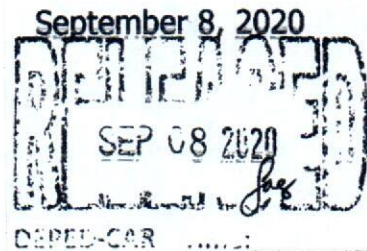


Republic of the Philippines
Department of Education
 Cordillera Administrative Region

Office of the Regional Director

Regional Memorandum
 No. 276-2020



VARIOUS ISSUANCES OF THE NATIONAL PRIVACY COMMISSION ON DATA PRIVACY AT THIS TIME OF COVID-19 PANDEMIC

To: **Assistant Regional Director**
Schools Division Superintendents
School Head: Public and Private Elementary and Secondary Schools
Regional Office Personnel
Division Legal Officers
All others concerned

1. In response to the growing privacy concerns raised by various stakeholders during this COVID-19 pandemic, and in upholding RA 11332 (**An Act Providing Policies and Prescribing Procedures on Surveillance and Response to Notifiable Diseases, Epidemics, and Health Events of Public Health Concern, and Appropriating Funds Therefor, Repealing for the Purpose Act no. 3573, otherwise known as the "Law on Reporting of Communicable Diseases"**) and **RA 10173 (Data Privacy Act of 2012)**, the Department of Health and the National Privacy Commission issued various guidelines on the application of data protection and privacy principles in the collection, processing and disclosure of COVID-19 related data in pursuit of diseases surveillance and response;
2. The Department of Education thru the Office of Tonisito M.C. Umali, Esq., Undersecretary for Legislative Affairs, External Partnerships, and Project Management Service/ DepEd Data Privacy Officer issued Memorandum OU-LAPP No. Q-334, s. 2020 containing lists of issuances from National Privacy Commission (NPC) on data security and privacy, particularly at this time of COVID-19 pandemic for the guidance and reference of all concerned, a copy of which is hereto attached;

To: All School Administrators, Philippines & ...
 (Elementary & Secondary)
FOR YOUR INFORMATION & APPROPRIATE ACTION
 CAROLYN B. VERANO, CESO V
 Schools Division Superintendent



Address: Wangal, La Trinidad, Benguet, 2601
Contact Number: Tel: (074)422-1318 | Fax: (074)422-4074
Website: www.depedcar.ph | Email: car@deped.gov.ph



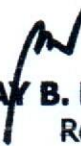
ISO 9001:2015 Certified
 Quality Management System
 DE-50500784 QM15



Republic of the Philippines
Department of Education
Cordillera Administrative Region

Office of the Regional Director

3. The list of issuances contained in said memorandum can be accessed at the National Privacy Commission (NPC) website @www.privacy.gov.ph;
4. Immediate and wide dissemination of this memorandum is desired.


MAY B. ECLAR, PhD, CESO V
Regional Director

ORD-LU-VBF-dst



Address: Wangal, La Trinidad, Benguet, 2601
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Website: www.depedcar.ph | Email: car@deped.gov.ph



ISO 9001:2015 Certified
Quality Management System
DE-50500784 QM15

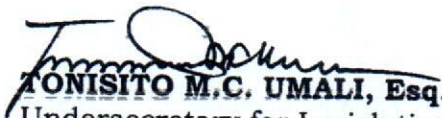


Republic of the Philippines
Department of Education
OFFICE OF THE UNDERSECRETARY
TANGGAPAN NG PANGALAWANG KALIHIM

MEMORANDUM

OU-LAPP No. Q-334, s.2020

FOR : **Undersecretaries**
Assistant Secretaries
Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Heads of Public and Private Elementary and Secondary Schools
Others Concerned

FROM : 
TONISITO M.C. UMALI, Esq.
Undersecretary for Legislative Affairs, External Partnerships,
and Project Management Service / DepEd Data Privacy Officer

SUBJECT : **VARIOUS ISSUANCES OF THE NATIONAL PRIVACY COMMISSION ON DATA PRIVACY AT THIS TIME OF THE COVID-19 PANDEMIC**

DATE : **24 August 2020**

Enclosed for your guidance and ready reference are the following latest issuances from the National Privacy Commission (NPC) on data security and privacy, particularly at this time of the COVID-19 pandemic.

