

Republic of the Philippines
Department of Health
Philippine Children's Medical Center
Quezon Avenue, Quezon City

November 13, 2018

MEDICAL CENTER MEMORANDUM

No. 89, s. 2018

TO : ALL CONCERNED

SUBJECT : DATA PROTECTION NOTICES

Effective immediately, in order to abide by the RA 10173 also known as Data Privacy Act of 2012 and the joint Administrative Order 2016 - 002 of DOH, DOST, PhilHealth and DICT of the Health Privacy Code implementing the privacy guidelines of the Philippine Health Information Exchange (PHIE), the following PCMC Data Privacy Notices and Non – Disclosure Agreement (NDA) Forms shall be disseminated to all Units of this Medical Center for full implementation.

1. Data Protection Policy and Data Privacy Notices
2. Non – Disclosure Agreement (NDA)/ Confidentiality Agreement for PCMC Employees, Consultants, Doctors and Health Care Team.
3. Non – Disclosure Agreement (NDA)/ Confidentiality Agreement for PCMC Affiliates/ Donors/ Volunteers/ Rotators/ Students/ Trainees; and
4. Data Protection Notices/ Confidentiality/ Disclaimer for encoding into all PCMC gov.ph email addresses after the signature of the sender.

Please see attached form that concerned individuals shall accomplish.

For information and strict compliance by all.


JULIUS A. LECCIONES, MD, PhD, DPA, CESO III
Executive Director



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

QUALITY MANAGEMENT OFFICE

PCMC DATA PROTECTION POLICY and DATA PRIVACY NOTICE

PCMC DATA PROTECTION POLICY

The **Philippine Children's Medical Center (PCMC)** cares about your privacy and data protection as much as we care about your health and well-being. We shall dutifully abide by Republic Act No. 10173 also known as Data Privacy Act of 2012 of the Philippines. This data protection policy gives notice to all of PCMC's commitment to protect and safeguard the privacy of your personal and sensitive information.

It is your right to be informed of how PCMC processes your information. We are therefore issuing this notice on our policy of how we collect, use, disclose, access, archive, and dispose of your data.

This policy and notice will apply to all your personal and health information - whether verbal, written, electronic, photographic, digital, and/or recording made by the hospital or by your attending physician, your entire health team, and/or any other PCMC office that collect and keep your personal and sensitive personal information for use in your healthcare and documents processing.

We subscribe to the ethics of privileged information between health care workers and their patients/clients.

Your continued use of our website and services indicates your agreement to our Data Protection Policy and Data Privacy Notice.

PCMC DATA PRIVACY NOTICE

What personal data do we collect from you?

Our Doctors, Nurses, Midwives, and other members of the PCMC Healthcare Team and Support Staff who are assisting or taking care of you/your patient - will collect, keep, document, and use your personal/ your patient's personal and health information to ensure that you will be given the utmost possible quality service appropriate to your health situation or other relevant needs. It is important that we collect accurate and timely information about you/ your patient and these may include the following:

- Personal/Sensitive Personal Information, such as but not limited, to your name, address, date of birth, height, weight, blood type, sex, religious affiliation, contact information, occupation, marital status, citizenship, educational background, TIN/GSIS/SSS/Pag-Ibig/PhilHealth/PRC numbers, and other needed information;
- Relevant contact information of relatives, guardian, next of kin, or references;
- Name of Attending Physician or Family Physician;
- Chief Complaints;
- Medical Information and History, such as but not limited to, date of previous admission, existing illness, medications, food supplements taken, exercise and fitness routines;
- Vital Signs: Temperature, Pulse Rate, Respiratory, Blood Pressure;
- Copy of reports of X-rays, scans, other imaging procedures, laboratory tests, other ancillary tests; and
- Other information as necessary.

Why do we collect personal data about you?

We collect, use, and disclose your personal, sensitive, and health information for the following purposes:

- **RESEARCH Program**

Your personal data and health information may be used for research purposes such as studies related to the evaluation of certain treatments, or the prevention of disease or disability, or a description of the course and outcome of diseases, if the research study meet national data privacy law requirements.

- **EDUCATION and TRAINING Program**

Your personal data and health information may be used and discussed in scientific and educational fora to contribute to the continuous learning, training, and professional development of the Healthcare Team, Trainees, and Support Staff of PCMC.

- **MEDICAL/ SURGICAL SERVICES**

Your personal data and health information may be used to assess your health status and help decide on the most appropriate, efficient, and effective care for you. This includes public health services such as vaccinations, TB DOTS program, and the like.

- **HUMAN RESOURCE SERVICES.**

Your personal data and health information may be used to efficiently process appropriate HR services. The data we have collected may be shared with and processed by authorized personnel within PCMC, its service providers, and other government agencies, either manually or electronically.

