CancerCare Manitoba
ActionCancerManitoba

GOVERNING DOCUMENTS

Policy and Procedure

Title:	**Disclosure of Personal Health Information to Police**
Policy Number:	06.022
Effective Date:	November 22, 2011
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 and Privacy Officer
Contact:	Cancer Clinical Information Management and CCMB Privacy Officer
Applicable to:	CCMB Staff and Physicians

1.0 BACKGROUND:

Not Applicable

2.0 PURPOSE:

To ensure that an Individual's right to Privacy of their Personal Health Information including Demographic Information is protected during disclosure to Police as set out under the *Personal Health Information Act ("PHIA").*

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 **Demographic Information:** An Individual's name, address, telephone number, and email address.

3.3 **Disclosure of Personal Health Information:** Revealing the Personal Health Information outside the Trustee, i.e. to other Trustees, to family and friends of the Individual, or to other persons legally entitled to have Personal Health Information released to them.

3.4 **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 a function of the body and includes the sale or dispensing of a drug, device, equipment or other item pursuant to a prescription.

3.5 **Health Care Facility:** A hospital, personal care home, Psychiatric Facility, medical clinic, laboratory, CancerCare Manitoba (CCMB) and community health centre or other facility in which Health Care is provided and that is designated in the PHIA regulations.

3.6 **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 Health Professionals in the PHIA regulations.

3.7 **Health Services Agency:** An organization that provides health care such as community or home-based health care pursuant to an agreement with the Trustee.

3.8 **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.

3.9 **Maintain:** In relation to Personal Health Information, to have custody or control of the information.

3.10 **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;

And for the purpose of this policy:

- Any Personal Health Information exchanged verbally about the Individual.

3.11 **Personal Representative:**
includes any of the following:

- An Executor/Executrix or joint Executor/Executrix named in a deceased Individual's will; or
- A court appointed Administrator or joint Administrator of a person's estate.

3.12 **Persons Permitted to Exercise the Rights of an Individual:**

3.12.1 (a) Any person with written authorization from the Individual to act on the Individual's behalf;
(b) A proxy appointed by the Individual under *The Health Care Directives Act;*

(c) A committee appointed for the Individual under *The Mental Health Act* if the committee has the power to make health care decisions on the Individual's behalf;

(d) A substitute decision maker for personal care appointed for the Individual under *The Vulnerable Persons Living with a Mental Disability Act* if the exercise of the right relates to the powers and duties of the substitute decision maker;

(e) The parent or guardian of an Individual who is a minor; if the minor does not have the capacity to make health care decisions;

(f) If the Individual is deceased, his or her Personal Representative.

3.12.2 If it is reasonable to believe that no person listed in 3.12.1 exists or is available, the adult person listed first in the following who is readily available and wiling to act may exercise the rights of an Individual who lacks the capacity to do so:

(a) The Individual's spouse, or common-law partner, with whom the Individual is cohabiting;
(b) A son or daughter;
(c) A parent, if the Individual is an adult;
(d) A brother or sister;
(e) A person with whom the Individual is known to have a close personal relationship;
(f) A grandparent;
(g) A grandchild;
(h) An aunt or uncle;
(i) A nephew or niece.

Ranking: The older or oldest of two or more relatives described in 3.12.2 is to be preferred to another of those relatives.

3.13 **Police:** The local Police service or the Royal Canadian Mounted Police detachment that is responsible for providing law enforcement services.

3.14 **Privacy:** The fundamental right of an Individual to control the collection, use and disclosure of their Personal Health Information.

3.15 **Privacy Officer:** An employee designated by CCMB 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. The definition is intended to mean the Privacy Officer and/or their delegate. At CancerCare Manitoba, the Medicolegal Correspondent assists in this designated capacity.

3.16 **Record or Recorded Information:** A Record of information in any form, and includes information that is written, photographed, Recorded or stored in any manner, on any storage medium or by any means, including by graphic, electronic

or mechanical means, but does not include electronic software or any mechanism that produces Records.