Issuances	Title	Date Issued
<i>Department of Health – NPC Joint Memorandum Circulars</i>		
1. DOH-NPC Joint Memorandum Circular No. 2020-0001	Guidelines on the Use of Telemedicine in COVID-19 Response	March 28, 2020
2. DOH-NPC Joint Memorandum Circular No. 2020-0002	Privacy Guidelines on the Processing and Disclosure of COVID-19 Related Data for Disease Surveillance and Response	April 24, 2020
<i>NPC Public Health Emergency (PHE) Bulletins</i>		
1. NPC PHE BULLETIN No. 1	Statement of Privacy Commissioner Raymund Enriquez Liboro on the Release of	February 04, 2020

Undersecretary Tonisito M.C. Umali, Esq.
Legislative Affairs, External Partnerships, and Project Management Service
R-104 Rizal Building, DepEd Complex, Meralco Avenue, Pasig City
Telephone No. (02)633-7224 ; Fax No: (02) 633-1940 ; Email: tonisito.umali@dened.gov.ph

Issuances	Title	Date Issued
	Passenger Manifest of Airlines to Government Agencies Particularly the DOH, in Relation to the 2019 nCov Response	
2. NPC PHE BULLETIN No. 2	Statement of Privacy Commissioner Raymund Enriquez Liboro on the Declaration of Public Health Emergency in Relation to COVID-19	March 10, 2020
3. NPC PHE BULLETIN No. 3A and 3B	Frequently Asked Questions (FAQs) on the Collection and Processing of Personal Data during the COVID-19 Pandemic	March 19, 2020
4. NPC PHE BULLETIN No. 4	Protecting Personal Data in the Time of COVID-19	March 23, 2020
5. NPC PHE BULLETIN No. 5	Statement of Privacy Commissioner Raymund Enriquez Liboro on "Social Vigilantism" in the Time of COVID-19	April 02, 2020
6. NPC PHE BULLETIN No. 6	Collect the Minimum Necessary Information in Providing Financial Aid and Other Relief Packages to those Affected by the Enhanced Community Quarantine	April 04, 2020
7. NPC PHE BULLETIN No. 7	Official Statement of the National Privacy Commission on Calls for Patients to Waive Privacy Rights, Publicly Disclose Health Status	April 06, 2020
8. NPC PHE BULLETIN No. 8	On COVID-19 -related Apps, Digital Tools and Solutions in this Time of Pandemic	April 20, 2020
9. NPC PHE BULLETIN No. 9	NPC supports DILG's bid vs Discrimination of COVID-19 Frontliners	April 23, 2020
10. NPC PHE BULLETIN No. 10	Protecting Patient Data from Unauthorized Disclosure	April 25, 2020
11. NPC PHE	Joint Statement of the	April 30, 2020

Undersecretary Tonisito M.C. Umali, Esq.

Legislative Affairs, External Partnerships, and Project Management Service

R-104 Rizal Building, DepEd Complex, Meralco Avenue, Pasig City

Telephone No. (02)633-7224 ; Fax No: (02) 633-1940 ; Email: tonisito.umali@deped.gov.ph

Issuances	Title	Date Issued
BULLETIN No. 11	Department of Health (DOH) and National Privacy Commission (NPC) on Processing and Disclosure of COVID-19 Related Data	
12. NPC PHE BULLETIN No. 12	Protecting Personal Data in a Work From Home Arrangement	May 15, 2020
13. NPC PHE BULLETIN No. 13	Press Statement of Privacy Commissioner Raymund Enriquez Liboro on the Collection of Personal Data to Aid in Contact Tracing Relevant to the COVID-19 Response	May 21, 2020
14. NPC PHE BULLETIN No. 14A & 14B	Updated Frequently Ask Questions (FAQs)	June 16, 2020
15. NPC PHE BULLETIN No. 15	Guidelines for Establishments on the Proper Handling of Customer and Visitor Information for Contact Tracing	July 08, 2020

Aforementioned NPC issuances may also be accessed at the following link: www.privacy.gov.ph.

Immediate and wide dissemination of this memorandum is desired.

Encl: As stated



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 7, 2020

MEMORANDUM CIRCULAR

No. 2020 - 0016

TO : ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS, REGIONAL OFFICES AND SERVICES; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS, AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS; AND OTHERS CONCERNED

SUBJECT : Department of Health – National Privacy Commission (DOH-NPC) Joint Memorandum Circular No. 2020-0001 entitled “Guidelines on the Use of Telemedicine in COVID-19 Response”

Attached for your information and guidance is a copy of the DOH-NPC Joint Memorandum Circular No. 2020-0001 entitled “Guidelines on the Use of Telemedicine in COVID-19 Response dated March 28, 2020

Dissemination of the information to all concerned is requested.

By Authority of the Secretary of Health:

A handwritten signature in black ink, appearing to be "L. David", is written over the typed name.