- **ADMISSION/ DISCHARGE/TRANSFER, BILLING, PAYMENT, and CLAIMS PROCESSING**

Your information may be used and disclosed to process your admission and discharge or transfer, as well as for your hospital bill and payment. Where applicable, we will be providing to Philippine Health Insurance Corporation (PhilHealth), private and public social welfare agencies, your insurance company, and/or other payers/donors the necessary information to facilitate reimbursement/payment of your hospital bill.

- **REPORTORIAL REQUIREMENT**

Your personal data and health information may be lawfully shared with other authorized agencies, for example disease surveillance programs and public health concerns.

- **HISTORICAL, STATISTICAL, or SCIENTIFIC PURPOSE**

Your personal data and health information may be used to efficiently process or generate data that would help this hospital to enhance our services and fulfill our mandate.

We will obtain an Informed Consent from you or your relatives/guardian whenever we will be using your personal data for other purposes not stated above, or if needed by other health facilities for further management of your patients, subject to cross-border agreements.

Do we share your personal data to other institution or organization?

Yes, there are instances that we share your personal data to government agencies which lawfully collect information. For one, the Department of Health (DOH) requires submission of relevant personal information of our patients with specific non-communicable and/or communicable diseases, injuries, and others, for disease surveillance and monitoring, and for public health concerns. Your personal information may also be shared to our related facilities and laboratories.

In some cases, we may disclose your personal data and information in response to subpoena, court order, warrant, and other similar lawful processes.

What are your RIGHTS as the Data Subject?

As our valued clients, you are entitled of the rights mandated by the Data Privacy Act of 2012, as follows:

1. To be INFORMED

You have the right to be informed on how PCMC processes the personal data that we collect and store about you for legitimate purposes only. You will be informed that you allow us to include your personal data in your treatment and in our researches, trainings, and other processing system not covered by the medical treatment process or other laws. If you have any issues and concerns on how we collect, share, store, secure your personal data, you may contact the Director's Office.

2. To OBJECT

You have the right to object to the processing of your personal data into the PCMC system. You have the right to withhold the consent that we have obtained from you in case there are changes or amendments to the purpose for which your informed consent was obtained.

3. To have reasonable ACCESS to your personal data of any of the following:

3.1 You have the right to access your personal data and health information, in the form of a medical abstract, laboratory and XRay/Imaging reports, Medical Certificate, and similar documents at MRS for the Admitted Patients, or the OPD Office for the Out-patients, or the ER for ER patients. You may request through our **Medical Records Section or OPD or ER** by providing all of the following:

- Completely accomplished Request Form, approved by our Attending Physician;
- Valid Identification Card (ID) issued by the government of both the data subject and the requestor;
- If through a representative, your signed Authorization letter plus your representative's valid ID card; and
- Receipt of payment of certified true copy of the requested documents*

*The specific requested information will be issued as follows:

- Certified True Copy of Lab/XRay/Imaging reports: within the day
- Medical Certificate: within 3 working days
- Clinical Summary/ Medical Abstract: within 7 working days.

For particulars, please contact the PCMC MRS at +632 588 9900 local 250 or OPD at local 294.

3.2. Your HR files, in the form of previously submitted documents and complete 201 files, including results of performance evaluation, submit a Letter of Request for such, addressed to the Executive Director.

4. To DATA PORTABILITY or TRANSMISSIBILITY of your Rights

Upon death or incapacity, your Rights may be transferred to your lawful heir.

5. To CORRECT

You have the right to correct any inaccuracy or error on our record of your personal data and health information. You may request for correction at the MRS, OPD, ER, or the HRMD - as the case may be - by providing the following documents:

- Completely accomplished Request Form, approved by the PCMC Executive Director;
- Documented proof to support the claim for correction;
- Valid Identification Card (ID) issued by the government of the data subject, the parents/guardian, and the requestor; and
- If through a representative, your signed Authorization letter and the representative's valid ID card.

6. To BLOCK and ERASE or REMOVE

You have the right to have your personal data and health information to either be blocked/ erased/ removed from PCMC's filing system if processing is unauthorized or data was unlawfully obtained. You may suspend or withdraw your consent to include your personal data in our trainings, researches, and other processing system when there is no other legal ground or over-riding legitimate interest for the processing of your information. To do so, supporting documents have to be submitted.

7. To FILE a COMPLAINT

You have the right to inquire from the National Privacy Commission (NPC) through info@privacy.gov.ph for any questions regarding your data protection rights.

8. To be INDEMNIFIED for any damages

You have the right to claim for damages you have incurred due to inaccurate, incomplete, outdated, false, unlawfully obtained or unauthorized use of your personal and health information.

How do we secure your personal data?