3.17 **Trustee:** A Health Professional, Health Care Facility, public body or Health Services Agency that collects or maintains Personal Health Information.

3.18 **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 Personal Health Information may be disclosed to the Police **with consent** from the Individual the information is about.

4.2 Personal Health Information may be disclosed to the Police **without consent** if one of the following exceptions apply:

4.2.1 **Disclosure about Individual's Condition** as long as disclosure is not contrary to the express request of the Individual or Persons Permitted to Exercise the Rights of an Individual:

- The Individual's name;
- The Individual's general health status, described as critical, poor, fair, stable or satisfactory, or in terms indicating conditions;
- The Individual's location, unless disclosure of the location would reveal specific information about the physical or mental condition of the Individual.

4.2.2 **Immediate Threats/Public Safety** if the Trustee reasonably believes that the disclosure is necessary to prevent or lessen a serious and immediate threat to:

- The health or safety of the Individual the information is about or another Individual; or
- Public health or public safety.

4.2.3 **Notification** for the purpose of:

- Contacting a relative or friend of an Individual who is injured, incapacitated or ill;
- Assisting in identifying a deceased Individual; or
- Informing the representative or a relative of a deceased Individual, or any other person it is reasonable to inform in the circumstances of the Individual's death.

4.2.4 **Civil or Quasi-judicial Proceedings** to which the Trustee is a party, or is required in anticipation of or for use in the prosecution of an offence.

4.2.5 **Subpoena, Warrant, Court Order or Court Rule** upon proof of a valid subpoena, warrant, court order or court rule, information specifically requested may be disclosed. The Privacy Officer shall manage the request.

4.2.6 **Missing Persons** to assist the Police in location an Individual reported as being a missing person, the information disclosed shall be limited to demographic information only.

4.2.7 **Authorized Under an Enactment** if the disclosure is authorized or required by an enactment of Manitoba or Canada.

4.3 Police should be provided with a copy of the Personal Health Information rather than the original documents. However, if the police have a valid subpoena compelling the disclosure of the original document, a copy of the original document must be made and retained by the Trustee prior to the original document being released.

4.4 Disclosure of Personal Health Information shall be limited only to the extent that the recipient needs to know the information (i.e. they may not be entitled to the entire chart, perhaps only the relevant notes from a specific visit to CCMB).

4.5 When the police request to interview an individual receiving health care, staff may not disclose Personal Health Information unless the Individual provided consent or disclosure is allowed as set out in 4.2.2 of this policy or another enactment of Manitoba or Canada such as the *Child and Family Services Act* or the *Criminal Code*. If the Individual does not consent or is unable to be interviewed due to their condition, the Police shall be so informed.

4.6 The Trustee shall not notify the police of an Individual's discharge unless the Individual consents or the disclosure is in accordance with Section 4.2.2 of this policy.

4.7 Staff may become aware of an event involving an Individual that staff believes should be reported to the police. Disclosure of such information must be with the Individual's consent or in accordance with Section 4.2.2 of this policy.

4.8 Any reporting of persons treated for a gunshot or stab wound shall be in accordance with *The Gunshot and Stab Wounds Mandatory Reporting Act.*

5.0 **PROCEDURE:**

5.1 Requests for disclosure of Personal Health Information with or without written consent shall be forwarded to the Privacy Officer for processing with the exception of 4.2.1, 4.2.2, 4.2.3 of the policy.

5.2 The Privacy Officer shall review the request to determine the urgency of the request and will process accordingly.

5.3 The information that is being provided shall be documented in the Individual's chart or on the consent form.

5.4 Disclosure of Personal Health Information to Police **With Consent**:

5.4.1 Consent must be documented on:

- The WRHA/CCMB form, "Disclosure of Personal Health Information to Police with Consent"; or
- The Winnipeg Police Service form P-346A; or
- On another form that meets the criteria for valid consent for Disclosure of Personal Health Information

5.5 Disclosure of Personal Health Information **Without Consent**:

5.5.1 Completion of the following is required prior to release of Personal Health Information:

- The WRHA/CCMB form, "Disclosure of Personal Health Information to Police Without Consent", or
- The Winnipeg Police Service Form P-346B.

6.0 **REFERENCES:**

6.1 WRHA - Disclosure of Personal Health Information to Police - Policy # 10.40.140.
6.2 WRHA - Access to Disclosure of and Correction to the Clinical Record under *The Mental Health Act,* Policy # 10.40.050.
6.3 *The Gunshot and Stab Wound Mandatory Reporting Act.*
6.4 *The Gunshot and Stab Wound Mandatory Reporting Regulation.*
6.5 *The Personal Health Information Act* (Manitoba).
6.6 *The Personal Health Information Act Regulations.*
6.7 Consent to Personal Health Information to Police with Consent *(See Appendix A)*
6.8 Consent to Personal Health Information to Police without Consent *(See Appendix B)*

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

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		
22/11/11	1	Initial	L Costa	New CCMB Policy; adapted from WRHA Policy.
17/10/13	2	Minor Revision	L Costa	
04/09/14	3	Minor Revision	L Costa Policy Team	Minor revisions made.
29/03/2018	3	Minor revision	S.Friedenberger	Reformatted to new template
11/03/2019	4	Minor revision	CCIM Manager	Change in Dept. name and Privacy Officer

Approvals Record:
This Policy requires approval by:

Approval		
Date	**Name / Title**	**Signature**
	Not required.	

FINAL APPROVAL:

Date	**Name / Title**	**Signature**
11/03/2019	Dr. S. Navaratnam President and CEO, CCMB	*Original signed by* *Dr. S. Navaratnam*

APPENDIX A
WITH CONSENT

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé

CancerCare Manitoba / ActionCancerManitoba

(FRANÇAIS AU VERSO)

DISCLOSURE OF PERSONAL HEALTH INFORMATION TO POLICE WITH CONSENT

PART 1: PATIENT/CLIENT/RESIDENT INFORMATION

LAST NAME _____ FIRST NAME _____

Date of Birth: D D M M M Y Y Y Y

Address: _____
STREET NAME AND NUMBER CITY PROVINCE POSTAL CODE

Phone Numbers: Home: ( ) _____ Work: ( ) _____ Cell: ( ) _____

PART 2: CONSENT TO THE DISCLOSURE OF THE FOLLOWING INFORMATION TO THE POLICE SERVICE

Date(s) and where services provided: _____

Specific personal health information being requested: _____

_____

The Police Service requires the information for the purpose of: _____

_____

This consent is to disclose my own information: ☐ Yes ☐ No **If NO – complete Part 3.**

PART 3: PERSON PERMITTED TO EXERCISE THE RIGHTS OF AN INDIVIDUAL

LAST NAME _____ FIRST NAME _____

Address: _____
STREET NAME AND NUMBER CITY PROVINCE POSTAL CODE

Phone Numbers: Home: ( ) _____ Work: ( ) _____ Cell: ( ) _____

Indicate Your Authority: _____

You may be required to provide documentation to prove you have the legal authority to exercise the rights of the individual.

PART 4: SIGNATURE OF PERSON CONSENTING

Signature of Person Consenting: _____ Date: D D M M M Y Y Y Y

I understand that this consent may be withdrawn or amended at any time. A withdrawal does not have a retroactive effect.
The police shall not use the personal health information disclosed to them except for the purpose specified on this consent.