LILIBETH C. DAVID, MD, MPH, MPM, CESO III
Undersecretary of Health
Health Facilities and Infrastructure Development Team



Republic of the Philippines
DEPARTMENT OF HEALTH
NATIONAL PRIVACY COMMISSION

March 28, 2020

JOINT MEMORANDUM CIRCULAR

No. 2020- 0001

SUBJECT: Guidelines on the Use of Telemedicine in COVID-19 Response

I. BACKGROUND

Due to the alarming coronavirus disease (COVID-19) health situation in the country and pursuant to Republic Act No. 11332, the President issued Proclamation No. 922, s. 2020 declaring a State of Public Health Emergency throughout the Philippines, and consequently, Proclamation No. 929 s. 2020 placing the entire Luzon under enhanced community quarantine.

The serious threat to health, safety, security, and lives of the Filipinos, the long-term adverse effects on their means of livelihood, and the severe disruption of economic activities arising from this health situation prompted further issuance of Republic Act No. 11469 that placed the entire country in a state of national emergency.

II. OBJECTIVES

The overall aim of this Joint Memorandum Circular is to enable patients to receive health services even while staying at home except for serious conditions, emergencies, or to avail of COVID-19-related health services as per standing protocols.

Specific objectives are:

1. Alleviate surge and minimize risks posed by unnecessary patient traffic in health facilities;
2. Support implementation of community quarantine by providing access to primary care providers through the use of telemedicine, or medical consultation services being provided through online and/or mobile platforms; and
3. Ensure efficient, safe and secure use of telemedicine by healthcare providers,

III. SCOPE AND COVERAGE

This Joint Memorandum Circular shall apply to all patients vulnerable to the COVID-19 health situation; all public and private, national and local healthcare providers regulated by DOH and Philippine Health Insurance Corporation (PhilHealth); and telemedicine providers

IV. DEFINITION OF TERMS

For the purpose of this Joint Memorandum Circular, the following terms are defined:

1. **Electronic Medical Record (EMR)** refers to a computerized medical record used to capture, store, and share information of a patient between healthcare providers in an institution or organization;
2. **Electronic Prescription (ePrescription)** refers to either (a) *“optical electronic data (captured image in pdf, jpeg, or other photo file format) issued by or made by a licensed physician which is generated, sent, received or stored through email and messaging applications”* as defined under the Food and Drug Administration (FDA) Circular 2020-007 on Guidelines in the Implementation of the Use of Electronic Means of Prescription for Drugs for the Benefit of Individuals Vulnerable to COVID-19, or (b) a complete medical prescription with date, generic name and strength and dosage form and total amount of each prescribed drug, and directions issued by a physician to a patient, sent from a mobile number under the possession and control of the physician or his/her hospital or clinic as shall be authenticated by the local pharmacy;
3. **Healthcare Providers** refer to any of the following:
 - a. **Physician** refers to all individuals authorized by law to practice medicine pursuant to Republic Act No. 2382, or the “Medical Act of 1959,” as amended;
 - b. **Health facility** refers to a public or private facility or institution devoted primarily to the provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation and palliation of individuals suffering from illness, disease, injury, disability, or deformity, or in need of medical and nursing care;
4. **Processing** refers to any operation or any set of operations performed upon patient’s data including, but not limited to, the collection, recording, organization, storage, updating or modification, extraction, retrieval, consultation, use, consolidation, blocking, submission, erasure or destruction of data; and
5. **Telemedicine** refers to the practice of medicine by means of electronic and telecommunications technologies such as phone call, chat or short messaging service (SMS), audio- and video-conferencing to deliver healthcare at a distance between a patient at an originating site, and a physician at a distant site.

V. DECLARATION OF PRINCIPLES

The following principles govern the implementation of this Joint Memorandum Circular:

1. Telemedicine services shall follow the standards of practice of medicine as defined under Republic Act No. 2382, its Implementing Rules and Regulations, and other applicable policies and guidelines, taking into account the absence of physical contact. While telemedicine is encouraged, the gold standard for clinical care remains to be face-to-face consultation.
2. The patient-physician relationship shall be based on full knowledge of the patient’s medical history and a physical examination given the circumstances of a lack of physical contact (i.e., by inspection only). Telemedicine shall be employed when a licensed physician is physically inaccessible (e.g. such as during a national emergency

- with community quarantine in effect, among others), in the management of chronic health conditions, or follow-up check-ups after initial treatment.
3. The patient-physician relationship shall be founded on mutual trust and respect in which they both identify themselves reliably during a telemedicine consultation. In case the patient is referred to a health facility, the physician who initially sees the patient shall be responsible for the coordination of care.
 4. Emergency and serious conditions, where face-to-face assessment and physical contact are most essential, should not be managed via telemedicine.
 5. The use/implementation of telemedicine shall respect the universal principles of ethics, legal standards, and guiding principles on primacy of human rights and protection of health privacy as defined by Philippine laws, international instruments, rules, and other applicable policies.
 - a. All healthcare providers and telemedicine partners shall implement the minimum organizational, physical and technical security standards and measures as set by the National Privacy Commission (NPC) and the Department of Information and Communications Technology (DICT).
 - b. Proper informed consent must be established with all the necessary information regarding the features of the telemedicine visit fully discussed with the patient, including, but not limited to:
 - i. How telemedicine works;
 - ii. How referral is to be done;
 - iii. Privacy concerns;
 - iv. Risk of technology failure including confidentiality breach; and
 - v. Policy on care coordination.

