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<b>PRIVACY AND CONFIDENTIALITY</b>		
<b><u>EXECUTIVE SPONSORSHIP</u></b> Vice President, Medicine	<b><u>INITIALLY RELEASED:</u></b> October 2003	<b><u>VERSION:</u></b> August 2023

## **PURPOSE**

This policy guides [Fraser Health \(FH\) Staff](#) on Fraser Health’s legal obligations, as outlined in the [Freedom of Information and Protection of Privacy Act](#)<sup>1</sup>, with respect to collecting, using, disclosing, storing and managing [personal information](#) (PI) and [confidential information](#). For clarity, this policy applies to all FH Staff including medical staff.

## **POLICY**

The policy applies to all FH Staff and to all PI and confidential information under the custody and control of Fraser Health, or under the custody and control of any third party to which FH Staff have access. Non-compliance with this policy may result in consequences up to and including termination or suspension of employment or contract and/or impact to medical staff privileges.

### **Confidentiality Course and Acknowledgement for Staff**

All new FH Staff must complete the [Fraser Health Information Privacy and Confidentiality](#) online course, via LearningHub, as part of their orientation activities. Such FH Staff must also read this policy and acknowledge their understanding of their privacy and confidentiality obligations by signing the [Fraser Health Employee Confidentiality Acknowledgement](#) which will be kept on the personnel or other file relating to the FH Staff member.

All FH Staff should regularly review this policy to re-affirm their understanding of and commitment to upholding the confidentiality of PI and confidential information. FH Staff must continue to maintain the confidentiality of PI and confidential information gathered in the course of their employment or affiliation with Fraser Health even after the employment or affiliation has come to an end.

### **Collection of Personal Information (PI)**

FH Staff may collect PI only for specific purposes outlined in the [Freedom of Information and Protection of Privacy Act](#) (FIPPA). Examples of permitted purposes include:

- the collection of the information is expressly authorized under FIPPA or other legislation
- the information relates directly to and is necessary for a program or activity of FH (e.g. the delivery of health care services, the administration of Fraser Health programs or activities, or for employment purposes), or
- the information is necessary for the purposes of planning or evaluating a program or activity of FH.

FH Staff must not collect more PI than is required to fulfill the permitted purposes.

If FH Staff are uncertain about whether the collection of PI they propose to undertake is authorized, they must consult with their supervisor/manager and/or the Fraser Health [Information Privacy Office](#).

Generally, FH Staff must collect PI *directly* from the individual the information is about. At the time of collection, the individual must be informed of the:

- purpose for the collection
- legal authority for the collection, and

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- contact information of a Fraser Health officer or employee who can answer questions about the collection.

Individuals should be notified of the above through the [Caring for Your Information - Notice to our Patients, Clients, and Residents - Factsheet](#), brought to the attention of the individual at the time of collection or displayed at Fraser Health sites in the areas of patient intake, registration, or admission.

FH Staff may *indirectly* collect PI about an individual from another person or organization in specific circumstances set out in FIPPA. For example, where<sup>1</sup>:

- authorized to do so by legislation or court order
- the information is required to provide medical treatment and it is not possible to collect the information directly from the individual or to obtain the individual's consent for another method of collection (for example, if an individual is incapable of providing information or does not have the information, FH Staff may collect information from the individual's family members or friends or other health care providers to provide medical treatment to the individual), or
- another public body is authorized to disclose the information to Fraser Health.

#### **Access To and Use of Personal Information**

FH Staff are authorized to access and use PI for legitimate purposes on a "need-to-know" basis in order to perform their job functions and responsibilities. FH Staff may use PI, as authorized by FIPPA:

- for the purpose(s) for which the information was originally collected
- for a purpose which is reasonably and directly related to the original purpose for collection, and the use is necessary for performing the statutory duties of Fraser Health or for operating a program or activity of Fraser Health (e.g. program planning or evaluation; quality improvement; system administration; auditing; education and training related to Fraser Health programs; management and control of disease outbreaks)
- if the individual the information is about has identified the information and has consented in the form required by FIPPA, or
- for the purpose(s) for which the information was disclosed to Fraser Health by another public body.

#### **Disclosure of Personal Information**

FH Staff may disclose PI in limited circumstances as specified in FIPPA. Some specific disclosure instances are explained below:

**Internal disclosure** – FH Staff must only disclose PI to other FH Staff if those individuals require the information in order to perform their job duties and functions. For example, FH Staff may disclose PI of a Patient to other health care providers or members of the care team for continuity of care purposes. Disclosure for continuity of care does not require consent, though FH Staff may wish to discuss such disclosure with the Patient.

**External disclosure** - FIPPA allows external disclosure of PI and confidential information in circumstances including, but not limited to, the following:

- where disclosure is specifically authorized or required by legislation
- if the individual the information is about consents in writing to its disclosure

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- to a service provider if the information is necessary for the performance of the service provider's duties to Fraser Health
- to comply with a subpoena, warrant, or court order, or
- where compelling circumstances exist that affect the health or safety of any individual (e.g., a patient expresses an intent to cause serious harm to themselves or to others).

**Law enforcement disclosure** - Refer to the [Providing Patient/Resident/Client Information to Law Enforcement Agencies \(Routine/Urgent/Emergent Situations\) - Corporate Policy](#).

**Research disclosure** - PI may be disclosed to FH Staff or third parties for research or statistical purposes under FIPPA. Refer to Fraser Health policies and procedures relating to research, including [The Collection, Use and Disclosure of Personal Information for Research-Related Purposes - Corporate Policy](#).

### **Accuracy and Correction of Personal Information**

FH Staff must make every reasonable effort to ensure the accuracy and completeness of any PI that will be used by or on behalf of Fraser Health to make a decision that directly affects an individual.

