

TITLE: CONFIDENTIALITY

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APPLICABILITY: All Sites and Facilities

RELATED POLICIES: 2-2-2-010: Research Review and Approval
5-3-1-150: Safe Reporting
6-2-1-020: Information Sharing
6-2-1-070: Privacy Breach Management
6-4-0: Release of Information Policies
6-4-1-030: Release of Patient Information to Law Enforcement Personnel in Urgent/Emergent Situations
6-5-0: Records, Retention, Classification and Storage Policies
7-4-1-040: Confidentiality of Data
7-4-1-160: Reporting, Investigating and Responding to Information Security Incidents
7-4-1-170: Information Security

DEFINITIONS: See [Definitions](#).

DOCUMENT QUICK LINKS

Policy:

- [Accountabilities](#)
- [Acknowledgement of Confidentiality](#)
- [Failure to Comply](#)
- [Collection of Personal Information](#)
- [Accuracy of Personal Information](#)
- [Access, Use, Disclosure or Sharing of Personal Information](#)
- [Release of Information](#)
- [Access by or Disclosure of Personal Information to Third Parties](#)
- [Security of Information](#)
- [Retention and Destruction of Personal Information](#)
- [Privacy Impact Assessment](#)
- [Compliance Monitoring](#)
- [Breach of Policy](#)
- [Openness](#)
- [Challenging Compliance](#)

Procedures:

- [General Inquiries of Request to Amend Personal Information](#)
- [Complaints](#)

- [Requests for Information](#)
- [Confidentiality Acknowledgements](#)
- [Reporting a Breach](#)

Other Useful Links:

- NH Employee Data Access and Confidentiality Acknowledgement (DACA) found on [i-Site](#)
- NH Notification Poster for Patient/Resident/Clients: Caring For Your Information (10-000-6100)
- NH Release of Information Manual (10-160-6014)
- [BC Freedom of Information and Protection of Privacy Act \(FIPPA\)](#)

KEY POINTS

- This policy provides consistent standards and practices to ensure that Northern Health (NH) Staff and Agents are aware of and acknowledge the legal and ethical obligations, and consequences of not adhering to such obligations.
- This policy is meant to protect the Personal, Proprietary and Other Confidential Information under the legal control of NH or under the custody and control of any other Health Authority in British Columbia or its affiliates (the “Health Organization”) which NH employees have access to, in the delivery of a common or integrated program or activity between NH and such other Health Organization (the “Collaboration Organization”).

POLICY

ACCOUNTABILITIES

Governance

Accountability for compliance with this Policy rests with NH’s Chief Privacy Officer and Regional Manager, Privacy.

Leaders/Managers

Management has a responsibility to oversee compliance with this Policy by Staff within their area(s) of responsibility.

Staff and Agents

All Staff and Agents of NH have responsibility to ensure that appropriate steps are taken to protect Personal Information at all times. They must ensure that their practices in collecting, accessing, using or disclosing Personal Information comply with this Policy as well as with statutory requirements and their professional codes of ethics and standards of practice. Staff and Agents are expected to report to the [NH Privacy Office](#) any concerns with or recommended improvements to information privacy and security procedures, and provide any information required to help resolve problems.

ACKNOWLEDGEMENT OF CONFIDENTIALITY

NH will ensure all Staff and Agents are aware of the importance of maintaining the confidentiality of Personal Information, Proprietary Information and Other Confidential Information.

As a condition of employment with NH, all new Staff must read this Policy and sign the NH Employee Data Access and Confidentiality Acknowledgement (DACA) found on i-Site. In addition, Personal, Proprietary and Other Confidential Information obtained in the course of one's employment with NH must be held in confidence even after their employment comes to an end.

As a condition of establishing a business relationship with NH, all new Agents must read this Policy and sign the NH Data Access and Confidentiality Acknowledgement (DACA) or contractual equivalent, which may be included in a contractual agreement. In addition, Personal, Proprietary and Other Confidential Information obtained in the course of the Agents relationship with NH must be held in confidence even after the relationship comes to an end.

The responsibility for obtaining and storing DACA (or contractual equivalent) agreements is outlined below in [Confidentiality Acknowledgements](#).

FAILURE TO COMPLY

Failure to comply with this Policy may result in disciplinary action including, but not limited to, the termination of employment, loss of privileges as a student placement or volunteer role, prosecution and restitution for damages.

