Privacy Commissioner. In your report you indicate that during the course of your audit, you learned that the quality improvement coordinator position was created within the hospital's Office of Patient Relations to "proactively address patient issues, concerns and questions along their health care journey." On page 33 of your report you state that "It appears that no consideration was given to how either the Quality Improvement Coordinator or the Office of Patient Relations will deal with privacy/access issues or complaints." It's clear that some of the issues or complaints are confidential. With that, can you specify what led you to make this conclusion? Thank you, Madam Chairperson.	ᒥᑭᓐᖑᐊᖅ: ᒫ'ᓇᓪᓗᐊᕙᒃ, ᐃᒃᓯᕙᐅᑕᖃᖅᑰᖅ. ᑕᕼᐊᒃᑯᓂᖓ ᕼᐅᓕ ᑐᓴᒃᓴᓕᕆᓂᖁᑦ ᑲᖕᒍᓇᖅᑐᓕᕆᔾᔪᑎᒃᑯᓐᓄᑦ ᑲᒥᓯᓇᒃᑯᓐᓄᑦ ᐊᐱᕆᒃᑲᓂᖅᓂᐊᓕᖅᐳᖓ. ᑎᑎᖅᑲᒃᓯᓐᓂᑦ ᑕᐃᒪ ᓇᑐᓇᐃᔭᐃᕼᐃᒪᒃᑲᓂᖏᒐᑉᓯ ᖃᐅᔨᕼᐊᓚᐅᖅᑎᓪᓗᕼᐃ, ᑖᓐᓇ ᐃᖅᑲᓇᐃᔭᖅᑎᒫᓚᐅᖅᒪᑕ ᑖᒃᑯᐊ ᐋᓐᓂᐊᖅᑐᓕᕆᔾᔪᑦ ᑕᒪᔅᓯᒥᖕᒐ ᑕᐃᑲᓂ ᐋᓐᓂᐊᕖᖅ, ᖅᑭᑦᑖᑑᑉ ᐋᓐᓂᐊᖕᕖᖅᑯᑖᓂ, ᐊᒻᒪᑐᑦᑕᐅᖅ ᑖᒃᑯᐊ ᐅᖅᓂᖅᑐᕝᕕᐅᑉ ᑎᑎᕋᖅᕕᖕᒐ ᑕᒪᔅᓱᒥᖕᒐ ᑲᒪᒋᔭᖅᑲᖅᑕᖅᑕᒪ ᐋᓐᓂᐊᖅᕕᓕᐊᓚᐅᖅᑐᓪᑑᓐᓃᑦ ᐅᖅᓂᖅᑐᖅᑕᖅᑐᑦ ᐃᕼᐅᐃᓪᓕᐅᕈᑎᒥᓐᓂᒃ. ᐃᕼᐅᓖᑑᑎᕆᔭᖅᒥᓂᒃ ᐅᕙᑑᓐᓃᑦ ᑐᑭᕼᐃᕼᐅᐋᕉᑎᕆᔭᖅᒥᓐᓂᒃ ᐋᓐᓂᐊᖅᓂᖅᑲᓚᐅᖅᓚᖅᒥᒃ ᑲᒪᒋᔭᐅᕙᓪᓕᐊᓪᓗᑎᒃ. ᑕᐃᑲᓂ ᒪᐱᖕᒐᓂ 33-ᒥᑦ ᑎᑎᖅᑲᐹᓯᓐᓂᑦ ᐅᑲᖅᓯᒪᒐᐹᓯ ᖃᐅᒻᒫᓚᐅᖅᑐᕼᐃ ᐃᐸᕆᔭᐅᕚᔭᓐᖏᑦᑎᐊᖅᑐᓂᒃ ᑕᒪᓐᓇ ᐃᓄᐃᑦ ᑲᒪᒋᔭᐅᑦᑎᐊᕆᐊᖅᑲᖅᓂᖕᒋᑦ ᐋᓐᓂᐊᖅᑑᑎᑏᑦ ᐅᖅᓂᖅᑐᖅᑕᖅᑐᑦ ᐋᓐᓂᐊᖅᑐᑦ, ᐊᒻᒪᑐ ᑕᒪᓐᓇ ᑲᒪᒋᔭᐅᑦᑕᖅᑐᓂ ᐅᖅᓂᖅᑐᖅᕕᐅᔪᒥᑦ ᑎᑎᕋᖅᕕᐊᓂᑦ, ᓇᑐᓇᓐᖏᒻᒪᑦ ᑲᖕᒍᓇᖅᑑᒻᒪᑕ ᐃᓚᖕᒋᑦ ᐃᓱᐃᓪᓕᐅᕈᑕᐅᔪᑦ. ᑖᓐᓇᐅᑎᓪᓗᒍ ᕼᐅᓇᒥᑦ ᑐᓐᖓᕕᖅᑲᖅᑐᕼᐃ ᑖᓐᓇ ᑎᑎᖅᑲᖅᒥᒃ, ᑎᑎᕋᓕᓚᐅᖅᓂᖅᒪᖕᖠᐸᓯ? ᒫ'ᓇ, ᐃᒃᓯᕙᐅᑕᖃᖅᑰᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Keenan Bengts.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᓐᖑᐊᖅ. ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ.

Ms. Keenan Bengts: Thank you, Madam Chairperson. It was simply as a result of our discussions. We didn't get the feeling that the privacy part of quality and risk assurance really had anybody within the hospital who was championing it. There was no privacy champion in the hospital.	ᑮᓇᓐ ᐸᐃᖕᔅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᒪᓐᓇ ᑎᑎᕋᓚᐅᖅᑕᕗᑦ ᐅᖃᓪᓚᖃᑎᖃᓚᐅᖅᓯᑕ ᐃᒻᒥᒨᖓᔪᑦ ᑕᐃᒃᑯᐊ ᑲᒪᒋᔭᐅᓂᖏᑦ ᐅᓗᕆᐊᓇᖕᒋᑦᑐᒦᒃᑲᓗᐊᕐᒪᖕᖔᖕᒋᓐᓄᑦ ᓇᓗᓇᐅᕐᑎᒃᑯ, ᑕᐃᑲᓂ ᐋᓐᓂᐊᕕᒻᒥ ᓯᕗᒃᑲᖅᑕᖅᑎᖃᓚᐅᖕᒋᒻᒪᑕ ᑕᐃᒪᐃᕐᑐᔪᓕᓇᔨᒥᒃ.
