

Policy and Procedure

Title:	Confidentiality of Personal Health Information
Policy Number:	06.001
Effective Date:	February 18, 1999
Revised Date:	March 11, 2019
Approving Body:	President and CEO
Authority:	CancerCare Manitoba Act
Responsible Officer:	President and CEO
Delegate:	Director, Cancer Clinical Information Management
Contact:	Cancer Clinical Information Management and CCMB Privacy Officer
Applicable to:	CCMB Staff and Physicians

1.0 **BACKGROUND:**

Not Applicable

2.0 **PURPOSE:**

- 2.1 To ensure that Trustees protect Personal Health Information including Demographic Information so that Individuals are not afraid to seek Health Care to disclose sensitive information to health professionals.
- 2.2 To also ensure that Personal Health Information is protected during its collection, use, disclosure, storage and destruction in accordance with the provisions of *The Personal Health Information Act* ("PHIA") and other prevailing enactments such as The Mental Health Act.
- 2.3 To ensure employees and any other persons associated with CancerCare Manitoba have attended a PHIA orientation session, are aware of PHI confidentiality and have signed a pledge of confidentiality.

3.0 **DEFINITIONS:**

- 3.1 **Access:** The right of an Individual, or a Person Permitted to Exercise the Rights of that Individual, to examine (view) and receive a copy of the Individual's Personal Health Information maintained by the Trustee.
- 3.2 **Breach of Security:** Occurs whenever Personal Health Information is collected, used, disclosed or accessed other than as authorized, or its integrity is compromised.
- 3.3 **Confidentiality:** The obligation of a Trustee to protect the Personal Health Information entrusted to it. To maintain the secrecy of the information and not misuse or wrongfully disclose it.
- 3.4 **Demographic Information:** An Individual's name, address, telephone number, and email address.
- 3.5 **Disclosure of Personal Health Information:** Revealing the Personal Health Information outside the Trustee, i.e. to other Trustees, to family and friends of the

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Individual, or to other persons legally entitled to have Personal Health Information released to them.

- 3.6 **Health Care:** Any care, service or procedure provided to diagnose, treat or maintain an Individual's health; provided to prevent disease or injury or promote Health Care; or that affects the structure or function of the body and includes the sale or dispensing of a drug, device, equipment or other item pursuant to a prescription.
- 3.7 **Health Care Facility:** A hospital, personal care home, Psychiatric Facility, medical clinic, laboratory, CancerCare Manitoba and community health centre or other facility in which Health Care is provided and that is designated in the PHIA regulations.
- 3.8 **Health Professional:** A person who is licensed or registered to provide Health Care under an Act of the Legislature or who is a member of a class of persons designated as a Health Professionals in the PHIA regulations.
- 3.9 **Individual:** A patient, client or resident receiving Health Care services within the CCMB/Health Care Facility. For the purpose of Access, correction, Use and Disclosure of Personal Health Information includes Persons Permitted to Exercise the Rights of an Individual.
- 3.10 **Information Manager:** A person or body (corporation, business, or association) that processes, stores or destroys Personal Health Information or provides information management or information technology services for the Trustee.
- 3.11 **Personal Health Information:** Recorded information about an identifiable Individual that relates to:
- the Individual's health, or Health Care history, including genetic information about the Individual;
 - the provision of Health Care to the Individual; or
 - payment for Health Care provided to the Individual;

and includes:

- the PHIN (personal health identification number) and any other identification number, symbol or particular assigned to an Individual; and
- any identifying information about the Individual that is collected in the course of, and is incidental to, the provision of Health Care or payment of Health Care;

and for further clarity includes:

- personal information such as financial position, home conditions, domestic difficulties or any other private matters relating to the Individual which have been disclosed to the Trustee;

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and for the purpose of the Confidentiality policy:

- any Personal Health Information exchanged verbally about the Individual.

- 3.12 **Persons Associated with the CCMB/Health Care Facility:** includes all contracted persons, volunteers, students, researchers, CCMB medical staff, educators, members of the Boards of Directors, Information Managers, employees, or agents of any of the above or other health agencies.
- 3.13 **Privacy Officer:** An employee designated by the Health Care Facility whose responsibilities include dealing with requests from individuals who wish to examine, receive a copy or make a correction to Personal Health Information maintained by the Trustee and facilitating the Trustee's compliance with PHIA. At CancerCare Manitoba, the Medico-Legal Correspondent also assists in this designated capacity.
- 3.14 **Trustee:** A Health Professional, Health Care Facility, public body or Health Services Agency that collects or maintains Personal Health Information.
- 3.15 **Use:** Involves revealing Personal Health Information to someone within the Trustee's own organization who needs to know the information to do their job. Use includes processing, reproduction, transmission and transportation of Personal Health Information.