COLLECTION OF PERSONAL INFORMATION

The collection of Personal Information by NH is governed by *FIPPA* and must be limited to what is needed to fulfill the purpose(s) identified. The NH notification poster must be displayed in areas of Patient/Resident/Client intake, registration and admission. Staff may only collect Personal Information for the following purposes:

- Information is directly related to an operating program or activity of NH (e.g. the delivery of healthcare services, the administration of those programs/activities, or for employment purposes).
- Where the individual has explicitly consented to the collection of their information as directed under [FIPPA Reg. 155/2012 Section 11](#).
- Where information collection is authorized by *FIPPA*.
- Otherwise by law (e.g. other statutes or regulations).

Where possible, Staff shall collect Personal Information directly from the client to whom it relates unless the individual agrees or there is legal authority for using an indirect method of collection. In circumstances where it is not possible or practical to collect information or obtain consent directly from the individual, Staff

may collect Personal Information indirectly from other sources authorized by *FIPPA*. For example:

- Information necessary to facilitate medical treatment may be collected from friends or family members.
- Information necessary to facilitate ongoing medical treatment may be collected from other Health Authorities or healthcare providers.
- Information may be collected if Staff is authorized by other legislation to collect such information.

ACCURACY OF PERSONAL INFORMATION

Staff must take all reasonable steps to ensure the accuracy and completeness of any Personal Information they collect or record.

ACCESS, USE, DISCLOSURE OR SHARING OF PERSONAL INFORMATION

NH Staff is only authorized to access, use and disclose Personal Information for legitimate purposes based on a “need to know” basis in order to perform their job functions and responsibilities.

No Staff may release Personal Information about a Patient/Resident/Client or other Staff except in limited circumstances where they are trained to do so and follow the approved NH Release of Information Manual. Staff may also disclose Personal Information about a Patient/Resident/Client to law enforcement in routine/ urgent/emergent circumstances as follows:

- Where prescribed by law, including legislation, court order, subpoena or warrant. Refer to Release of Patient Information to Law Enforcement Personnel in Urgent/Emergent Situations policy.
- Where compelling circumstances affect the health or safety of any person or the public.
- In order to protect the public in circumstances where there is a risk of significant harm to the environment, or to the health or safety of the public or group of people.

Personal Information may also be disclosed in limited circumstances between NH and another public body or Ministry for specific integrated programs. The [NH Privacy Office](#) must be consulted prior to the disclosure of Personal Information in this circumstance.

Personal Information may also be disclosed in limited circumstances for research purposes where legislative conditions have been met including *Section 33(3)(h) of FIPPA*. The Research Review Committee must approve all research projects prior to disclosure of Personal Information. The NH Privacy Office must approve any access to paper or electronic records for research purposes. Refer to Research Review and Approvals policy.

Personal Information can only be accessed, used or disclosed by Hospital Foundations **IF** explicit consent has been obtained from the Patient/Resident/Client or Staff. Foundations are considered to be separate organizations from NH and fundraising is not a consistent purpose with normal collection of Personal Information.

Projects or initiatives concerning the collection, use or disclosure of Personal Information must have appropriate privacy protections in place. Specifically, all Information Systems projects and all other projects that collect, use or disclose Personal Information must complete a Privacy Impact Assessment (PIA) in consultation with the NH Privacy Office **PRIOR TO** implementation of the project. The PIA is a standardized process conducted to identify and address any impacts on privacy that may result from the implementation of new systems, projects or programs. A PIA must be completed at the outset of the initiative to aid in the design of privacy protections and ensure compliance with the privacy provisions of *FIPPA*.

RELEASE OF INFORMATION

Staff are expected to comply with all NH policies, procedures and guidelines for the release of Personal Information on Patient/Resident/Clients and Staff, and must ensure all releases comply with *FIPPA* and other applicable legislation. Refer to the Release of Information policies.

ACCESS BY OR DISCLOSURE OF PERSONAL INFORMATION TO THIRD PARTIES

Before Personal Information in the legal control of NH is accessed by or disclosed to a contractor or other third party organization, and where explicit Patient/Resident/Client consent has not been obtained, NH must execute an Information Access Agreement, Information Sharing Agreement and/or legal contract with privacy schedule. The [Regional Manager, Privacy](#) must approve the form of all information access and/or sharing agreements. Refer to Information Sharing policy.

Staff must take all reasonable steps to ensure no unauthorized personnel or third parties are provided with access to records containing Personal, Proprietary or Other Confidential Information. Any third party who requests access is required to produce identification and confirmation that they have signed an agreement in accordance with this Policy.

Staff are responsible for ensuring that no Personal Information is accessed, transferred or stored outside of Canada except with the consent of the individual the information is about or where otherwise permitted by *FIPPA*. The [NH Privacy Office](#) must be consulted before any program is implemented in which Personal Information will be transmitted, transported or stored outside of Canada.

