

# CorCare Link Agreement – Frequently Asked Questions (FAQs)

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# Frequently Asked Questions

*This FAQ is intended to support understanding of the CorCare Link Agreement. It does not replace the Agreement or PHIA. This FAQ should not be understood as or interpreted to be legal advice.*

## PHIA Compliance & Patient Information

### **Q:** The Agreement says I must comply with PHIA. What does that mean?

**A:** Section 2 of the Agreement doesn't create new PHIA obligations – it just confirms that all users of CorCare must meet the same legislative requirements as they currently do. As a custodian of personal health information, physicians are already required to ensure their patients' information is:

1. protected from theft, loss, or unlawful use;
2. stored and retained securely in their care; and
3. protected against unauthorized copying or modification.<sup>1</sup>

Additionally, other FAQs regarding PHIA are addressed in the Department of Health and Community Service's "Personal Health Information Act: Frequently Asked Questions" document at: <https://www.gov.nl.ca/hcs/files/phia-phia-faqs-feb-2011.pdf>. For users of Med Access there is also information available at eDOCSNL, [Data, Privacy and Security – eDOCSNL](#).

### **Q:** What is "Patient Data" in CorCare Link?

**A:** "Patient Data" refers only to the personal health information within CorCare Link that is under NLHS custody or control, which is the information that can be viewed through Link. "Patient Data" does not refer to other personal health information for which NLHS is custodian, such as data in HEALTHeNL, although the principles of the Agreement will still apply.

Once that information is transferred from CorCare to the physician or other custodian, it is no longer considered "Patient Data" under this Agreement.

### **Q:** Who has responsibility for the patient records and when?

**A:** Both NLHS and physicians are custodians under PHIA, but responsibility depends on who has custody and control of the personal health information.

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<sup>1</sup> The Personal Health Information Act Risk Management Toolkit: Part 6 Privacy Breach Guidelines at page 1, available at: <https://www.gov.nl.ca/hcs/phia/>

- **NLHS is the custodian** of information that physicians view and add to CorCare (this is referred to as “Patient Data” in the CorCare Link Access Agreement).
- **Physicians are custodians** of:
  - information entered into CorCare Link before it is submitted to the patient record; and
  - any copies of personal health information held by the custodian after it has been copied or printed from CorCare.

## Access, Roles, and Responsibilities

**Q:** What are my responsibilities for managing access to CorCare Link by my staff and others who work at my clinic?

**A:** The physician must decide who on their team will be the main point of contact with NLHS (the “site administrator”) and provide NLHS with their contact information. For more information on the role of site administrators visit [CorCare-Placemat\\_Site-Administrators\\_Final.pdf](#).

The physician is responsible for deciding who on their team may access CorCare Link, maintaining a list of team members with access (“users”), and making sure that all users on their team are up-to-date on mandatory CorCare Link training.

**Q:** Am I responsible for breaches caused by my staff?

**A:** Yes. Physicians are ultimately responsible for all CorCare Link activity under their users’ logins. As such, physicians should discuss expectations with their team regarding appropriate use, confidentiality, and access. Discuss how login credentials for CorCare Link are confidential and should not be shared. All users should understand that all activity in CorCare Link is logged and may be audited

However, if a member of a physician’s team causes a breach, that does not automatically mean the physician will face the same consequences as if they themselves caused the breach. If a user is suspended, it does not mean all users at the clinic will have their access restricted. When the breach is investigated according to NLHS procedures, it will be determined what role each user played in that breach, and what appropriate next steps will be. Physicians should notify NLHS of any real or suspected breaches as soon as possible within the required 24-hour time frame. *(See additional information in the section on Breach Reporting below.)*

## Training

**Q:** What does “reasonable” training mean, and how often will I be required to complete mandatory training?

**A:** The Agreement says training must be “reasonable” in scope and frequency. Reasonableness is a legal standard – here, it means NLHS must act in a way that is fair and realistic for physicians, taking into account clinical workload and the realities of practice. It’s not meant to allow unlimited or overly burdensome training requirements.