PCMC is equipped with surveillance/cctv camera to help us ensure safety and security of the hospital. We store your personal data in our Hospital Information Management System and the OPD/ER/Medical Records Section and where applicable - in both paper based and electronic format- and is accessible to authorized personnel. PCMC also abides by the NAP Law and DOH Issuances for records retention and disposition.

Refer to the NPC website for full definitions of relevant terms pertinent to you and your concerns.

How can you contact us?

Should you have any questions, concerns, or clarifications about this notice, please let us know through:

the PCMC Data Protection Officer (DPO):

Grace J. Dela Calzada, RMT, MD, MM, MPM
PCMC Head, Quality Management Office (QMO)
Telephone: +632 588-9900 loc. 366
Email: qmo@pcmc.gov.ph

You may directly contact the PCMC Personal Information Controller (PIC)

Julius A. Lecciones, MD, MPM, MHSA, CESO III
PCMC Executive Director and Personal Information Controller (PIC)
Telephone: +6392 588-9900 loc 203
Email: officeofthedirector@pcmc.gov.ph

Please be informed that PCMC cannot guarantee that the Email transmission/s are secure or error-free, as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or may contain computer viruses/ worms/ or other malwares. PCMC accepts no liability for any email discrepancies or malware damages.

PCMC, a Family with you!



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

DATA PROTECTION OFFICE

**NON-DISCLOSURE and CONFIDENTIALITY AGREEMENT
for PCMC Affiliates/ Donors/ Volunteers/ Rotators/ Students/Trainees**

The Data Privacy Act of 2012, aka RA 10173 governs the protection of your rights and the rights of your data subjects in the collection, processing, sharing, and release of individual's personal and sensitive information. This law was established to protect and preserve the confidentiality, integrity, and availability of various personal, sensitive, including health information and such information may not be processed nor disclosed EXCEPT as authorized by law or through the Informed Consent of the specific patient or data subject.

I, _____, a _____ of _____
PRINT NAME STATUS NAME of INSTITUTION
and a _____ at PCMC, fully understand and voluntarily agree to all of the following:
STATUS

1. I recognize both my rights to data privacy and the rights of my data subjects;
2. I will be exposed to confidential and privileged information during my term at PCMC and I agree to keep all information in strict confidence and will not use, keep, share, disclose, or disseminate any confidential/privileged information that I may be exposed to and I understand that I am obligated to maintain such confidentiality at all times even after I am no longer connected with PCMC;
3. As a PCMC affiliate/donor/volunteer/rotator/student/trainee, I must act as a trustee, guarding the confidentiality, integrity, availability, accuracy, accessibility, and security of all health information with which I am entrusted and other clients' information that I may be exposed to;
4. I understand that all the medical information/records regarding a patient are confidential. This may also be true for other clients of PCMC;
 - 4.1. I shall not share nor give these information to other entity/ies or individual/s;
 - 4.2. I understand that it is not appropriate to discuss any patient's care/treatment/information in public places or with people who have not been involved in the case or have no reason to know about these information.
5. Any and all documents containing confidential information of the patient or client in my possession, including written, graphic, magnetic, digital, photographs, videos, or other format on my personal gadgets/ hard drives, personal computer, diskettes, electronic tape, or hard copies shall be returned to PCMC at the end of my affiliating/donating/ volunteering/rotating/studying/training without retaining any copies for myself, my institution, or other entity/persons.
6. I understand that any deviation from the above could result in legal action against my institution/organization and myself.
7. I further understand that any breach or potential or threat of breach of confidentiality, intentional or unintentional may result in immediate termination of my affiliation status with and my institution/organization will be duly informed.

My signature below certifies that all of the above confidentiality considerations have been explained to me and I was afforded the opportunity to ask questions. I understand the importance of data privacy and the protection of the confidentiality of patient-, client-, or hospital- related data.

I have read this Non-Disclosure and Confidentiality Agreement and understood the foregoing information and that my name and signature below signify my agreement and explicitly give my consent to comply with and abide by the above terms and conditions of my own free will and volition.

Print Name:	Signature:
Institution/Organization Name, Address, Contact Number:	Date:



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DATA PROTECTION OFFICE

**NON-DISCLOSURE and CONFIDENTIALITY AGREEMENT
for PCMC Employees, Consultants, Doctors, and Health Care Teams**

It is the responsibility of all the PCMC Management Officials and workforce members: employees, medical and allied health staff, nursing staff, support staff, and outsourced employees to preserve and protect confidential data of patients, employees, and other clients of PCMC.

The Data Privacy Act of 2012 aka RA 10173 governs the protection of your rights and the rights of your data subjects in the collection, processing, sharing, and releasing of any individual's personal and sensitive information. This law was established to protect and preserve the confidentiality, integrity, and availability of various personal, sensitive, including health information and such information may not be processed nor disclosed EXCEPT as authorized by law or through the informed consent of the specific patient or data subject.

