

*Mother: "Baby, we are tagged!"* - RFID Tagging in Malaysian Healthcare Service Providers - The idiosyncrasies of Malaysian Personal Data Protection Act 2010

To date, selected Malaysian Healthcare Service Providers (HSP) have had deployed RFID within their administrative, financial and clinical systems. The chief rationales are stem from the demands to increasing operational efficiency, process improvements and reducing its capital expenditure. At macro level, the existing Total Hospital Information System (THIS) that are being implemented will be able to expedite and integrate the RFID deployment due to its proximity, linkage and accessibility from the up-front application, middleware application and to the back-end application. No doubt, this infrastructure provides immaculate convenient amid the complexity and sophistication of its systems architecture.

At micro level, nonetheless, these systems architecture must be reappraised by inferring to the recent Malaysian Personal Data Protection Act (PDPA) 2010. By analysing the context of 'Baby Tagging' in selected Malaysian HSP, this paper seeks to illustrate the mechanism of RFID in Baby Tagging. In order to attain this, it analyses the involvement of actors, which range from the Systems Integrator (being the joint data user) together with the HSP, Data Centre Provider (data processor) and the people (data subject).

An extended analysis is also referenced upon the tagging of "things" or specifically, such "assets" which may have a direct or indirect link towards data subject within the HSP. Subsequently, potential idiosyncrasies are observed in relation to the application of the PDPA's 7 data protection principles (general, notice and choice, disclosure, security, retention, data integrity and access). In between these, this paper intermittently compares and contrasts the jointly recommended stance of the Information and Privacy Commissioner of Ontario and Hewlett-Packard (HP), selected Article 29 Working Party advisory papers and the United States' policy guidance on the same.

The final part of this paper proposes potential recommendation to Malaysian HSP - workable governance that may address such threats of data protection and privacy in "Baby Tagging". Whilst this recommendation may not be tested in reality yet, nonetheless, the author succinctly argues that it serves as a strong added value towards the management of medical informatics within THIS. And arguably, complements the existing Malaysian Medical Error Reporting System's guidelines in minimising such medication errors in the HSP.