4.0 **POLICY:**

- 4.1 All employees and Persons Associated with the Trustee are responsible for protecting all Personal Health Information (oral or recorded in any form) that is obtained, handled, learned, heard or viewed in the course of his/her work or association with the Trustee.
- 4.2 Personal Health Information shall be protected during its collection, Use, storage, and destruction within the Trustee.
- 4.3 Use or Disclosure of Personal Health Information is acceptable only as part of one's job duties and responsibilities (including reporting duties imposed by legislation) and **based on the need to know**.
- 4.4 Discussion regarding Personal Health Information shall not take place in the presence of persons not entitled to such information or in public places (elevators, lobbies, cafeterias, off premises, etc.).
- 4.5 Employees and Persons Associated with CCMB shall attend a PHIA Orientation and sign a Pledge of Confidentiality as a condition of employment/ contract/association/appointment. The pledge must be signed as soon as reasonably practicable, but not later than three (3) months after commencement of their relationship with CCMB.
- 4.6 Program/Department/Division Leaders who sponsor a visitor are required to

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educate the visitor in terms of their PHIA obligation and sign the PHIA Information Form - Visitors on Business.

- 4.7 The CCMB Pledge of Confidentiality shall be signed every three years and each time there is a substantial change in an Individual's position, as determined by the department, program or division responsible for the person, (i.e. an employee moves from a department with little exposure to Personal Health Information to a department that collects or maintains large amounts of Personal Health Information).
- 4.8 Employees and Persons Associated with the Trustee may be required to attend an additional PHIA Orientation and sign another CCMB Pledge of Confidentiality, at the discretion of the Privacy Officer, (i.e. disciplinary purpose).
- 4.9 All persons contracted under a Service Agreement or Contract, as a condition of acceptance of the agreement or contract, shall be required to sign a Purchase Service Agreement or a similar Agreement that provides, amongst other things, for protection of confidential information including Personal Health Information.
- 4.10 All Information Managers shall be required to sign an agreement that provides, amongst other things, for protection of Personal Health Information.
- 4.11 All contractors engaged in providing a service for the Trustee, where the service provided would expose them to confidential information, shall be required to sign a contract that provides, amongst other things, for the protection of confidential information including Personal Health Information.
- 4.12 Unauthorized use or disclosure of confidential information may result in a disciplinary response up to and including termination of employment/ contract/ association/ appointment. A person convicted of an offence under *The Personal Health Information Act* may be required to pay a fine up to \$50,000. A confirmed breach of Confidentiality may be reported to the appropriate professional regulatory body.
- 4.13 All persons who become aware of a possible Breach of Security or Confidentiality of Personal Health Information shall refer to the 'Reporting of Security Breaches Related to Personal Health Information' policy.

5.0 **PROCEDURE:**

- 5.1 The CCMB Pledge of Confidentiality will be signed at the end of the PHIA orientation and is maintained in:
 - 5.1.1 Employees of the Facility - retained in the Employee file within Human Resources Department. The Departmental Director/Manager may retain a photocopy for future reference.
 - 5.1.2 Volunteers of the Facility - administered by and retained in the volunteer file managed by the Director/Coordinator of Volunteer Services.

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- 5.1.3 Contractors of the Facility - administered by and retained in the contracting department (Facilities Services).
 - 5.1.4 Students, Including Residents and Interns - administered by Service Leader/Director/Head of the department responsible for the program and original retained in that department.
 - 5.1.5 CCMB Board Member - administered by and retained in the offices of the Chief Executive Officer.
 - 5.1.6 Employees of Other Agencies - such as the WRHA, Community Health Nurses or employees in the physicians' billing office, who are associated with CancerCare Manitoba and provide direct service and/or have access to personal health information, shall sign a Pledge of Confidentiality, unless pledge has been previously signed with their employer. The pledge shall be administered by the Service Leader/Director or Head of the department/program with whom they are most closely associated and retained in that department.
 - 5.2 The PHIA Information Form – Visitors on Business will be administrated by the Program/Department/Division where the visitor will be located and forwarded to the site Privacy Officer for retention.
 - 5.3 The administration of a Service Agreement or a Contract may be handled by the department responsible for the agreement/contract. The original shall be maintained by the department, and added to the master Contract Database retained in each department.
 - 5.4 The administration of an Information Managers Confidentiality Agreement may be handled by CCMB Purchasing Department or the Site Privacy Officer. The original shall be maintained by the Site Privacy Officer and/or Purchasing and a copy may be retained with the Chief Officer, Operations.
- 6.0 **REFERENCES:**
- 6.1 WRHA - Confidentiality of Personal Health Information Policy #10.40.020.
 - 6.2 CCMB – Reporting of Security Breaches related to Personal Health Information and the Corrective Procedures to be Followed, Policy # 02.009.
 - 6.3 *The Personal Health Information Act*
 - 6.4 *The Personal Health Information Act Regulations*
 - 6.5 CCMB Personal Health Information Pledge of Confidentiality (Appendix A)
 - 6.6 CCMB Personal Health Information Sheet – Visitors on Business (Appendix B)

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Policy Contact:

All enquiries relating to this policy should be directed to:	
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Name:	
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Title/Position:	Director, Cancer Clinical Information Management and Privacy Officer
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Phone:	204-792-2535
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E-mail:	
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Address: (if required):	
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DOCUMENTATION

Policy Location:

This policy is located (hard and e-copy formats):

1. The original signed and approved policy is on file in the Executive Office, CCMB
2. The e-copy is on file in the CCMB Governing Documents Library, SharePoint
- 3.