Therefore, NLHS must be reasonable if they want training, which includes giving adequate notice and support to physicians to access the training. NLHS has also committed to providing advance notice of any new mandatory training, so clinics have time to plan.

Training or equivalent must be completed before access is granted to CorCare. The NLMA is not aware of any current training that is mandated as of June 8, 2026.

**Q:** Will I be compensated for time spent completing mandatory training?

**A:** The Agreement itself does not address compensation.

An agreement between The Department of Health and Community Services and NLHS provides that NLHS will compensate for the training on CorCare Link users, up to six hours for Link physicians users.

A one-time payment of \$750 will be provided to fee-for-service community physicians for CorCare Link training. This compensation reflects an estimated six-hours of training at \$125 per hour, as outlined by the Government of Newfoundland and Labrador on March 23, 2026, and April 17, 2026.

Payment will be issued once CorCare Link login credentials are issued. When credentials are issued, you will receive a confirmation email from NL Health Services, NL Health Services will advise MCP, and payment will be issued through MCP.

**Q:** What counts as “equivalent” training?

**A:** The intent of the training is to ensure everyone using CorCare Link has the required knowledge, while allowing some flexibility in how the knowledge and skill are gained. The NLMA does not know what NLHS will consider as equivalent training.

## Accuracy and Clinical Use

### Q: Can I rely on information in CorCare Link?

**A:** The accuracy of CorCare is the same or better than HEALTHeNL and the previous Meditech.

## Privacy, Security, and Use of Data

### Q: Can I access CorCare Link outside Canada or while travelling?

**A:** Yes, physicians may access the system on personal devices outside Canada, provided patient data is protected.

CorCare Link patient data must not be stored outside Canada without approval, for example physicians should ensure if they are using an AI Scribe, the recordings of patient encounters are not stored outside Canada and that this information is not used for further training of its AI Scribe. Physicians must notify NLHS immediately if they become aware of a breach of these requirements.

### Q: Can I use CorCare Link data for AI or machine learning tools?

**A:** No. The Agreement specifically prohibits using patient data for AI or machine learning purposes.

## Breach Reporting

### Q: What is a Breach?

A Privacy Breach occurs when there is an unauthorized collection, use, or disclosure of a patient's Personal Health Information (PHI), or any time a patient's PHI is used contrary to PHIA.

PHIA further defines privacy breaches as “any collection, use or disclosure of personal health information that is not authorized under PHIA. Privacy breaches occur when personal health information is:

- Stolen;
- Lost;
- Disposed of, except as permitted by PHIA or the regulations; or
- Disclose to or accessed by an unauthorized person.”<sup>2</sup>

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<sup>2</sup> [Microsoft Word - PHIA FAQs\\_February, 2011\\_.doc](#) at page 48.

Examples of a breach would include using CorCare Link to update a Christmas card list; looking up friends, colleagues, acquaintances, or other known persons out of curiosity; or granting access to CorCare Link to an unauthorized person.<sup>3,4</sup>

### **Q: What breaches do I need to report?**

If a physician discovers or suspects a breach, they must report it to NLHS and, where required under PHIA, to affected patients and the Office of the Information and Privacy Commissioner.

Following a Privacy Breach, in most circumstances, PHIA requires custodians to notify affected patients and the Office of the Information and Privacy Commissioner. The form for reporting a Privacy Breach is available in the PHIA Risk Management Toolkit on the Department of Health and Community Services' PHIA resource website at: [www.gov.nl.ca/health/PHIA](http://www.gov.nl.ca/health/PHIA)

### **Q: When does the 24-hour breach reporting timeline start?**

**A:** The 24 hours start when the physician becomes aware of the breach or reasonably suspects one has occurred.

### **Q: Do I have to report every incident?**

**A:** Both the Agreement and PHIA require reporting of actual or suspected breaches. If unsure, it is generally safer to report and seek guidance. NLHS can give guidance to a physician on when and how to report the breach to the patient and the Office of the Information and Privacy Commissioner.