PROTECTION of PATIENT CARE INFORMATION includes: any individual personal information (PI) and/or sensitive personal information (SPI) in possession of or derived from the provider/s of health care regarding a patient's medical history, mental, emotional, or physical condition or treatment, as well as the patient's and/or their family members' records, test results, conversations, research records, financial information, and other pertinent personal data.

As such therefore, I fully understand and voluntarily acknowledge the following:

1. I recognize both my rights to data privacy and the rights of my data subjects;
2. I am mandated by law to protect the personal information (PI) and/or sensitive personal information (SPI) and health information in my possession and those I derive from other health care provider/s of the patient and/or other PCMC clients/data subjects;
 - 2.1 It is my legal and ethical responsibility to protect the privacy, confidentiality, integrity, and security of all health records and client information;
 - 2.2 I shall respect and maintain the confidentiality of all patients' and other clients' information and records and any other information generated in connection with individual patient care, research, training, risk management and/or peer review activities and all the transactions with other PCMC clients;
3. I shall only collect, access, or disseminate patient care and other clients' information in the performance of my assigned duties and where required or permitted by law in a manner consistent with the policies of PCMC, or where no officially adopted policy exists, only with the express and written prior approval of my supervisor or his/her designate;
 - 3.1 I will only access the minimum necessary information required of my job/role or of the need requested for the specific information;
 - 3.2 I am bound to get a **signed informed consent** from the data subject/s whose information I shall collect and process, or authorize another individual or groups to collect and process for Research, Training and Education, and Medical/Surgical/Ancillary/Nursing Services;
4. I agree to discuss confidential information only within the designated workplace of PCMC and only for job-related purposes and not to discuss such information outside of the workplace or within hearing of other people who do not have a need to know about the information;

5. I understand that any and all references to HIV/AIDS, psychiatric (developmental/emotional), and drug abuse records are specifically protected under the law;
 - 5.1 Unauthorized access, use, disclosure, release of such confidential information may subject me to possible legal and/or disciplinary action/s;
6. I recognize that PCMC authorizes internal and external audits and reviews patient records and other clients' documented information in order to identify inappropriate and/or unauthorized access, disclosure, archiving, disposal of such documents and records;
7. I understand that any and all computer system access codes and passwords that are assigned to me are strictly confidential and for use only in line with my assigned tasks and duty hours;
 - 7.1 I will not disclose nor share my access code/s and passwords to anyone;
 - 7.2 Upon termination of my employment/assignment/duties at PCMC, or transfer to another unit within PCMC, I understand that any and all access codes and passwords that have been assigned to me will be deleted and destroyed under the supervision of the Management Information System Division (MISD) from the corresponding computer system/s including from my personal gadgets, for example but not limited to, USB, external drives, and any other storage devices;
8. My obligation to safeguard the patient/s and other data subject/s confidentiality and integrity continues even after my separation from service with PCMC and/or my contractual obligations with PCMC has ended.

I hereby acknowledge that I have read and understood the foregoing information and that my name and signature below signify my agreement to comply with and abide by the above terms of my own free will and volition. In the event of a breach or potential/threatened breach of the Non-Disclosure/Confidentiality Agreement, I acknowledge that PCMC may, as applicable and as it deems appropriate, pursue any and all actions allowed by law.

I explicitly give my voluntary and willful consent to affixing my name and signature in this document, as seen below.

Print Name:	Signature:
Department/Division/Section/Office/Unit:	Date:



PHILIPPINE CHILDREN'S MEDICAL CENTER

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DATA PROTECTION OFFICE

For Management Information System Division (MISD) to do: the following Notice/Disclaimer shall be placed under the signature of all PCMC.gov.ph email addresses:

Data Protection Notice/Confidentiality/Disclaimer

This email is for the intended recipient only and may contain confidential/privileged personal and sensitive personal information which are legally protected from disclosure and distribution. If you or your agent have received this in error or you are not the intended recipient, please delete it right away and immediately alert the sender via return email. You are therefore hereby notified that you and your agent/s are strictly prohibited by law to reproduce it and its attachments in any way or form, nor use it for any other purpose, nor disclose it to any other entity/person/s, nor copy or store this email and its attachments.

Computer viruses/worms, and/or other malwares can be transmitted via email. It is the responsibility of the recipient/s to check for the presence of these malwares; PCMC accepts no liability for any damage caused you or your computers/gadgets/files/ by any malware that may have been transmitted via this email.

Be a responsible citizen: Comply with the Data Privacy Law and Protect Data of all Persons.
Protect also our environment.

NB: It is for the MISD to design and format, including font type and size, using the blue and green color as above for Notice/Disclaimer to fit the signature portion of the sender.