Privacy is a legislated right. It's in legislation. We are entitled. It's quasi-constitutional legislation. Although that is the fact and although quality assurance is a good thing, it isn't a constitutionally protected right, yet the quality assurance group was getting the headlines, it was getting the employees, it was getting the leadership and privacy wasn't. Privacy was secondary.	ᐃᒻᒥᒨᖓᔪᑦ ᓲᕐᓗ, ᐃᓛᒃ ᐃᒻᒥᒨᖓᔪᑦ ᐱᖁᔭᖅᑎᒍᑦ, ᒪᓕᒐᑎᒍᑦ ᐱᔪᓐᓇᐅᑕᐅᒐᓗᐊᕐᒪᑦ ᑐᓐᖓᕕᑦᑎᒍᑦ ᐊᒻᒪᓗ ᑕᐃᒪᐃᑦᑑᒐᓗᐊᖅᑎᓪᓗ, ᐄ, ᐱᐅᔫᓪᓗᓂᓗ ᑭᓯᐊᓂ ᑕᐃᒃᑯᐊ ᐱᐅᓂᖅᐹᓂᒃ ᓴᖅᑭᔮᖅᑎᑦᑎᓇᓱᑦᑐᑦ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᓯᕗᓪᓕᐅᑦᑕᖅᐳᑦ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᖅ, ᑲᓐᖑᓇᖅᑑᑎᑦᑎᒋᐊᖃᕐᓂᕐᓗ ᓲᕐᓗ ᑭᖑᓪᓕᐅᓪᓗᓂ, ᓯᕗᓪᓕᐅᔅᓴᐅᓯᒪᓐᖏᑦᑐᑦ ᑖᒃᑯᓄᖓ.
Well, I would say with everyone we spoke to, it was a secondary thing to the quality assurance. Everyone knew about quality assurance. Everyone knew who to talk to, where to go, and what the roles of the people in that office were. Very few people could give us the same information with respect to either access to information or privacy. Thank you, Madam Chairperson.	ᑕᐃᒃᑯᐊ ᐱᐅᓂᖅᐹᖑᑎᑦᑎᓇᓱᓐᓂᖅ ᑕᒪᓐᓇ ᖃᐅᔨᒪᔮᓇᔭᐅᑦᑎᐊᖅᑐᖅ ᓇᒧᓐᖓᐅᔪᓐᓇᕐᒪᖕᖔᖅ ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᑐᑰᖕᒐᓪᓗᐊᑕᖅᑐᑦ. ᖃᑦᑏᓐᓇᑯᓗᐃᑦ ᖃᐅᔨᒪᓗᐊᓚᐅᖕᒋᑦᑐᑦ ᑐᓴᐅᒪᔾᔪᑏᑦ ᐊᑐᐃᓐᓇᕐᓂᕐᒧᑦ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Keenan Bengts. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᑮᓇᓐ ᐸᐃᖕᔅ. ᒥᔅᑕ ᒥᑭᓐᖑᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. I would like to direct my question to the officials from the Department of Health. On page 33 of her report the Information and Privacy Commissioner notes that a significant number of complaints that are raised with respect to quality of health care "will relate to either attempts to access the patient's own PHI or complaints about alleged privacy breaches."	**ᒥᑭᓐᖑᐊᖅ**: ᒪ'ᓇ, ᐃᒃᓯᕙᐅᑖᖅ. ᒥᓂᔅᑕᒧᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᒃᑯᓐᓄᑦ ᐊᐱᕆᓂᐊᓕᖅᐳᖓ. ᑖᓐᓇ ᑎᑎᕋᖅᓯᒪᔪᖅ 33-ᖓᓂ ᒪᑉᐱᖓᓂ ᑖᓐᓇ ᑎᑎᕋᓚᐅᕐᒪᑦ ᓇᓗᓇᐃᔭᐃᓪᓗᓂᓗ, ᐊᑕᐅᕼᐃᐊᓃᑦᑐᓂᓗ, ᑕᑯᒻᒫᓚᐅᖅᕼᐅᓂ ᐃᕼᐅᐃᓪᓕᐅᕈᑕᐅᔪᓂᒃ ᕿᐱᓗᓐᓂᑰᔪᓂᒃ ᕼᐊᖅᑭᑕᐅᕼᐃᒪᔪᓂᒃ ᐋᓐᓂᐊᕐᕕᓕᐊᖅᕼᐃᒪᓪᓗᑎᒃ ᑲᒪᒋᔭᐅᑦᑎᐊᓐᖏᓐᓂᑰᓪᓗᑎᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐃᑲᔪᖅᑕᐅᑦᑎᐊᓐᖏᑦᑐᑦ, ᑐᑭᕼᐃᒃᑕᐅᑦᑎᐊᓐᖏᑦᑐᑎᒃ ᕼᐅᓇᐅᒐᓗᐊᕐᒥᑭᐊᖅ. ᑭᕼᐃᐊᓂᓕ ᑖᒃᑯᐊ ᐋᓐᓂᐊᕐᕕᓕᐊᖅᓯᒪᔪᑦ ᑐᑭᕼᐃᐅᒪᑦᑎᐊᓇᐊᖅᑲᕐᒪᑕᓗ ᓇᓗᓇᖕᒋᑦᑐᓂ, ᐃᕼᐅᐃᓪᓕᐅᕈᑎᒥᓐᓂᓪᓗ ᑐᑭᕼᐃᑎᑕᐅᑦᑎᐊᓇᐊᖅᑲᖅᑐᑎᒃ, ᑭᕼᐃᐊᓂ ᐃᓚᖕᒋᑦᑕᐅᖅ ᑖᒃᑯᐊ ᑎᑎᖅᑲᖑᓐᓂᑦ ᓇᓗᓇᐃᖅᑐᐃᕼᐃᒪᒻᒪᑕ ᐊᓪᓚᒥᑦ ᐃᓄᒻᒥᑦ ᑕᑯᔭᐅᔭᓇᐊᖅᑲᖕᒋᓚᐅᕐᓂᖅᕼᐅᑎᒃ ᐅᕝᕙᓘᓐᓃᑦ ᑐᕼᐊᖅᑕᐅᔭᓇᐊᖅᑲᖕᒋᑦᑑᓂᕐᓂᒃ ᖃᐅᔨᔭᐅᓚᐅᕐᒪᑕ.