VI. GUIDELINES

A. Healthcare Providers

1. All healthcare providers shall help unburden local health systems and health facilities by engaging in telemedicine practices with a DOH telemedicine partner to provide essential primary care consultations, both for COVID-19 and non-COVID-19 health-related concerns.
2. All healthcare providers are encouraged to subscribe to a DOH telemedicine partner which can augment a health facility's medical services like health promotion services, triaging for both COVID-19 and non-COVID-19 health-related consultations, medical advice, referral to a doctor for home visit as necessary, and others. Medical consultations that require physical contact shall be handled by the local health office upon referral from a telemedicine consultation.
3. All healthcare providers shall be given fifteen (15) days to engage with a DOH telemedicine partner from the date of effectivity of this Joint Memorandum Circular. Additional cost for setting up shall be charged using their own administrative funds.
4. All healthcare providers are authorized, in the interim, to issue documents like electronic clinical abstract, consultation summary, and/or referral form (if applicable) to the patient. These documents must be suitable for optical character recognition (OCR) by being typewritten. The documents shall be issued via email or acceptable modes under Republic Act 8792, or the "Electronic Commerce Act of 2020."
All clinical abstract/consultation summaries shall have the following content:
 - a. Patient Information (Name, Age, Birthdate, Sex, Address)

- b. Brief Clinical History and Physical Examination (i.e., notes from inspection by video camera, if applicable)
 - c. Travel and Exposure History (for COVID-19 screening)
 - d. Diagnosis/Assessment
 - e. Plan of Management
5. All healthcare providers shall recognize and deem equivalent the electronic clinical abstract, consultation summary, prescription, and referral form issued by the physician for all intents and purposes.
 6. All physicians whose services are sought through telemedicine shall keep records of all electronic clinical abstracts/consultation summaries, prescriptions and/or referral forms issued pursuant to this Joint Memorandum Circular in coordination with the DOH telemedicine partner.
 7. All licensed physicians shall issue electronic prescriptions in accordance with FDA Circular No. 2020-007 and any subsequent FDA guidelines.
 8. All healthcare providers shall, at all times, ensure that patient confidentiality, privacy, and data integrity are not compromised.

B. Telemedicine Partners

Telemedicine Partners shall:

1. Provide an information or application system that can securely store and/or process patients' data according to established rules and regulations on confidentiality, privacy, and data integrity.
2. Comply with the requirements of the DOH to be able to link and/or interoperate with electronic medical record (EMR) systems or applicable health systems.
3. Secure clearance from the DOH on all policy decisions affecting processing as regards to COVID-19-specific triaging algorithm, and the data collected in a telemedicine consultation.
4. Allow physicians to sign up, and in the interim, volunteer their services with safety and security assurances for them to operate.
5. Define or establish mechanisms to refer patients to appropriate health care providers in coordination with the Local Government Unit (LGU) in a network set-up, and following DOH and PhilHealth policies.
6. Forge a memorandum of agreement with an LGU for the deployment of health professionals for home visit from a primary care facility, should it be deemed necessary.
7. Receive calls escalated from the DOH COVID-19 hotlines as follows: 02-894-COVID (02-894-26843) and 1555, and any other iteration henceforth.
8. In coordination with the LGU, report a suspected COVID-19 patient identified during the consult to the respective Regional or City Epidemiology and Surveillance Unit (RESU/CESU).
9. Submit reports to DOH as shall be defined to monitor performance of this Joint Memorandum Circular.
10. Provide these services free of charge until the enhanced community quarantine is lifted.

C. Monitoring and Evaluation Framework

1. The DOH and NPC shall regularly undertake monitoring and evaluation activities to assess the quality of implementation, including adequacy of control mechanisms to ensure confidence and acceptance of telemedicine services by healthcare providers, patients, and those in authority.
2. Dimensions for monitoring and evaluation shall be as follows:
 - a. Outcome measures (safety, effectiveness, efficiency, and quality of care)
 - b. Performance measures (access, functionality, quality and cost of service)
 - c. Summary measures (cost comparison)
 - d. Operational measures (access, acceptability, provider satisfaction, patient satisfaction, data privacy and cybersecurity)

VII. REPEALING CLAUSE

All previous issuances that are inconsistent with any provisions of this Joint Memorandum Circular are hereby amended, modified, or repealed accordingly.

