

INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES  
PROJECT-SPECIFIC PRIVACY IMPACT ASSESSMENT FORM  
(FOR ALL ICES PROJECTS)

A. PROJECT TITLE
Fracture Risk in Adult Kidney Transplant Recipients

ICES Privacy Impact Assessment Form

Version 2.1 June 17, 2013

Signature of Investigator / Scientist [Redacted] Date (dd/mm/yy) 03/09/13

Signature of Scientific Program Leader \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_

Signature of Site Director, if applicable [Redacted] Date (dd/mm/yy) 03/09/13

CEO Approval [Redacted] Date (dd/mm/yy) Sept 18, 2013

Privacy Office Approval [Redacted] Date (dd/mm/yy) Aug 29, 2013

This section is for the use of Ontario Cancer Registry

Signature \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_  
on behalf of  
☐ CCO  
☐ Cancer Research Program

\*Reference:

For more information, please refer to the Personal Health Information Protection Act (PHIPA) which is found at: <http://www.ices.on.ca/html/statelaw/act/ohipa/act.htm>  
The Regulation to the Act (Reg. 329/04) can be found at: <http://www.ices.on.ca/html/statelaw/act/ohipa/reg/329.htm>

**Institutional review board statement:** This study was approved by the institutional review board at Sunnybrook Health Sciences Centre, Toronto, Canada