Can you specify how many complaints your Office of Patient Relations received during the 2016-17 fiscal year and can you specify how many of those complaints related specifically to privacy concerns? Thank you, Madam Chairperson.	ᑖᓐᓇ ᓇᓗᓇᐃᖅᑐᖅᕼᐃᒪᒻᒪᑦ ᑎᑎᖅᑲᓂᑦ, ᓇᓗᓇᐃᔫᑦᓗᐊᖅᐱᕼᐃᓃ ᑎᑎᕋᕐᕕᓯ ᑕᐃᓐᓇ ᐅᕐᓂᕐᓗᕐᕕᐅᑉ ᑎᑎᕋᕐᕕᒋᔫ ᖃᑉᓯᓂᒃ ᑎᑎᕋᕐᕕᐅᓚᐅᖅᕼᐃᒪᕗ, ᐅᖅᑲᓗᕝᕕᐅᓚᐅᖅᕼᐃᒪᕗ 2016-17-ᒥᑦ ᐊᕐᖀᒎᔪᒥᑦ? ᐊᒻᒪᓗ ᑕᐃᒃᑯᐊ ᐅᕐᓂᕐᓗᓚᐅᖅᑐᑦ ᑕᒪᒃᓱᒥᖓ ᓇᓗᓇᐃᖅᑐᐃᑦᓗᐊᕕᒃᕼᐃᒪᓚᐅᕐᓂᕐᒪᖔᑕ ᑲᙳᓇᖅᑐᓕᕆᓂᐅᑉ ᒥᒃᓵᓄᑦ? ᒪ'ᓇ, ᐃᒃᓯᕙᐅᑕᖅᑲᖅᑑᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙳᐊᖅ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. I can't tell you the number of complaints we received through patient relations, but I can get back to you with that detail. There were no complaints of a privacy breach and, had there been, we would have made sure they were passed along to the privacy commissioner. Thank you, Madam Chairperson.	ᓯᑖᒃᓕ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᖅᓯᔪᓐᓇᖕᒋᑦᑐᖓ ᖃᑦᓯᐅᓚᐅᕐᒪᖔᑦ ᐅᖅᑲᐱᓘᑎᒋᔭᐅᓚᐅᖅᑐᑦ, ᑭᓯᐊᓂ ᑕᐃᒃᑯᐊ ᑕᑯᓚᐅᕐᓗᒋᑦ ᑐᑭᓯᒍᒃᑭᑦ ᖃᐅᔮᒃᑲᕐᓂᐊᖅᐸᒋᑦ. ᐃᒻᒥᒨᖕᒐᔪᑦ ᒪᓕᒐᐃᑦ ᓯᕐᑯᒥᑕᐅᓯᒪᓂᖕᒋᓐᓄᑦ ᑐᖀᖕᒐᔪᓂᑦ ᐱᑕᖅᑲᓐᖏᑦᑐᖅ. ᑖᒃᑯᐊ ᑐᑭᓯᒍᒃᑭᑦ ᐅᕗᖓ ᑲᒥᓯᓇᒧᑦ ᑐᓐᓂᖅᑯᑎᒋᓂᐊᖅᐸᒃᑲ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.	ᐃᒃᓯᕙᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᒥᔅᑕ ᒥᑭᙳᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. This will be my final question to the Department of Health. I know it's obvious that you will be getting new staff at the Qikiqtani General Hospital. That person would have to know all the legislation about privacy and all the policies and legislation that pertain to that. Looking at all of Nunavut, Inuit are the majority and Inuktitut speakers are the majority. Will that staff person be required to speak all the languages like English and Inuktitut? Thank you, Madam Chairperson.	ᒥᑭᙳᐊᖅ: ᒪ'ᓇᓪᓗᐊᕕᒃ, ᐃᒃᕼᐃᕙᐅᑕᖅᑲᖅᑑᖅ. ᑭᖑᓪᓕᖅᐹᕋ ᑖᒃᑯᓄᖓ ᐋᓐᓂᐊᖅᑲᖅᑐᓕᕆᔩᒃᑯᓐᓄᑦ ᕼᐅᓕ. ᓇᓗᓐᖏᒻᒪᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᕼᐋᕐᓂᐊᕐᒪᑕ ᑖᒻᓇ ᕿᑭᖅᑖᓗᒃ ᐋᓐᓂᐊᕐᕕᖕᒐ, ᐅᓇᓕ ᑕᒪᒃᑯᓂᖕᒐ ᑲᙳᓇᖅᑐᓕᕆᓂᕐᒥᑦ, ᐱᕐᑯᔭᕐᓂᕐᓗ ᑐᑭᕼᐅᒪᒃᑎᐊᓇᐊᖅᑲᖅᑐᓂᑦ ᐊᑐᐊᒐᒃᕼᐊᓂᒃ, ᒪᓕᒐᒃᓴᓂᒃ ᑐᑭᓯᐅᒪᑦᑎᐊᓇᐊᕐᑲᕐᒪᑦ ᓇᓗᓐᖏᑦᑑᒐᓗᐊᖅ. ᑭᕼᐊᓂᑉᑕᐅᖅ ᓄᓇᕗᑦ ᑕᐅᑉᑐᒍ ᐃᓄᐃᑦ ᐊᒥᒌᓂᖅᓴᐅᒻᒪᑕ, ᐃᓄᒃᑐᑦ ᐅᖅᑲᓗᒍᓐᓇᖅᑐᑦ ᐊᒥᕼᐆᓂᖅᕼᐅᒻᒪᑕ, ᑖᒻᓇ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᓂᐊᖅᑐᖅ ᑕᒪᐃᓐᓂ ᐅᖅᑲᓗᒍᓐᓇᑦᑎᐊᕐᓂᐊᖅᐹ? ᖃᓪᓗᓈᑦᑐᑦ, ᐃᓄᒃᑐᑉᓗ? ᒪ`ᓇ, ᐃᒃᓯᕙᐅᑕᖅᑲᖅᑑᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙳᐊᖅ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. I believe you're referring to the position that is out for competition right now. It has a clinical focus. The ability to speak Inuktitut would be	ᓯᑖᒃᓕ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᐅᖅᑲᐅᓯᕆᕙᓪᓚᐃᔭᐃᑦ, ᐊᐱᖅᑯᑎᒋᕙᓪᓚᐃᔭᐃᑦ ᑕᐃᓐᓇ ᐃᖅᑲᓇᐃᔮᖅ ᓴᖅᑮᔭᔅᓴᖅ ᐋᓐᓂᐊᕝᕕᒻᒥ ᑲᒪᔨᐅᒐᔭᖅᑐᖅ. ᐃᓄᒃᑎᑑᕈᓐᓇᕐᓂᖓ ᐃᖅᑲᓇᐃᔮᒧᑦ

considered a definite asset.	ᐱᓚᕿᔪᑎᒋᒍᓐᓇᓂᕐᓴᕆᕕᐅᑎᑕᖓ.
If it pleases the Chair, I do have the number of complaints. May I go ahead? Okay. Between April 2015 and April 2016 is what I have available to me right now. There were 238 complaints throughout the territory. Thank you, Madam Chairperson.	ᐃᒃᓯᕙᐅᑕᐅᔪᖅ ᖃᓄᐃᒃᓴᓐᖏᒃᑯᓂ ᖃᑦᓯᐅᓚᐅᕐᒪᖔᑕ ᐅᓂᕐᕈᒃᓴᖅᑐᒥᓃᑦ ᑕᐃᒍᓐᓇᖅᑕᒃᑲ. ᑲᔪᓯᒍᓐᓇᖅᑯᖔ? ᑕᐃᒪ ᐊᐃᐳᕿ 2015 ᐊᒻᒪᓗ ᐊᐃᐳᕿ 2016 ᐊᑯᓐᓂᖓᓂᑦ ᑖᒃᑯᐊ ᐅᓐᓂᕐᕈᒃᓴᖅᑐᒥᓃᑦ 238 ᓈᒻᒪᓴᕐᓂᖏᑦᑐᐃᑦ ᑲᒪᒋᔭᐅᓂᕐᒥᓂᒃ ᓄᓇᕗᑦᒥ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. The next person on my list is Mr. Joanasie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᑭᖑᓪᓕᐅᓕᕐᒥᔭᖅ ᑕᐃᒪ ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. I don't have many questions. I just want to go back to something that I heard from one of Ms. Stockley's responses. I really noticed when she said that they are trying to create a culture of privacy.	**ᔪᐊᓇᓯ**: ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᐊᐱᖅᑯᑎᖃᓗᐊᓐᖏᑦᑐᖓᐅᓚᓗᐊᖅ ᑭᓯᐊᓂ ᑐᓴᓗᐊᖅᑲᐅᒐᒪ ᐅᑎᕆᐊᑲᐃᓐᓇᒐᓛᒍᒪᔪᖓ ᒥᔅ ᓯᑖᒃᓕᐅᑉ ᑭᐅᔪᑎᒋᖅᑲᐅᔭᖓᓄᑦ. ᑐᓴᓗᐊᖅᑲᐅᒐᒃᑯ ᐃᒪᐃᓕᑎᓪᓗᒍ ‘ᐋᖅᑭᒃᓯᕗᓪᓕᐊᒐᓱᐊᖅᓯᒪᒻᒪᑕᒎᖅ ᓲᕐᓗ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᐅᑉ ᐃᓕᖅᑯᓯᕆᔭᖓᓂᑦ ᑕᐃᑲᓂ ᐋᓐᓂᐊᕕᐊᓗᒻᒥ ᓲᕐᓗ culture of privacy.
That being the case, I'm sure there are people in Nunavut listening and watching the televised proceedings. The way our government works or things that are put together dealing with what we are dealing with, which is privacy, we heard that you're trying to put together something to help you manage privacy matters. How have you tried to highlight any of the beliefs and traditional values of Nunavummiut in your work? How have you tried to engage the public out there in changing how to deal with privacy matters at the Qikiqtani General Hospital? I hope I was clear. Thank you, Madam Chairperson.	ᑕᐃᒪᐃᑦᑎᓪᓗᒍ ᑕᐃᒪᑦᑕᐅᖅ ᓄᓇᕗᒻᒥᐅᖏᓐᓇᑦ ᓈᓚᒃᑐᖅᑲᖅᐸᑕ, ᑏᕖᑯᓪᓗ ᑑᓴᔦᑦ ᑕᑯᓐᓇᖅᑐᑦ, ᑖᓐᓇ ᒐᕙᒪᑦᑕ ᐊᐅᓚᓂᕆᔭᖓ ᐊᒻᒪᓘᓐᓃᑦ ᑕᒪᒃᑯᐊ ᐋᖅᑭᔅᓱᖅᓯᒪᔪᐃᑦ ᒫᓐᓇ ᑲᓐᖑᓇᖅᑐᓕᕆᑎᓪᓗᑕ ᓲᕐᓗ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᐅᑉ ᐃᓕᖅᑯᓯᖓᓂᑦ ᐋᖅᑭᔅᓱᐃᕙᓪᓕᐊᒐᓱᐊᖅᑐᑎᓪᓗᒎᖅ, ᖃᓄᕐᓕᑭᐊᖅ ᑕᒪᒃᑯᐊ ᓄᓇᕗᒻᒥᐅᑦ ᐃᓕᖅᑯᓯᕆᔭᖓᓂᑦ, ᐅᐱᒋᔭᖓᓂᑦ ᐊᓚᒃᑲᐅᒪᑎᑦᑎᒐᓱᐊᖅᓯᒪᕕᓯ ᖃᓄᖅ ᑕᖅᑲᒃᑯᐊ ᐃᓚᒋᔭᐅᑎᑕᐅᒐᓱᐊᖅᓯᒪᕙᑦ ᑕᒪᓐᓇ ᐋᖅᑭᒃᓱᖅᑕᐅᕙᓪᓕᐊᒐᓱᐊᖅᑎᓪᓗᒍ ᐋᓐᓂᐊᕕᐊᓗᒻᒥ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒥ? ᑐᑭᓯᓐᓇᕐᓂᖏᒪ. ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ.