Revision History:

Date	Version	Status	Author	Summary of Changes
dd/mm/yyyy	#	Initial, Draft Final Minor/Major revision		
18/02/99	1	Initial		
15/02/11	2	Revision		
20/06/14	3	Revision	L Costa Policy Team	CCMB Policy adapted from WRHA Policy as referenced.
28/03/2018	3	Minor revision	S.Friedenberger	Reformatted to new template
11/03/2019	4	Minor revision	CCIM Manager	Changes to Privacy Manager and Director of the Department

Approvals Record:

This Policy requires approval by:

Approval	Date	Name / Title	Signature
		Not required.	

FINAL APPROVAL:

Date	Name / Title	Signature
11/03/19	Dr. S. Navaratnam President and CEO, CCMB	<i>Original signed by Dr. S. Navaratnam</i>

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APPENDIX A



**PERSONAL HEALTH INFORMATION
PLEDGE OF CONFIDENTIALITY**

I ACKNOWLEDGE that I have attended the CancerCare Manitoba (CCMB) orientation regarding *The Personal Health Information Act* (Manitoba) (PHIA).

I UNDERSTAND that I am bound by:

- PHIA and its regulations (as amended or replaced from time to time);
- the policies and procedures of CCMB respecting confidentiality, collection, use, disclosure, security, storage and destruction of any personal health information.

I ACKNOWLEDGE that failure to comply with PHIA and its regulations and/or CCMB policies or procedures will result in disciplinary action up to and including the imposition of fines pursuant to PHIA, and a report to my professional regulatory body.

I UNDERSTAND that my obligations under this pledge and under the legislation continue even after termination of my employment/contract/association/appointment with CCMB.

I HEREBY DECLARE that I will not at any time access, use, or disclose any personal health information except as may be required:

- in the course of my duties and responsibilities;
- in accordance with applicable legislation; and
- in accordance with CCMB policies.

PLEASE CHECK ONE:

- Employee _____ specify department and site Student _____ specify education program
- Physician _____ specify discipline Volunteer _____ specify site
- Researcher _____ specify research project Other _____ specify

I have previously attended PHIA Orientation: Location _____
Year _____

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

Employee ID#: _____

I CONFIRM that the above named individual has attended CCMB PHIA Orientation.

Date

Privacy Officer or PHIA Orientation Trainer

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APPENDIX B



PHIA INFORMATION SHEET
Visitors on Business

CancerCare Manitoba is bound by Manitoba's Personal Health Information Act (PHIA). It is the law. This Act obliges us to protect our patients' Personal Health Information.

While you are at CancerCare Manitoba, we **require** that you adhere to the following:

1. Keep all patient personal health information confidential and private. Do not discuss any patient information you may hear or see with anyone who does not need to know this information to do their job.
2. Do not share any patient personal health information:
 - in the presence of someone who does NOT need to know this information.
 - in public place such as elevators, lobbies, cafeterias or outside the hospital in public places, or in your home.
3. If you are not sure what is the right thing to do in a specific situation, discuss it with staff at the hospital or call the Privacy Officer at 204-787-4187.
4. The Confidentiality Policy and PHIA-related policies are available electronically in GroupWise, in the folder named "Documents".

IMPORTANT FACTS ABOUT PHIA ARE:

1. PHIA is about "Personal Health Information" (PHI) which includes all information that could **identify** an individual and includes:
 - name, address, telephone number and email address
 - health or health history
 - behavior from illness or treatment
 - type of care or treatment provided
 - numbers or symbols, i.e., PHIN
 - financial situation, home conditions or difficulties
 - other private matters such as age, sexual orientation
2. Patients have the right to confidentiality about their Personal Health Information.
3. Information that could identify someone and link it to their PHI is not to be shared with the exception of the following:
 - the information is required by another person to do their job.
 - disclosure of the information is in accordance with the PHIA Policies
4. Everyone associated with CancerCare Manitoba is required to **comply with PHIA**, including you.
5. **I understand that I am required to keep all "personal health information" confidential.**

Dated this _____ day of _____ 20XX

Visitor's Name (print)

Witness Name (print)

Visitor's Signature

Witness Signature

Specify Reason for visit: