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	Effective Date:	10-15-2021
	Document Type:	Policy
	Page Number:	1 of 4
	Department/Section:	Data Protection Office
	Document Title:	DPA SECURITY AUDITS

PURPOSE:

1. To establish and maintain a documented procedure on the conduct of internal audits for the protection of sensitive personal information in the hospital.
2. To verify the audit results from the continuing assessment of the organization's compliance with the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR).

LEVEL:

President and CEO, Data Protection Officer, Data Protection Staff, Department Heads and Staff of concerned areas

DEFINITION OF TERMS:

Data Subject- refers to an individual whose personal, sensitive personal, or privileged information is processed.


DPO- refers to the Data Protection Officer who is designated by the head of the organization to be accountable for its compliance with the Act, its IRR, and other issuances of the Commission; must be an organic employee of the company.

DPS- refers to the Data Protection Staff.

IRR- refers to the Implementing Rules and Regulations of the DPA.

Security Audit- is a systematic evaluation of the security of a company's information system by measuring how well it conforms to a set of established criteria.


Sensitive Personal Information (SPI)- refers to personal information of the data subject such as the individual's race, ethnic origin, marital status, age, color, and religious, philosophical or political affiliations. It's about one's health, education, genetic or sexual life or to any proceeding for any offense committed or alleged to

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have been committed; issued by government agencies such as social security numbers, previous or current health records, licenses or its denials, suspension or revocation, and tax returns; and those established by an executive order or an act of Congress to be kept classified.

POLICY:

1. Pursuant to the mandate of the National Privacy Commission (NPC) with regard to the provisions of the Data Privacy Act of 2012 and its IRR, DPOTMH shall implement reasonable and appropriate organizational, physical, and technical security measures for the protection of personal data.
2. To apply a holistic approach to privacy and data protection in the processing of personal data in a strategic framework from the daily operations in the hospital through an audit.
3. The Data Protection Officer and Staff shall conduct a random monitoring through an unannounced audit monthly for the privacy and data protection protocols that need to be observed and carried out within the organization for specific circumstances, directed toward the fulfillment and realization of the rights of the data subject.
4. The security audit is a measure that aims to maintain the availability, integrity, and confidentiality of personal data and are intended for the protection of personal data against any unlawful processing.
5. The security measures shall be implemented to protect personal data against natural dangers such as accidental loss or destruction, and human dangers such as unlawful access, fraudulent misuse, unlawful destruction, alteration and contamination.

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DOCUMENTATION:

Revised Policy


DISSEMINATION:

Discussion during the Weekly Middle Management meeting and disseminated through the intranet bulletin



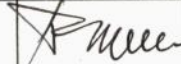
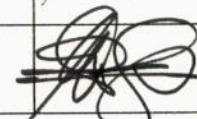
REFERENCE:


NPC Circular 16-01 – Security of Personal Data in Government Agencies. (2019, November 8). National Privacy Commission.

<https://www.privacy.gov.ph/memorandum-circulars/npc-circular-16-01-security-of-personal-data-in-government-agencies/>

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	EDNABELLE G. ESTRELLA Data Protection Officer		10/05/21
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		10/15/2021
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID Total Quality Division Officer		10/6/2021
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		10/23/2021

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	Effective Date:	10-15-2021
	Document Type:	Standard Operating Procedure
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	Department/Section:	Data Protection Office
	Document Title:	DPA SECURITY AUDITS

PURPOSE:


To establish and maintain a documented procedure on the conduct of internal audits for the protection of sensitive personal information in the hospital.

SCOPE:

Applies to all Data Protection Office staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Data Protection Staff, Data Protection Officer, Managers/Supervisors/Section Heads, President and CEO

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PROCEDURE:



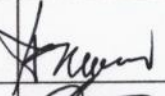
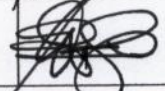
1. The DPO prepares a plan to monitor the security measures in areas where there are processing of documents with SPI of data subjects based from the Privacy Impact Assessment (PIA) of the area concerned.
2. The DPS shall schedule the unannounced and random security audit monthly in all concerned areas.
3. On the day of the security audit, the DPS makes a courtesy call/informs the area's head/supervisor that he/she will conduct the unannounced audit and proceeds with it using the checklist.
4. The DPS discusses the audit result with the head/supervisor and lets the head/supervisor conform/signs on the checklist.
5. The DPS collates the audit report and submits it to the DPO for review and verification.
6. The DPS obtains the acknowledgment signature from the unit head/officer-in-charge for the audit report receipt provided to the area audited.
7. The DPO submits the audit summary with possible undertakings/points for improvement/recommendations to the President and CEO.
8. The DPS files the audit report as part of the documentation and considered as an evidence when the National Privacy Commission does their privacy sweep/rounds.