Chairperson (interpretation): Thank you, Mr. Joanasie. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Certainly that is an important consideration for any of our privacy policies. As I alluded to a little while ago in one of my responses, that's what makes	ᓯᑖᒃᓕ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᐱᒻᒪᕆᐅᖃᑕᐅᔪᕐᖏᑖᒃ ᐃᓱᒪᒋᖃᓯᐅᑎᒋᐊᓕᒡᕙᑦ ᐊᑐᐊᒐᓕᐅᖅᑎᓪᓗᑕ. ᐅᖃᒐᓛᖅᑲᐅᒐᒪ ᑭᐅᓪᓗᖓ ᑖᓐᓇ

it very interesting when we're putting together a legislative proposal for health-specific privacy legislation. I referred to the extensive consultations we did with our *Mental Health Act*.	ᑕᕝᕙ ᐃᒫᒃ ᐊᔾᔨᐅᓐᖏᑦᑐᒻᒪᕆᑯᓘᑎᑦᑎᕗᖅ ᒪᓕᒐᓕᐅᖅᑎᓪᓗᑕ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐃᓱᒪᓕᕆᓂᕐᒧᑦ ᒪᓕᒐᒐᓂᒃ.
We heard very much from Inuit and communities that the expectation is that families and communities are involved in a patient's care. That is something that is our responsibility certainly to make sure that Inuit values are reflected in all of our policies, but particularly with respect to policies that have to do with someone's medical care and their right to privacy.	ᑕᖅᑲᐅᕐᕆ ᖃᐅᔨᒋᐊᖅᓯᒪᕈᓘᔭᕕᐅᑎᒃᑲᑦᑕ ᐃᓱᒪᓕᕆᓂᕐᒧᑦ ᐱᕐᑯᔭᓕᕆᑎᓪᓗᑕ. ᐃᓄᓐᓂᒃ ᑐᓴᖅᑕᑦᑕᕕᐅᑎᖅᑲᑦᑕᔪᒐᑦᑕ ᓄᓇᓕᓐᓂᓪᓗ, ᓂᕆᐅᒋᔭᖅᑲᖕᒐᑕᒎᖅ ᐃᓚᖏᑦ, ᓄᓇᓖᓪᓗ ᐃᓚᐅᑎᑕᐅᒍᒪᒻᒪᑕ ᐋᓐᓂᐊᕕᓕᐊᖅᑕᖅᑐᑦ ᖃᓄᖅ ᑲᒪᒋᔭᐅᕙᒻᒪᖖᒑᑕ. ᐱᖃᑕᐅᑎᑕᐅᒍᒪᒻᒪᑕᒎᖅ. ᐅᕙᒍᓪᓗ ᐱᓕᕆᐊᕐᕕᐊᖅᑲᖅᑯᒍᑦ ᐃᓄᐃᑦ ᐅᑉᐱᕆᔭᖏᑦ ᐃᓚᐅᑎᒐᓱᐊᖏᓐᓇᖅᑲᑦᑕᕐᑐᑎᒍ ᐊᑐᐊᒐᓕᐊᑦᑎᓐᓄᑦ. ᐱᑐᐊᖅᑐᒥ ᑕᒪᒃᑯᐊ ᐊᑐᐊᒐᐃᑦ ᐱᔾᔪᑎᓖᑦ ᐃᓄᐃᑦ ᐋᓂᐊᕕᒻᒥ ᐃᑲᔪᖅᑕᐅᖃᑦᑕᕐᓂᖏᓐᓂᑦ ᐊᒻᒪ ᐱᔪᓐᓇᐅᑎᖏᓐᓂᒃ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ.
That is going to be an area of focus and it's why we believe, with that piece of legislation, the health-specific privacy legislation, that there are going to be a lot of consultations that are required. We have to find a solution. We have to develop a piece of legislation that meets Nunavut's needs and certainly is steeped in Inuit values. Thank you, Madam Chairperson.	ᑖᓐᓇᐃᖦ ᑕᕝᕙ ᐃᓱᒪᒋᖃᓱᐅᑎᒐᔅᐸᑦᑕᕗᑦ, ᑕᐃᓐᓇ ᒪᓕᒐᓕᐊᕆᒐᓱᑦᑕᕗᑦ ᖃᐅᔨᒋᐊᖅᑐᕕᔾᔪᐊᕌᓗᓚᐅᕐᓗᑕ ᑭᓱᐊᓂ ᓴᓇᒍᓐᓇᖦᕐᒥᒐᑎᒍ. ᐋᖅᑭᒍᑎᔅᓴᖅᓯᐅᕆᐊᖅᑲᕐᑕ, ᒪᓕᒐᓕᐅᕆᐊᖅᑲᕐᑕ ᓄᓇᕗᑦᒥᐅᑦ ᐱᓯᕆᐊᓕᖕᓂᖓ ᐱᑎᑦᑎᒍᓐᓇᕐᓂᐊᖅᑐᓂᑦ, ᐃᓄᐃᑦᓗ ᐅᑉᐱᕆᓴᖕᓂᖓ ᒪᓕᒋᓪᓗᑎᒃ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒥᒃ, ᒥᔅ ᓯᑖᒃᓚ. ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. Thank you for that response. I just want to make sure that you keep Inuit beliefs in mind. We want to make sure that the culture of the people of Nunavut is included more. We have many different cultures now and we need to be more mindful of these things. That is why I am asking questions about it.	**ᔪᐊᓇᓯ**: ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᖁᔭᓐᓇᒦᓪᓗ. ᑕᐃᒪᓐᓇ ᐅᔾᔨᕆᔭᐅᕆᐊᒃᑲᓐᓂᖁᑐᐃᓐᓇᖅᓯᒍ ᓄᓇᕗᒻᒥᐅᑦ ᐅᑉᐱᕆᔭᖏᑦ, ᐃᓕᖅᑯᓯᕆᔭᖏᑦ ᐃᓚᒋᔭᐅᑎᑕᐅᒃᑲᓐᓂᕆᐊᓪᓚᖁᓪᓗᒍ, ᐃᓕᖅᑯᓯᖅᖃᑎᖠᖕᒋᑐᓪᓘᓕᖅᒪᑕ, ᑕᒪᓐᓇ ᖃᓄᖅ ᑲᔪᓯᕙᓪᓕᐊᒋᐊᕙᓯᐊᕈᓐᓇᖅᕕᒋᔭᖕᒑᒍᑦ ᐅᔾᔨᕆᔭᐅᕆᐊᖁᑐᐃᓐᓇᖅᓯᒍ ᑖᓐᓇ ᐊᐱᖅᑯᑎᒋᓗᐊᕈᒪᖅᑲᐅᒐᒃᑯ.
I would just like more clarification on some responses from earlier. They have completed 50 percent of the electronic health records or something like that. Was it ten communities that are on the network now, including Kimmirut? Can you tell	ᑭᓯᐊᓂᑦᑕᐅᖅ ᑐᑭᓯᒋᐊᒃᑲᓐᓂᑐᐃᓐᓇᕈᒪᓪᓗᖕᒐ ᑭᐅᔾᔪᑎᒋᔭᐅᖅᑲᑦᑕᖅᑲᐅᔪᓄᑦ 50 ᐳᓴᓐᑎᐅᔪᐃᒎᖅ ᓄᓇᓕᓐᓂ ᖃᕋᓴᐅᔭᒃᑰᕈᓐᓇᐅᑎᓂᒃ, ᐃᖨᒃ ᖃᓄᑭᐊᖅ, ᐃᑭᐊᖅᑭᕕᒃᑯᖅᑲᐃ, electronic health records-ᓂᒃ ᐊᑐᖅᓯᒪᓕᕐᓂᖅᑕᐅᑎᓪᓗᑎᑦ. ᖁᓕᐅᖅᑲᐅᕙᓪᓚᐃᔪᓂᒃᑯᐊ ᓄᓇᖨᑦ ᑭᒻᒥᕈᓪᓗ ᐃᓚᔭᐅᖅᑖᖅᑲᓯᐅᑎᓐᓂᖅᒪᑦ. ᐅᖃᕈᓐᓇᖅᑭᖃᐃ

me which communities are now on the MEDITECH system? Thank you, Madam Chairperson.	ᓇᓪᓕᐊᑦ ᓄᓇᓕᓪᑦ ᑕᐃᒪᐃᓪᑐᑐᒃ ᐊᑐᓕᖓᑦ ᓇᓪᓕᐊᓪᓗ ᐊᑐᓴᑎᒪᖓᑕ? ᖃᐅᔨᓇᒋᒃ, ᐃᓕᓴᐅᔪᖅ.
Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.	**ᐃᒃᓴᐅᔪᖅ** (ᑐᓂᔨᑎᒍᑦ): ᖃᐅᔨᓇᒋᒃ, ᒥᔪᑕ ᔪᐊᓇᓴ. ᒥᔪ ᓴᑦᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. No, I can't, I'm sorry, but I know I will have my hands on that information really quickly and we will be able to respond. Thank you, Madam Chairperson. I didn't anticipate that question.	**ᓴᑦᒃᓕ** (ᑐᓂᔨᑎᒍᑦ): ᖃᐅᔨᓇᒋᒃ, ᐃᒃᓴᐅᔪᖅ. ᒪᒥᐊᓇᐅᑦᓗᐊᖅ ᑭᐅᔪᓐᓇᖅᑐᓐᓇᒃᑯ ᐊᓐ. ᐊᐱᓚᑐᐃᓐᓇᕈᒪ ᖃᒃᐅᔨᑕᐅᑎᑎᔪᓐᓇᕆᔨᖏᓪᑐᐊᒃᑲ. ᖃᐅᔨᓇᒋᒃ, ᐃᒃᓴᐅᔪᖅ. ᑕᐃᒧᒃ ᐊᐱᓚᕆᐅᓂᐊᖅᑐᑦᓂᒃᑲᑎᑦᓚᖅᑐᓐᓇᓕ ᐱᓴᒪᓐᓇᑕᒃᑲ.
Chairperson: Thank you, Ms. Stockley. (interpretation) Any more questions, Mr. Joanasie?	**ᐃᒃᓴᐅᔪᖅ** (ᑐᓂᔨᑎᒍᑦ): ᖃᐅᔨᓇᒋᒃ, ᒥᔪ ᓴᑦᒃᓕ. (ᑐᓂᔨᑎᒍᒋᐅᓂᖅᑐᖅ) ᓴᓕ, ᒥᔪᑕ ᔪᐊᓇᒋᓴ?