SECURITY OF INFORMATION

NH is committed to maintaining the security of Personal, Proprietary and Other Confidential Information, including appropriate physical and technical security safeguards for records. Staff are expected to comply with NH security requirements developed for use of computer and network systems in the Information Security and Confidentiality of Data policies.

All Staff have the responsibility to protect against unauthorized access and disclosure of Personal, Proprietary and Other Confidential Information. This responsibility includes ensuring that only authorized individuals have access to information and reasonable measures are taken to prevent any unauthorized access, disclosure, loss or theft of information.

RETENTION AND DESTRUCTION OF PERSONAL INFORMATION

Records will be retained in accordance with all legal, regulatory and accreditation requirements, as well as Record Retention policies. Staff managing records containing Personal, Proprietary and Other Confidential Information are expected to identify retention times, and follow NH policies and procedures for the secure destruction of records to ensure this information is safely destroyed, erased or made anonymous.

PRIVACY IMPACT ASSESSMENT

A Privacy Impact Assessment (PIA) must be completed for all systems, projects, programs, upgrades and activities (planned, current and revisions). Contact the [NH Privacy Office](#) to determine whether a PIA is required. Completion of a PIA is the responsibility of the department initiating/sponsoring the new service or delivery with oversight by the NH Privacy Office.

COMPLIANCE MONITORING, AUDITING AND CONSEQUENCES

The NH Privacy Office will monitor access, use and disclosure of Personal Information, and all suspected breaches of this Policy will be investigated. Actions to be taken will be determined by Human Resources, and/or other NH stakeholders according to the nature of the breach and parties involved.

NH operational areas and programs must conduct appropriate reviews and audits of their information systems and processes to ensure compliance with NH policies and standards.

BREACH OF POLICY

Staff are expected to report all real or suspected breaches of this Policy in connection with any NH program or activity. All reports must be made to the [NH Privacy Office](#). Staff may report real or suspected Privacy Breaches without any fear of reprisal in accordance with the Privacy Breach Management and Safe Reporting policies.

All incidents involving theft or loss of Personal Information must be promptly addressed for containment, investigation, reporting, and remedial actions.

OPENNESS

NH will make available, directly to individuals, specific and easy to understand information about its policies and practices related to the management of Personal Information. This information will include:

- The title and address of the person or persons accountable for NH compliance with this Policy and to whom inquiries or complaints can be directed,
- The available means of gaining access to Personal Information held by NH, and
- A description of the type of Personal Information held by NH, including a general account of its use.

CHALLENGING COMPLIANCE

NH will maintain procedures for addressing and responding to all inquiries or complaints from individuals about its handling of Personal Information and will inform its Patient/Resident/Clients about the existence of these procedures.

An individual will be able to challenge compliance with this Policy by contacting the [NH Privacy Office](#) who will ensure the issue is properly discussed, documented and addressed as quickly as possible. All complaints will be investigated and appropriate measures taken. The individual will be informed of the outcome of the investigation.

PROCEDURE

GENERAL INQUIRIES OR REQUEST TO AMEND PERSONAL INFORMATION

Questions or concerns about collection, access, use or disclosure of Personal Information, reports of privacy breaches or loss of information should be directed to the [NH Privacy Office](#) at **(1) 250-645-8544**.

Staff should direct any Patient/Resident/Clients requesting correction or amendment of Personal Information in their health records to the Health Record Department at their facility.

COMPLAINTS

Patient/Resident/Clients or other members of the public who complain about a breach of their Personal Information or who express concern about the collection, use or disclosure of their Personal Information should be directed to the [NH Privacy Office](#).

REQUESTS FOR INFORMATION

Clinical Information

Any questions or concerns about the release of clinical information should be directed to the Health Record Department. This includes requests by Patient/Resident/Clients, family members, friends, and any other third party. Request for documentation from Mental Health and Substance Use are directed to the facility where treatment was received.

Staff Information

Staff should direct all requests for information by other Staff members to Human Resources. This includes requests from any individual, family members, friends, legal firms, financial institutions, insurance companies, credit bureaus and police. This information may be provided upon receipt of the Staff's written authorization, but Human Resources may confirm dates of employment without written authorization. Staff wishing to view their employment records must submit a written request to Human Resources.

Patient/Resident/Client Request for Access to their Own Health Record

Patient/Resident/Clients have a right to access the information contained in their health record and NH is responsible for facilitating the process, as follows:

- For discharged Patient/Resident/Clients of acute care facilities, refer them to the Health Record Department.
- Patient/Resident/Clients of Community or Mental Health and Substance Use facilities or clinics refer them to the program where they received services.
- Other requests for information are to be directed to the appropriate department or agency as listed below:

Requests made:	Refer to:
By researchers or other individuals for research or statistical purposes	Health Record Department
By the media	Communications
For Medical Staff information	Medical Affairs
For litigation purposes	Risk Management
By WCB, ICBC, Insurance other	Health Record Department
For adoption information	Health Record Department
Other FOI requests	Privacy Office

CONFIDENTIALITY ACKNOWLEDGEMENTS

Responsibilities for obtaining and storing DACA Agreements (or contractual equivalent) for all new Staff and Agents are as follows:

Staff type:	Department Responsible:
Employees	Human Resources
Students	Department
Medical Staff	Medical Affairs
Agents	Department
Volunteers	Volunteer Resources

REPORTING A BREACH

When a privacy breach occurs, contact the [NH Privacy Office](#) or (1) 250-645-8544.

REFERENCES

[BC Freedom of Information and Protection of Privacy Act \(FIPPA\)](#) accessed from BC Laws on March 8, 2022.

Canadian Standards Association (CSA) Model Code for the Protection of Personal Information accessed from NH subscription to CSA Standards on September 4, 2014.

DEFINITIONS

Agents may include but are not limited to: fee-for-service physicians, other healthcare providers, researchers, contractors, sub-contractors, vendors/suppliers, or any other third-party individual directly/indirectly associated with NH in a business relationship.

Collaboration Organization means any Health Organization with which NH is engaged in the delivery of a common or integrated program or activity.

Confidentiality is the responsibility and obligation of Staff or Agent of NH to ensure Personal Information or Other Confidential Information is kept secure and is collected, accessed, used, disclosed, stored and disposed of only for purposes necessary and authorized by NH or a Collaboration Organization to conduct its business.

FIPPA means the *BC Freedom of Information and Protection of Privacy Act*, as amended from time to time.

Health Organization means any Health Authority in British Columbia or its affiliates.

Other Confidential Information is the information provided to, collected or created by NH or a Collaboration Organization, which may or may not contain information on an identifiable individual, in the course of business operations of NH or such Collaboration Organization. Other Confidential Information includes:

- Information prepared as part of a pending or ongoing litigation, law enforcement or Internal Assurance investigation, and quality assurance reviews or Coroner, Workers' Compensation, Ombudsman or Human Rights investigations.
- Information related to credentialing, discipline, privilege or external reviews of quality of care.
- In camera deliberations of NH or a Collaboration Organization where such topics as personnel, labour relations, land acquisitions or litigation may be discussed.
- Unpublished statistical, scientific, technological or other intellectual property information, or internal correspondence related to organizational initiatives.

Personal Information includes any information about an identifiable individual, except contact information (person's title, business telephone number and business address, email or facsimile number). This might include a person's name, social insurance number, employment history or medical information. References to "Personal Information" within this policy apply to any documents or records (whether in hardcopy or electronic form) on which Personal Information is recorded and to all oral comments or conversations in which Personal Information is mentioned or discussed.

Privacy Breaches are the loss, theft, intentional or inadvertent unauthorized collection, use, disclosure, storage or disposal of Personal Information in the custody or control of NH or a Collaboration Organization. Such activity is unauthorized if it occurs in contravention of Part 3 of *FIPPA*.

Privacy Impact Assessment (PIA) means the process to determine whether new systems, programs, initiatives, strategies or proposals meet the privacy and security requirements of the *FIPPA*, other regulatory requirements, NH policies and principles for information privacy and confidentiality.

Proprietary Information refers to sensitive information owned by NH who is legally permitted to treat this information in a manner to ensure it remains confidential, and includes but is not limited to technical, commercial and financial information.

Staff means all officers, directors, employees, healthcare professionals, students and volunteers engaged by NH.

KEYWORDS

confidential; confidentiality; privacy; breach; personal information; health information; private; proprietary information; private information; release of information; FIPPA; FOIPPA; freedom of information; DACA; privacy impact assessment; pia; privacy assessment;

REVISION HISTORY			
Initial Effective Date:	August 2005		
Approved By:	VP Planning, Quality and Information Management		
Author Title:	Regional Manager, Privacy		
Revision History:	Effective Date:	Description of Changes:	Reviewed or Revised by:
	March 9, 2022	Minor updates to PIA and acknowledgement of confidentiality for agents for clarity.	VP PQIM
	September 5, 2014	Minor revisions	
	August 2005	Policy issued	Regional Director, Administrative Services & Chief Privacy Officer; Regional Manager, Privacy
Contact policiesstandards@northernhealth.ca if further information is required.			
Acknowledgements (optional):			