REFERENCE:

NPC Circular 16-01 – Security of Personal Data in Government Agencies. (2019, November 8). National Privacy Commission.
<https://www.privacy.gov.ph/memorandum-circulars/npc-circular-16-01-security-of-personal-data-in-government-agencies/>


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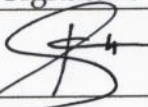

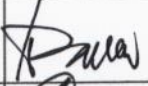
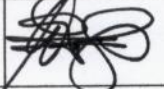
	Name/Title	Signature	Date
Prepared by:	EDNABELLE G. ESTRELLA Data Protection Officer		10/05/21
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		10/05/2021
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		10/06/2021
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		3/8/22

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KEY TASKS	PERSON RESPONSIBLE
1. Schedules the unannounced security audit monthly.	Data Protection Staff
2. Ensures that the recommendations for improvement was followed and addressed.	Managers/Supervisors/ Section Heads
3. Reviews and verifies the Data Privacy non-conformity audit summary report.	Data Protection Officer
4. Submits non-conformity report to the audited area/station and obtains acknowledgment signature from Supervisor/Head Nurse or Staff in-charge.	Data Protection Staff
5. Make notes to the final reviewed Data Privacy non-conformity audit summary report.	Data Protection Officer
6. Approves and signs the Non-Conformity Audit Summary Report	President and CEO

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Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		10/05/2021
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		10/6/2021
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		3/8/22

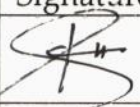

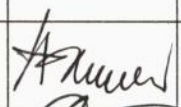



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Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		10/14/2021
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		10/16/2021
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		10/23/2021

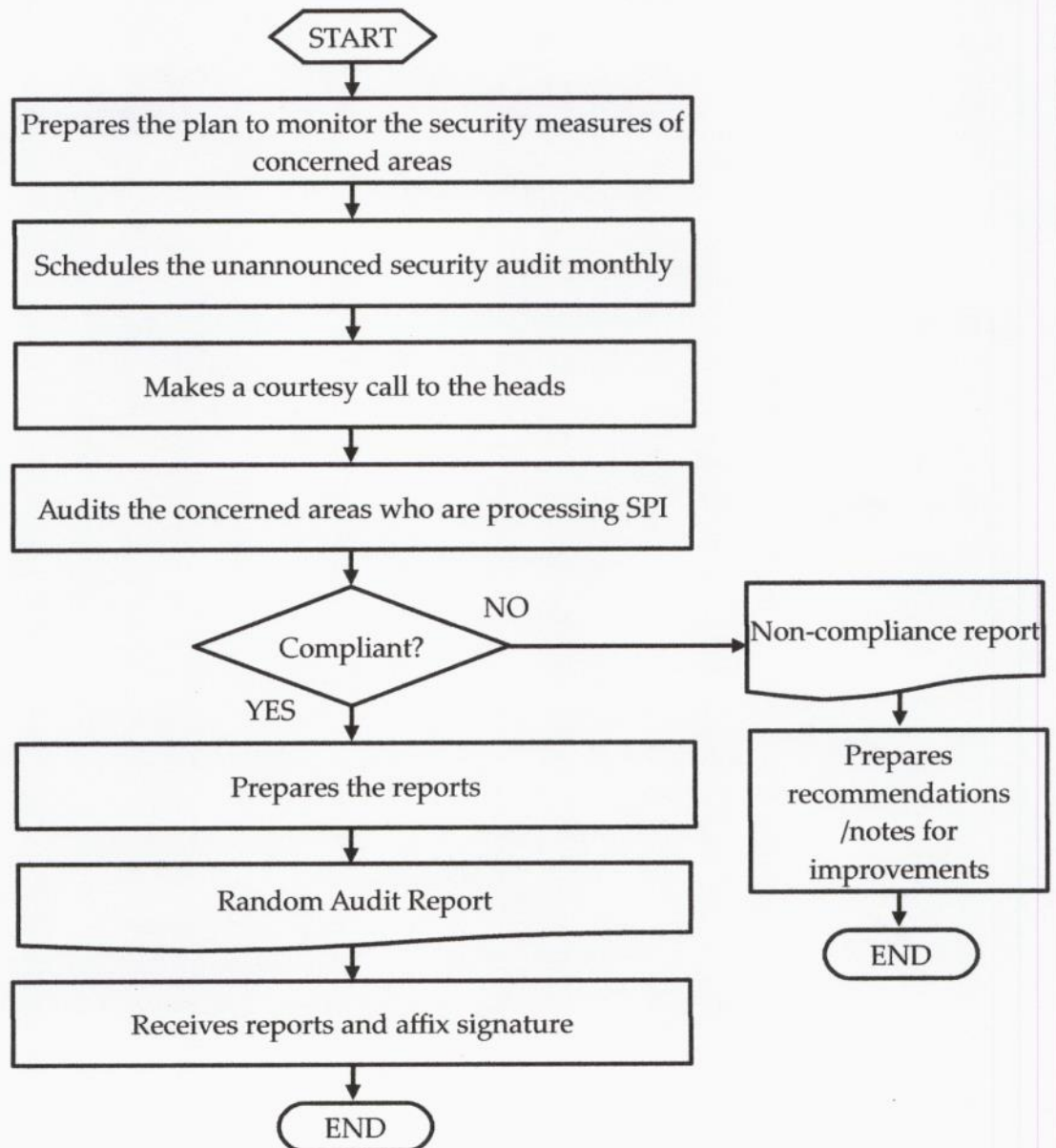



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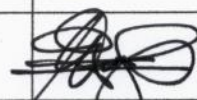
Document Code:	DPOTMH-G-83-P01-FC01
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FLOWCHART



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Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		10/05/2021
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		10/6/2021
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