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. I have another request for clarification. Half of the communities are now connected on what was called a hybrid system where only some of the medical records are on paper and some of them are in electronic form. I believe that was in the recommendations about transferring everything into electronic form in the future.	**ᔪᐊᓇᒋ**: ᖃᐅᔨᓇᒋᒃ, ᐃᓕᓴᐅᔪᖅ. ᐊᓚᒪᑕᐅᐅᖅ ᑐᑭᓯᓚᓴᕐᒪᑕᔪᓐᓇᖅ. ᑕᒪᓐᓇ ᐊᐟᕐᔪᖅᑎᑦ ᓄᓇᓕᓪᑦ ᑕᐃᒪᐃᓪᑐᑐᒃ ᐊᑐᖅᑎᓪᓗᑎᑦ hybrid-ᖏᑐᕋᖅᑕᐅᖅᑯᖅᑲᖅᑐᐅᓚᒪᑦ ᐃᓕᓐᓂᑦ ᖃᑦᕿᓴᐅᖅᑯᖏᓚᓐᓇᕆᓐᓇᖅᑎᑦᓗᑎᑦ ᐃᓕᓐᓂᑦ <ᐃᕐᓵᖅᑯᖏᑐᐃᓐᓇᓕᖅᑎᑦᓗᑎᑦ. ᐊᑐᓕᖃᐅᐅᔪᑦᑐᑦ ᐅᕋᖅᓴᓪᓚᖅᑯᖏᖅ ᓴᓕᓗ ᖃᑦᕿᓴᐅᖅᑯᖏᓚᔪᐃᓐᓇᕐᓂᐊᖅᑐᑦᓂᒃᑲᑎᑦᓚᖅᑐᓐᓇᓕᒪᓕᐅᑦᑐᑦ.
Can the health department give us an idea of how long it will take for all of those to be put into an electronic system for all of the communities? Thank you, Madam Chairperson.	ᐃᓚᒪᖃᒃ ᐊᐪᓂᐊᕆᖅᓇᓐᓄᑕᑐᓴᓕᑦ ᐅᖅᑲᓐᓇᖅᑲ ᑕᐅᑐᓐᖓᒪᓇᖅᑲᓴᑦ ᖃᖅᑐᒥᐊᑲᓐᓇᖅᐱᓕ ᖃᒃᓄᑎᑎ ᓴᐅᓂᑎᓂᓂ ᓄᓇᓕᓪᑦ ᑕᒪᓐᓇ ᖃᑦᕿᓴᐅᖅᑯᖏᓐᓇᓕᖅᑎᑦᓗᑎᑦ ᓄᓇᓕᓪᑦ ᑕᒪᑯᐊ ᐊᐪᓂᐊᓴᐅᖅᑕᐅᖅᑕᖅᑎᓪᓗᑎᑦ ᓄᓇᓕᒪᒥᐅᑦ? ᖃᐅᔨᓇᒋᒃ, ᐃᓕᓴᐅᔪᖅ.
Chairperson (interpretation): Thank you, Mr. Joanasie. Ms. Stockley.	**ᐃᒃᓴᐅᔪᖅ**: ᖃᐅᔨᓇᒋᒃ, ᒥᔪᑕ ᔪᐊᓇᓴ. ᒥᔪ ᓴᑦᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. I believe the question… . Okay, I'll take a stab at it.	**ᓴᑦᒃᓕ** (ᑐᓂᔨᑎᒍᑦ): ᖃᐅᔨᓇᒋᒃ, ᐃᒃᓴᐅᔪᖅ. ᐊᐱᖅᑯᑎᑎᓕᖅᖅᑕᐃᑦ ᑭᐅᓚᓴᐅᔪᓕᒍᐊᐃ.
With regard to the rollout of MEDITECH, we anticipate that that will be completed by December of 2017. With regard to the	ᖃᒃᖓ ᓱᖅᑭᖅᑕᐅᓚᕆᓚᖏᓪᑕ ᖃᑦᕿᓴᐅᖅᑯᖏᓚᑯᑦ ᐊᐪᓂᐊᕆᐊᖃᖅᑐᖅᓴᐅᑎᓕᓚᓐᓇᓕᒫᑦ, ᑎᓴᐱᓇ 2017 ᐱᓚᓱᖏᓕᖅᑎᑦᓗᖅᑐᖅ.

transition of all of our records over to electronic records, that’s one of the things that the privacy commissioner mentioned about the hospital. There is a process that you have to go through to get all your records put on the electronic system and you have to make some choices as to which ones would be and which ones wouldn’t. For example, deceased clients wouldn’t get those put on as quickly or if ever that you would people who are accessing health care right now. That takes a little bit more time.	ᐊᐅᓪᓛᖅᑎᕆᒐᓱᑦᑐᐊᓘᓪᓗᑕᓕ ᐸᐃᑉᐹᓂᑦ ᖃᕋᓴᐅᔭᒨᖅᑲᐃᒐᓱᓕᕐᓗᑕ. ᑖᓐᓇ ᑕᕝᕙ ᑲᓐᖑᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᒥᓯᓇ ᐅᖃᐅᓯᕆᖅᑲᐅᔪᖓ. ᐋᓐᓂᐊᕖᒥ ᒪᑯᐊ ᐸᐃᑉᐹᑦ ᖃᕋᓴᐅᔭᒧᑦ ᐹᖅᑲᑐᐃᓐᓇᕋᓵᐅᓐᖏᒻᒥᒻᒪᑕ ᒪᓕᔅᓱᐊᓚᐅᕐᓗᑎᒃ ᑭᓯᐊᓂ ᐱᕙᓪᓕᐊᕌᕐᔪᓚᐅᕐᓗᒋᑦ ᐊᑕᖏᖅᑖᓘᓪᓗᒋᑦ ᐹᖅᑕᐅᒐᔭᖕᖏᒻᒪᑕ. ᑕᐃᒃᑯᐊ ᐃᓅᒍᓐᓃᖅᓯᒪᔪᐃᓪᓗ ᐸᐃᑉᐹᕐᑯᑎᖏᑦ ᑕᐃᒪᐅᒻᒥᒻᒪᑕᑦᑕᐅᖅ ᐊᒻᒪᓗ ᒫᓐᓇ ᐃᓅᔪᐃᑦ ᐋᓐᓂᐊᕖᓕᐊᖃᑦᑕᖅᑐᐃᑦ ᐱᖏᑦ ᑕᐃᒪᐅᓂᐊᕐᒥᒻᒪᑕ ᐊᑯᓂᐅᓂᖅᓵᕐᔫᑐᐃᓐᓇᑎᐊᓛᓪ.