PART 5: SIGNATURE OF POLICE OFFICER

Police Officer's Name *(print)* _____ Badge Number: _____
LAST NAME FIRST NAME

Phone Number: ( ) _____ Agency: ☐ City of Winnipeg ☐ RCMP ☐ Other: _____

Police Officer's Signature: _____ Date of Request: D D M M M Y Y Y Y

06/10 *DISTRIBUTION: Original to Individual's Health Record*

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé

CancerCare Manitoba / ActionCancerManitoba

(ENGLISH ON REVERSE)

DIVULGATION DE RENSEIGNEMENTS MÉDICAUX PERSONNELS À UN SERVICE DE POLICE AVEC CONSENTEMENT

PARTIE 1 : RENSEIGNEMENTS SUR LE PATIENT/CLIENT/RÉSIDENT

NOM DE FAMILLE _____ PRÉNOM _____

Date de naissance : J J M M M A A A A

Adresse : _____
NOM DE RUE ET NUMÉRO MUNICIPAL VILLE PROVINCE CODE POSTAL

Nos de téléphone : Maison : ( ) _____ Travail : ( ) _____ Tél. Cell : ( ) _____

PARTIE 2 : CONSENTEMENT À DIVULGUER LES RENSEIGNEMENTS SUIVANTS AU SERVICE DE POLICE

Date(s) et lieux de la prestation des services : _____

Renseignements médicaux personnels demandés : _____

_____

Le service de police demande ces renseignements dans le but suivant : _____

_____

Le consentement vise la divulgation de renseignements me concernant personnellement : ☐ Oui ☐ Non **Si la réponse est NON – remplir la Partie 3.**

PARTIE 3 : PERSONNE AUTORISÉE À EXERCER LES DROITS D'UN PARTICULIER

NOM DE FAMILLE _____ PRÉNOM _____

Adresse : _____
NOM DE RUE ET NUMÉRO MUNICIPAL VILLE PROVINCE CODE POSTAL

Nos de téléphone : Maison : ( ) _____ Travail : ( ) _____ Tél. Cell : ( ) _____

Indiquer votre autorisation : _____

Vous pourriez devoir fournir des documents pour prouver votre autorisation légale d'exercer les droits de la personne concernée.

PARTIE 4 : SIGNATURE DE LA PERSONNE CONSENTANTE

Signature de la personne consentante : _____ Date : J J M M M A A A A

Je comprends que ce consentement peut être rétracté ou modifié en tout temps. La rétractation n'a pas d'effet rétroactif. Le service de police ne peut pas utiliser les renseignements médicaux personnels qui lui sont divulgués à d'autres fins que celles indiquées dans le présent consentement.

PARTIE 5 : SIGNATURE DE L'AGENT DE POLICE

Nom de l'agent de police *(letters moulées)* _____ Numéro d'insigne : _____
NOM DE FAMILLE PRÉNOM

Numéro de téléphone : ( ) _____ Service : ☐ Ville de Winnipeg ☐ GRC ☐ Autre : _____

Signature de l'agent de police : _____ Date de la demande : J J M M M A A A A

DISTRIBUTION: Original à verser dans le dossier médical

APPENDIX B
WITHOUT CONSENT

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé

CancerCare Manitoba / ActionCancerManitoba

(FRANÇAIS AU VERSO)

DISCLOSURE OF PERSONAL HEALTH INFORMATION TO POLICE WITHOUT CONSENT

PART 1: PATIENT/CLIENT/RESIDENT INFORMATION

LAST NAME _____ FIRST NAME _____

Date of Birth: D D M M M Y Y Y Y

Address: _____
STREET NAME AND NUMBER CITY PROVINCE POSTAL CODE

Phone Numbers: Home: ( ) _____ Work: ( ) _____ Cell: ( ) _____

PART 2: INFORMATION REQUESTED

Date(s) and where services provided: _____

Specific personal health information being requested: _____

_____

This is required for the following reason(s):

To prevent or lessen a serious and immediate threat to:

☐ the mental or physical health or the safety of the individual the information is about or another individual (*Specify*) _____

_____

_____

☐ public health or public safety (*Specify*) _____

_____

For the purpose of:

☐ contacting a relative or friend of an individual who is injured, incapacitated, or ill

☐ assisting in identifying a deceased individual

☐ informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual's death

Or

☐ Required in anticipation of or for use in a civil or quasi-judicial proceeding **to which the trustee is a party**;

☐ Required in anticipation of or the prosecution of an offence. (*Specify*) _____

_____

☐ Authorized or required by an enactment of Manitoba or Canada. (*Specify*) _____

_____

☐ Required to assist in locating an individual reported as being a missing person. Demographic Information ONLY

PART 3: SIGNATURE OF POLICE OFFICER

The personal health information requested can only be used for the purpose(s) specified on this form.

Police Officer's Name *(print)* _____ Badge Number: _____
LAST NAME FIRST NAME

Phone Number: ( ) _____ Agency: ☐ City of Winnipeg ☐ RCMP ☐ Other: _____

Police Officer's Signature: _____ Date of Request: D D M M M Y Y Y Y

06/10 *DISTRIBUTION: Original to Individual's Health Record*

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé

CancerCare Manitoba / ActionCancer Manitoba

(ENGLISH ON REVERSE)

DIVULGATION DE RENSEIGNEMENTS MÉDICAUX PERSONNELS À UN SERVICE DE POLICE SANS CONSENTEMENT

PARTIE 1 : RENSEIGNEMENTS SUR LE PATIENT/CLIENT/RÉSIDENT

NOM DE FAMILLE _____ PRÉNOM _____

Date de naissance : J J M M M A A A A

Adresse : _____
NOM DE RUE ET NUMÉRO MUNICIPAL VILLE PROVINCE CODE POSTAL

N[os] de téléphone : Maison : ( ) _____ Travail : ( ) _____ Tél. Cell : ( ) _____

PARTIE 2 : RENSEIGNEMENTS DEMANDÉS

Date(s) et lieux de la prestation des services : _____

Renseignements médicaux personnels demandés : _____

_____

Ces renseignements sont demandés pour la ou les raisons suivantes :

Pour prévenir ou minimiser une menace grave et immédiate :

☐ envers la santé mentale ou physique ou la sécurité de la personne sur qui les renseignements portent ou d'une autre personne (Veuillez préciser)

_____

_____

☐ envers la santé publique ou la sécurité publique (Veuillez préciser) _____

_____

Dans le but :

☐ de communiquer avec un membre de la famille ou un ami de la personne blessée, en état d'incapacité ou malade

☐ de faciliter l'identification d'une personne décédée

☐ d'informer du décès le représentant ou un membre de la famille de la personne décédée, ou toute autre personne qu'il est raisonnable d'informer dans les circonstances

Ou les renseignements

☐ sont demandés en prévision ou dans le cadre d'une procédure civile ou d'une procédure quasi-judiciaire **dans laquelle le dépositaire est partie prenante**;

☐ sont demandés en prévision ou dans le cadre d'une poursuite intentée relativement à une infraction. (Veuillez préciser) _____

_____

☐ sont autorisés ou demandés conformément à des dispositions législatives du Manitoba ou du Canada. (Veuillez préciser) _____

_____

☐ sont demandés pour faciliter la recherche d'une personne dont la disparition a été signalée. Données démographiques SEULEMENT

PARTIE 3 : SIGNATURE DE L'AGENT DE POLICE

Les renseignements médicaux personnels demandés ne peuvent être utilisés qu'aux fins précisées dans le présent formulaire.

Nom de l'agent de police *(letters moulées)* _____ Numéro d'insigne : _____
NOM DE FAMILLE PRÉNOM

Numéro de téléphone : ( ) _____ Service : ☐ Ville de Winnipeg ☐ GRC ☐ Autre : _____

Signature de l'agent de police : _____ Date de la demande : J J M M M A A A A

DISTRIBUTION: Original à verser dans le dossier médical