VIII. SEPARABILITY CLAUSE

In the event that any provision or part of this Joint Memorandum Circular is declared unauthorized or rendered invalid by any court of law, those provisions not affected by such declaration shall remain valid and in effect.

IX. EFFECTIVITY

This Joint Memorandum Circular shall take effect immediately for the duration of the declared Enhanced Community Quarantine for the management of COVID-19 health situation, and the effectivity of this Order shall likewise be automatically lifted once the imposed quarantine is lifted.


FRANCISCO T. DUQUE III, MD, MSc
Secretary
Department of Health


RAYMUND E. LIBORO
Privacy Commissioner and Chairman
National Privacy Commission



Republic of the Philippines
DEPARTMENT OF HEALTH
NATIONAL PRIVACY COMMISSION

April 24, 2020

JOINT MEMORANDUM CIRCULAR

No. 2020- 0002

SUBJECT: Privacy Guidelines on the Processing and Disclosure of COVID-19 Related Data for Disease Surveillance and Response

I. BACKGROUND

In pursuit of disease surveillance and response against the coronavirus disease 2019 (COVID-19) in the country, and pursuant to Republic Act (RA) 11332 (Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act), the Department of Health (DOH), being the principal health agency in the country, collects, processes and disseminates COVID-19-related data; requires the reporting of such data from appropriate sources; and undertakes apropos epidemiologic investigations and biomedical researches.

The collection and processing of COVID-19-related data consists of both personal and sensitive personal information. The confidential nature of these data only underscores the primacy of right of the patient to health privacy. This right is articulated in RA 10173 (Data Privacy Act of 2012 [DPA]), which specifically provides for health privacy, establishes the directive for data protection, and reinforces the right of the patient to data privacy.

In response to the growing privacy concerns raised by various stakeholders during this current COVID-19 health situation, and in upholding RA 11332 and RA 10173, the Department of Health and the National Privacy Commission (NPC) hereby issue these guidelines on the application of data protection and privacy principles in the collection, processing and disclosure of COVID-19-related data in pursuit of disease surveillance and response.

II. OBJECTIVE

This Joint Memorandum Circular implements the guidelines for the collection, processing and disclosure of COVID-19-related data in pursuit of disease surveillance and response, while protecting the data privacy rights of patients and individuals and ensuring the confidentiality, integrity, and availability of their personal data.

III. SCOPE AND COVERAGE

This Joint Memorandum Circular shall apply to the implementation of the COVID-19 disease surveillance and response; and shall cover all public and private, national and local healthcare providers regulated by DOH and Philippine Health Insurance Corporation

(PhilHealth); national and local public health authorities; DOH partner agencies involved in the collection and processing of COVID-19-related data; all COVID-19 cases; and all individuals identified as close contacts.

IV. DEFINITION OF TERMS

For the purpose of this Joint Memorandum Circular, the following terms are defined:

1. **Anonymization** is a process by which personally identifiable information (PII) is irreversibly altered in such a way that a PII principal can no longer be identified directly or indirectly, either by the PII controller alone or in collaboration with any other party. (ISO/IEC 29100:2011)
2. **Case** refers to an individual who is either a COVID-19 suspect, probable, or confirmed patient.
3. **Close contact** – a person who may have come into contact with the probable or confirmed case two days prior to onset of illness of the confirmed COVID-19 case (use date of sample collection for asymptomatic cases as basis) until the time that said cases test negative on laboratory confirmation or other approved laboratory test through:
 - a. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
 - b. Direct physical contact with a probable or confirmed case;
 - c. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR
 - d. Other situations as indicated by local risk assessments.
4. **COVID-19-related data** refers to all types of information related to COVID-19 disease surveillance and response, including personal health information of COVID-19 cases and identified close contacts.
5. **Data Protection Officer (DPO)** is an individual who is accountable for ensuring compliance with applicable laws and regulations relating to data privacy and security. (DPA)
6. **Data Sharing** is the disclosure or transfer to another government agency of personal data and/or information under the control or custody of a Personal Information Controller (PIC); *Provided*, that a PIC may be allowed to make such disclosure or transfer if it is upon the instructions of the PIC concerned. The term excludes outsourcing, or the disclosure or transfer of personal data by a personal information controller to a personal information processor. (Implementing Rules and Regulations of the DPA)
7. **Data Subject** refers to an individual whose personal information is processed. (DPA)
8. **Healthcare Providers** refer to any of the following:
 - a. **Health care professional** refers to doctor of medicine, nurse, midwife, dentist, or other skilled allied professional or practitioner duly licensed to practice in the Philippines; and
 - b. **Health facility** refers to a public or private facility or institution devoted primarily to the provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation and palliation of individuals suffering from illness, disease, injury, disability, or deformity, or in need of medical and nursing care.
9. **DOH partner agency** refers to a DOH-designated/deputized public health authority to collect and process COVID-19-related data for purposes specified under Section V.2. of this Guidelines.
10. **Personal data** refers to all types of personal information such as follows:

- a. **Personal information** refers to any information, whether recorded in a material form or not, from which the identity of an individual is apparent or can be reasonably and directly ascertained by the entity holding the information, or when put together with other information would directly and certainly identify an individual. (DPA)
- b. **Sensitive personal information** refers to personal information:
 - i. About an individual's race, ethnic origin, marital status, age, color, and religious, philosophical or political affiliations;
 - ii. About an individual's health, education, genetic or sexual life of a person, or to any proceeding for any offense committed or alleged to have been committed by such person, the disposal of such proceedings, or the sentence of any court in such proceedings;
 - iii. Issued by government agencies peculiar to an individual which includes, but not limited to, social security numbers, previous or current health records, licenses or its denials, suspension or revocation, and tax returns; and
 - iv. Specifically established by an executive order or an act of Congress to be kept classified. (DPA)
11. **Personal health information** refers to the individual's past, present or future physical or mental health or condition, including demographic data, diagnosis and management, medication history, health financing record, cost of services and any other information related to the individual's total well-being. (DOH-DOST-PhilHealth Joint Administrative Order No. 2016-0002)
12. **Personal information controller or "PIC"** refers to a person or organization who controls the collection, holding, processing or use of personal information, including a person or organization who instructs another person or organization to collect, hold, process, use, transfer or disclose personal information on his or her behalf. The term excludes: a person or organization who performs such functions as instructed by another person or organization; or an individual who collects, holds, processes or uses personal information in connection with the individual's personal, family or household affairs. There is control if the natural or juridical person or any other body decides on what information is collected, or the purpose or extent of its processing. (DPA)
13. **Personal information processor or "PIP"** refers to any natural or juridical person or any other body to whom a PIC may outsource or instruct the processing of personal data pertaining to a data subject. (DPA)
14. **Processing** refers to any operation or any set of operations performed upon patient's data including, but not limited to, the collection, recording, organization, storage, updating or modification, extraction, retrieval, consultation, use, consolidation, blocking, submission, disclosure, erasure or destruction of data. (DPA)
15. **Pseudonymization** refers to replacing one attribute (typically a unique attribute) in a record by another. The natural person is therefore still likely to be identified indirectly; accordingly, pseudonymization when used alone will not result in an anonymous dataset. (Article 29 Data Protection Working Party, Opinion 05/2014 on Anonymisation Techniques).
16. **Public Health Authority** refers to the DOH, specifically the Epidemiology Bureau, Disease Prevention and Control Bureau, Bureau of Quarantine, Food and Drug Administration, Regional Offices of DOH, Regional Epidemiology and Surveillance Unit (RESU), local health offices (provincial, city, or municipality); or any person directly authorized to act on behalf of the DOH or the local health office. (DOH Administrative Order [AO] 2020-0013)

V. GENERAL GUIDELINES

1. The implementation of COVID-19 disease surveillance and response shall promote public health action to contain and/or prevent the spread of COVID-19 and help mitigate the effects and impact of the disease to the people and communities, while safeguarding the data privacy rights of every individual.
2. The processing of personal health information of COVID-19 cases and identified close contacts for disease surveillance and response shall be to the extent necessary for the following purposes:
 - a. To outline a true picture of the country's COVID-19 health situation in terms of status and extent of local and community transmission.
 - b. To build a repository of real-time COVID-19-related data as basis of evidence-informed health policy and intervention measures.
 - c. To support case investigation and management, contact tracing and monitoring, quarantine and isolation, mandatory reporting to national and local public health authorities, and other disease surveillance-related activities.
 - d. To improve response activities, including the quality and accessibility of health services and other related interventions for COVID-19.
 - e. To allow information sharing and exchange between and among healthcare providers, public health authorities and other government authorities for treatment and care coordination, and/or surveillance and response purposes.
3. The right to privacy of health information shall be protected at all times. The processing of personal health information of COVID-19 cases and identified close contacts shall be in accordance with RA 10173, its IRR and other relevant issuances from the NPC, and shall adhere to the principles of transparency, legitimate purpose, and proportionality:
 - a. Patients/close contacts (data subjects) shall have a right to adequate information on matters relating to the processing of their health information, including the nature, purpose, and intended use of processing.
 - b. Health information shall be processed fairly and lawfully.
 - c. The processing of health information shall involve only the minimum extent of personal data necessary to the declared and specified purpose at the time of collection.
4. All national and local public health authorities, concerned healthcare providers and DOH partner agencies involved in the collection and processing of COVID-19-related data shall put in place the minimum organizational, physical and technical security measures and standards for data protection as set by NPC and the Department of Information and Communications Technology (DICT), and shall uphold and protect the data privacy rights of every individual at all times.
5. This policy shall serve as the privacy notice of national and local public health authorities, and DOH partner agencies in the collection, processing, and disclosure of COVID-19-related data in pursuit of disease surveillance and response.

VI. SPECIFIC GUIDELINES

A. Implementation Governance

1. The Interagency Task Force for the Management of Emerging Infectious Diseases – Task Group on Strategic Communications, in coordination with the DOH –

Epidemiology Bureau, the DOH Data Protection Officer and the National Privacy Commission, shall set policy directions and oversight on all matters relating to privacy and data protection of COVID-19-related data.

2. The National eHealth Program Management Office (NEHPMO) in KMITS of the DOH shall act as the overall technical and administrative secretariat for all activities related to ensuring privacy and data protection of COVID-19-related data.

B. Processing of Health Information

1. The processing of personal health information of COVID-19 cases and identified close contacts shall be allowed in any of the following cases:
 - a. The processing of personal health information is done by national and local public health authorities, pursuant to its constitutional or statutory mandate as provided under RA 11332, Sections 4(e), 12 and 13 of RA 10173, and other applicable laws, rules, and regulations.
 - b. The processing of personal health information by a healthcare provider is allowed if necessary for the purposes of case investigation and management, contact tracing and monitoring, quarantine and isolation, mandatory reporting to public health authorities, or treatment and coordination purposes.
 - c. The processing of personal health information by DOH partner agencies and their authorized personnel shall be allowed, pursuant to a Data Sharing Agreement (DSA) as provided under NPC Circular 16-02 (Data Sharing Agreements Involving Government Agencies).
 - i. All personnel who will be authorized by the DOH partner agencies to collect and process personal health information shall sign a Non-Disclosure Agreement (NDA) beforehand to prevent any unauthorized processing.
 - d. Personal information are pseudonymized or anonymized.
2. In the processing of personal health information, the following must be observed:
 - a. In all cases where processing of personal health information is allowed, the patient/close contact (data subject) shall be informed of the nature and purpose for the collection and processing of his/her personal health information by public health authorities and the DOH partner agencies, which shall include the purposes specified under Section V.2.
 - b. The manner of processing of personal health information shall be in accordance with the guidelines set forth under DOH AO 2020-0013 (Revised AO 2020-0012 "Guidelines for the Inclusion of COVID 19 in the List of Notifiable Diseases for Mandatory Reporting to the DOH dated March 17, 2020), and the DOH DM 2020-0189 (Updated Guidelines on Contact Tracing of Close Contacts of Confirmed COVID-19 Cases).
 - c. Personal health information of all COVID-19 cases and close contacts as identified by concerned healthcare providers, public health authorities and DOH partner agencies during the conduct of respective case investigation and contact tracing must be reported to the DOH and its designated/deputized public health authorities serving as partner agencies.

C. Access of Health Information

1. Only concerned healthcare providers, public health authorities, and DOH partner agencies and their authorized personnel shall be allowed to access the personal health information of the COVID-19 cases and/or identified close contacts, pursuant to the guidelines set forth under DOH AO 2020-0013, and the DOH DM 2020-0189.

2. All entities and individuals with access to the personal health information shall be bound by legal duty to protect the personal health information pursuant to this Guidelines.

D. Use and Disclosure of Health Information

1. The use of personal health information by national and local governments shall be limited to the purposes specified under Section V.2.
 - a. All concerned healthcare providers, public health authorities, and DOH partner agencies and their authorized personnel shall be responsible for limiting the use of personal health information stored within their location to the purpose specified at the time of collection.
 - b. Use for other purposes not indicated under Section V.2. shall be prohibited.
2. Disclosure of personal health information shall be limited to authorized entities, officers, personnel and concerned individuals only, pursuant to the purposes specified under Section V.2.
 - a. Disclosure to the public, the media, or any other public-facing platforms without the written consent of the patient or his/her authorized representative or next of kin, shall be prohibited.
 - b. Any disclosure by the national and local public health authorities to third parties shall be embodied in a DSA.
 - c. The DOH partner agencies must first secure the written consent of the DOH before they can disclose any personal health information to third parties, and the said disclosure shall likewise be embodied in a DSA.
3. The following information may be disclosed for a legitimate purpose:
 - a. Aggregate health information, or pseudonymized or anonymized detailed health information for public communication; and
 - b. Mandatory reporting requirements, including personal health information, to national and local public health authorities, and DOH partner agencies.