## **Limitation of Access**

### **Q: What happens if NLHS believes there has been a breach? Can my access be limited, and what is the process?**

**A:** NLHS may temporarily restrict a user's access to CorCare Link if it reasonably believes there has been a breach or that the security of patient information has been compromised. Any restriction should only last as long as needed to investigate and address the issue. Importantly, NLHS will put alternate processes in place to support continuity of patient care while any concern is being reviewed.

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<sup>4</sup> [Microsoft Word - PHIA FAQs February, 2011 .doc](#) at page 43 – granting electronic access constitutes disclosure

A temporary suspension can become permanent if a breach by the user is willful, in accordance with NLHS policy. NLHS will post detailed information on processes on their website: [CorCare Link - NLHealthServices](#)

## Authorized Use and Disclosure

**Q:** Does the Agreement limit my ability to share information with patients or make disclosures allowed under PHIA?

**A:** No. Nothing in the Agreement changes what physicians can already do under PHIA. Physicians can:

- provide patients with copies of their records; and
- make any disclosures permitted or required under PHIA.

NLHS recommends the physician, when possible, provide NLHS advance notice of a disclosure requirement by law enforcement (PHIA S 41, 42 and 43) to enable NLHS a reasonable opportunity to take and/or investigate steps to legally oppose, prevent, or restrict disclosure.

A couple of things to keep in mind:

- PHIA governs (and prevails if there's any conflict).
- If a user requests a copy or printed information from CorCare Link, the physician is responsible for it as custodian under PHIA until it is given to the patient, another custodian or an authorized third party.

For further questions regarding disclosure under PHIA, please see the Department of Health and Community Services guidance document: [Microsoft Word - PHIA FAQs \\_February, 2011\\_.doc](#); in particular, please see pages 25-26.

## Audits

### Q: How will audits work?

**A:** NLHS will audit access to CorCare Link to ensure authorized access and use of patient information. Audits focus on system access logs, not clinical practice. Audits may happen randomly, in response to a suspected breach, or at the request of a patient or a health care professional.

More detailed information about audits and related processes will be available on the NLHS website: [CorCare Link - NLHealthServices](#)

## System Access and Availability

### Q: What happens if CorCare Link is unavailable?

**A:** The system may occasionally be unavailable for planned maintenance or security reasons. NLHS will make best efforts to schedule interruptions outside business hours where possible.

### Q: Will I be notified of outages?

**A:** Planned outages will be communicated through CorCare Link.

## Technology and Infrastructure

### Q: Are there any requirements for clinic equipment, infrastructure, or technology to use CorCare Link?

**A:** The Agreement itself does not set out specific requirements. CorCare Link is a web-based system, so clinics will need appropriate access to computers, internet connectivity, and basic IT support to use it effectively. It is highly recommended that all PCs use Windows 11 as Windows 10 and earlier are no longer supported by Microsoft with security upgrades.

More specific information can be found on the NLHS website: [CorCare Link - NLHealthServices](#)

## Users and Termination

### **Q:** What happens if a user leaves my clinic?

**A:** Physicians must notify NLHS within 3 business days, and NLHS will remove that user's access. This protects custodians and the user. Physicians may keep locums as active users so the locum can do appropriate patient follow-up or if they return to the clinic regularly.

### **Q:** What happens if I stop using CorCare Link?

**A:** Either the physician or NLHS can end the Agreement by giving 30 days' written notice. During that 30-day period, the physician can continue to use CorCare Link as usual. Once the Agreement ends, the physician and their users must stop accessing CorCare Link.

## Where to Get Help

### **Q:** Where can I go for support or more information?

**A:** For support email [corcareprovidersupport@nlhealthservices.ca](mailto:corcareprovidersupport@nlhealthservices.ca) and for more information visit the NLHS website [CorCare Link - NLHealthServices](#)