Members may remember, I think it was two business cycles ago, we came forward and asked for some extra positions for QGH to help with that process and that has really helped in getting those records transferred over. It will take some time to do that, but it’s something that we recognize that we may need to have some extra resources to assist with.	ᒪᓕᒐᓕᐅᖅᑏᑦ ᐃᖅᑲᐅᒪᔫᒃᓴᐅᔪᑦ ᐊᕐᕌᒎᒃ ᒪᕐᕉᒃ ᓈᓯᒪᕙᓪᓚᐃᓕᖅᑐ̇ᒃ ᒪᕐᑭᐊᖅᑎᖅᑐᑕ ᐅᖃᕆᐊᖅᑐᖅᓯᒪᓕᕋᑦᑕ ᐃᖅᑲᓇᐃᔾᔮᓂᒃ ᑐᔅᓯᕋᒃᑲᓐᓂᓚᐅᖅᓯᒪᔪᒍᑦ ᖃᕋᓴᐅᔭᒧᑦ ᐹᖅᑲᐃᒐᔭᖅᑐᓂᒃ. ᐱᔭᕇᑦᑕᐅᑎᒋᔾᔮᓐᖏᒻᒥᕐᒎᒐᓗᐊᑦ, ᑭᓯᐊᓂ ᐃᓕᓴᕆᓯᒪᑦᑎᐊᖅᑕᕗᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᒃᑲᓐᓂᕆᐊᖃᖕᒐᑦ ᑕᐃᒪᐃᑦᑐᓕᕆᒃᑲᓂᕐᓂᐊᖅᑐᓂᒃ ᐹᖅᑲᐃᒃᑲᓂᕐᓂᐊᖅᑐᓂᑦᑕᐅᖅ.
If it pleases the Chair, I can let you know how many are on. Eleven communities, including Iqaluit, have working access to MEDITECH. In September 2016 Arviat came on, Kugluktuk in October of 2016, Baker Lake in November of 2016, and I know Kimmirut was May 1. There may be one in there in the middle. I can’t remember to be honest, but if there is, I’ll certainly get back to you and let you know. Thank you, Madam Chairperson.	ᐃᒃᓯᕙᐅᑕᖅ ᖃᓄᐃᒃᓴᓐᖏᒃᑯᓂ ᐅᖃᐅᑎᔪᓐᓇᖅᑕᓯ ᖃᑦᑎᐅᓕᕐᒥᖓᑕ. ᖁᓕᓪᓗ ᐊᑕᐅᓯᐅᓕᖅᑐᑦ ᖃᕋᓴᐅᔭᒦᓕᖅᑐᐃᑦ, ᖃᕋᓴᐅᔭᒃᑯᑦ ᐊᐅᓚᓕᖅᑐᐃᑦ ᐃᖃᓗᐃᑦ ᐱᖃᑕᐅᓪᓗᓂ. ᓯᑎᐱᕆ 2016 ᐊᕐᕕᐊᑦ ᐱᖃᑕᐅᓕᑦᑕᔪᕆᕗᖅ, ᖁᕐᓗᖅᑑᖅ ᐅᑐᐱᕆᒥ 2016, ᖃᒪᓂᑦᑐᐊᖅ ᓄᕕᐱᕆ 2016-ᒥ, ᐊᒻᒪ ᑭᒻᒥᕈᑦ ᒪᐃ 1-ᖑᖃᑖᓚᐅᖅᑐᖅ. ᓄᓇᓕᑦᑕᖃᒃᑲᓂᕐᒦᕗᓗᐊᖅ ᐳᐃᒍᖃᒃᑯ. ᖃᐅᔨᒍᒃᑯ ᐃᓕᓐᓅᕈᓐᓇᕐᓂᐊᖅᑕᖃᓗᐊᖃ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Joanasie was the last name on my list. I’m going to take this opportunity then to say that we will break until tomorrow. We will start again at nine o’clock tomorrow.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑑᓵᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᒥᔅᑕ ᔪᐊᓇᓯ ᑭᖑᓪᓕᖅᐹᖑᖄᖓᕐᒐᑦ. ᒫᓐᓇ ᓄᖅᑲᖓᑲᐃᓐᓇᕐᓗᑕ ᖃᐅᑉᐸᑦ ᐅᓪᓛᒃᑯᑦ 9:00-ᒥ ᐱᒋᐊᒃᑲᓐᓂᓛᕐᓗᑕ.
Just for the regular MLAs so that we all know where we’re starting from, we’re going to be starting from pages 23 to 38.	ᒪᓕᒐᓕᐅᖅᑎᑐᐃᓐᓇᐃᑦᑕᐅᖅ ᖃᐅᔨᒪᓂᐊᕐᖓᑕ ᒪᑉᐱᒐᖓ 23-ᒥᒃ 38-ᒧᑦ ᖃᐅᑉᐸᑦ ᑲᒪᒋᓛᖅᑕᕗᑦ.

Thank you very much and have a good night. *>>Committee adjourned at 16:34*	ᖃᐅᔨᓴᓕᖅᑐᑦ ᐊᓚᒪᓂ ᐅᓴᓄᖅᑕᑎᐊᖃᐊᖅᑐᓴᓱ. *>>ᑲᑎᒪᔨᕿᓯᒃᓴᑦ 16:34-ᒥ*