E. Use of Information and Communications Technologies (ICTs) for Collection and Processing of Health Information

1. All ICT solutions and technologies used for collection and processing of personal health information of COVID-19 cases and/or identified close contacts shall be registered to the NPC, and comply with the DOH COVID-19 surveillance and response protocols and data requirements.
2. All entities who are interested to develop and implement ICT solutions and technologies for COVID-19 surveillance and response should be registered to the NPC, and follow the minimum ICT standards set by DICT and Knowledge Management and Information Technology Service (KMITS) of the DOH.

F. Business Intelligence and Health Research

1. Only aggregate health information or pseudonymized or anonymized detailed health information shall be shared by public health authorities to stakeholders for the purpose of business intelligence and policy and biomedical researches.
2. All policy and biomedical researches related to COVID-19 surveillance and response shall secure an Ethics Board approval prior to implementation.

VII. ROLES AND RESPONSIBILITIES

A. Data Subjects (COVID-19 Cases, Close Contacts, and Other Informants)

1. Owner of the data.

2. Disclose truthful and accurate information regarding their health condition and exposure to public health authorities and/or DOH partner agencies.

B. Department of Health

1. Provide policy directions and oversight, together with NPC, on all matters relating to privacy and data protection, and processing and disclosure of COVID-19-related data.
2. Evaluate, monitor and direct activities relating to processing and disclosure of COVID-19-related data in pursuit of surveillance and response as provided under RA 11332, its IRR, and other issuances from the DOH.
3. Observe and comply with RA 10173, its IRR, and other issuances from NPC in the processing and disclosure of COVID-19-related data as a personal information controller.

C. National Privacy Commission

1. Provide policy directions and oversight, together with DOH, on all matters relating to privacy and data protection, and processing and disclosure of COVID-19-related data.
2. Evaluate, monitor and direct activities relating to privacy and data protection of COVID-19-related data in pursuit of surveillance and response as provided under RA 10173, its IRR, and other issuances from NPC.

D. Healthcare Providers

1. Report to the DOH and its designated/deputized public health authorities personal health information of identified COVID-19 cases and/or close contacts.
2. Act as personal information controller.
3. Comply with the DOH COVID-19 surveillance and response protocols and standards, including guidelines on privacy and data protection, and processing and disclosure of COVID-19-related data.

E. Public Health Authorities

1. Act as personal information controller.
2. Comply with the DOH COVID-19 surveillance and response protocols and standards, including guidelines on privacy and data protection, and processing and disclosure of COVID-19-related data.

F. DOH Partner Agencies (including Local Government Units)

1. Report to the DOH personal health information of identified COVID-19 cases and/or close contacts.
2. Protect and preserve identities of COVID-19 cases and identified close contacts, and their families to the extent that this does not result in undue discrimination, or physical or emotional harm or distress.
3. Act as both personal information controller and processor.
4. Comply with the DOH COVID-19 surveillance and response protocols and standards, including guidelines on privacy and data protection, and processing and disclosure of COVID-19-related data.

VIII. PENALTY CLAUSE

1. Non-cooperation of any individual to disclose truthful and accurate information regarding their health condition and exposure to COVID-19 to public health authorities and/or DOH partner agencies, or of any individual or entity that should report and/or respond to COVID-19 surveillance and response, or any similar action insofar as they relate to the provisions of

this Joint Memorandum Circular shall be penalized in accordance with RA 11332 (Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act), RA 11469 (Bayanihan to Heal as One Act), and other applicable laws, rules and regulations.

2. Any privacy violation, or personal data breach, or security incident shall be penalized in accordance with RA 10173 (Data Privacy Act of 2012), or other applicable laws, rules, and regulations. Exemptions for privacy violation include disclosures of personal health information that is publicly known or becomes publicly known for causes not due to any unauthorized act of any concerned implementer of these Guidelines, or public disclosure made by the data subject himself/herself.

IX. REPEALING CLAUSE

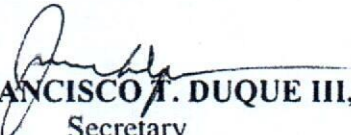
All previous issuances that are inconsistent with any provisions of this Joint Memorandum Circular are hereby amended, modified, or repealed accordingly.


X. SEPARABILITY CLAUSE

In the event that any provision or part of this Joint Memorandum Circular is declared unauthorized or rendered invalid by any court of law, those provisions not affected by such declaration shall remain valid and in effect.

XI. EFFECTIVITY

This Joint Memorandum Circular shall take effect immediately.


FRANCISCO T. DUQUE III, MD, MSc
Secretary
Department of Health


RAYMUND E. LIBORO
Privacy Commissioner and Chairman
National Privacy Commission