An individual who believes that there is an error or omission in their PI may request its correction. FH Staff should direct any Patient requesting correction or amendment of the PI in their medical records to the Health Records Department at the location where care was provided. Requests for correction of any errors or omissions to FH Staff employment information should be directed to Employee Experience.

### **Service Contracts and Privacy Schedule**

Before PI and confidential information in the custody or control of Fraser Health is disclosed to, accessed, or stored by a third party contractor, vendor, agency, or other organization, Fraser Health must execute a legal contract containing a privacy schedule or an information sharing/access agreement. The Fraser Health Information Privacy Office must approve the form of the privacy schedule and/or information access/sharing agreement.

### **Privacy Impact Assessments**

Any new project or initiative or substantial change to an existing project or initiative involving PI at Fraser Health is required by FIPPA to be assessed via a Privacy Impact Assessment (PIA) before it can be implemented. The PIA will document the project/initiative's compliance with FIPPA obligations and identify areas where privacy protections may be enhanced. Fraser Health program areas should contact the Fraser Health Information Privacy Office to determine whether a PIA is required for a particular project or initiative.

### **Disclosure of Personal Information Outside Of Canada**

FIPPA permits the disclosure of Personal Information outside of Canada if specific requirements set out in FIPPA's Regulations are complied with. These requirements, as well as the associated privacy protections, will be addressed in the PIA for the relevant project or initiative.

### **Security of Information**

FH Staff must take reasonable security measures to protect PI and confidential information against unauthorized access, collection, use, disclosure, storage, retention, or disposal, and to prevent its loss or

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theft. FH Staff are expected to be familiar with, maintain, and enforce the physical and technical security measures applicable to their own departments/program areas, and are responsible for ensuring that only authorized individuals have access to information. FH Staff must comply with applicable Fraser Health policies, including those relating to privacy, security, and the use of computer and network systems, as well as any guidelines for protection of PI and confidential information.

### **Privacy Breaches**

FH Staff must immediately report to the Fraser Health Information Privacy Office all actual or suspected Privacy Breaches or violations of this policy, including theft or loss of devices or paper records containing Personal Information or Confidential Information. All incidents will be promptly addressed for containment, reporting, investigation, and remedial actions. Privacy Breaches will be managed in accordance with the [Managing Privacy Breaches - Corporate Policy](#). FH Staff may report actual or suspected Privacy Breaches without any fear of reprisals in accordance with the [Whistleblower Protection - Corporate Policy](#), [Public Interest Disclosure Act - Corporate Policy](#), and FIPPA.

Patients or other members of the public who complain about a breach of their PI or who express concern about the collection, use, or disclosure of their PI should be directed to the Fraser Health Information Privacy Office.

### **Release of Information Requests**

Any requests from patients or any other third parties for the release of clinical/medical records relating to care, should be directed to the Health Records Department at the location where care was provided who will check that the appropriate authorization forms have been completed by the patient.

Requests from third parties for FH Staff information (e.g. legal firms, financial institutions, insurance companies, credit bureaus, the police, the Canada Revenue Agency) should be directed to Employee Experience who will determine what authorizations are required from the relevant FH Staff member.

All other requests for information should be directed to the Fraser Health Freedom of Information (FOI) Office.

### **DEFINITIONS**

**Confidential Information:** Information provided to, collected or created by Fraser Health which may or may not contain information on an identifiable individual, in the course of the business operations of Fraser Health. Confidential Information includes but is not limited to:

- Information prepared as part of pending or ongoing litigation
- Information relating to Coroner, Workers Compensation, Ombudsman or Human Rights investigations
- Information relating to quality assurance or quality of care reviews
- Credentialing and privileging matters
- In camera deliberations
- Unpublished statistical, scientific, technological or other intellectual property information.

**FH Staff:** Fraser Health medical staff, nurse practitioners, employees, researchers, consultants, contractors, volunteers, students, service providers, and other persons acting on behalf of Fraser Health.

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**Patients:** Fraser Health patients, residents, and clients.

**Personal Information (PI):** Personal information about an identifiable individual other than their business contact information. PI may include a person’s name, social insurance number, employment history or medical information. References to “PI” within this policy apply to any documents or records (whether in hardcopy or electronic form) on which PI is recorded and to all conversations in which PI is mentioned or discussed.

**Privacy Breaches:** means loss, theft, intentional or inadvertent unauthorized collection, use, disclosure, storage, or disposal of Personal Information.

**Privacy Impact Assessment (PIA):** means the process to determine whether new systems, programs or initiatives meet the privacy requirements of *FIPPA*, other regulatory requirements, Fraser Health policies, and best practices.

**Staff:** means all officers, directors, employees, physicians, dentists, midwives, nurse practitioners, residents, fellows, healthcare professionals, students, volunteers, researchers, contractors, vendors/suppliers, and any other service providers engaged by Fraser Health.

**RELATED FRASER HEALTH POLICIES**

- [Audit of Electronic Health Information Access - Corporate Policy](#)
- [Managing Privacy Breaches - Corporate Policy](#)
- [Providing Patient/Resident/Client Information to Law Enforcement Agencies \(Routine/Urgent/Emergent Situations\) - Corporate Policy](#)
- [Records and Document Retention, Storage and Destruction - Corporate Policy](#)
- [The Collection, Use and Disclosure of Personal Information for Research-Related Purposes - Corporate Policy](#)

**REFERENCES**

1. Freedom of Information and Protection of Privacy Act. [RSBC 1996] Chapter 165. Victoria, British Columbia. Available from, [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96165\\_00](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96165_00)

**DATE(S) REVISED / REVIEWED SUMMARY**

<b>Version</b>	<b>Date</b>	<b>Comments / Changes</b>
1.0	October 2003	Initial Policy approved
2.0	August 2005	Revision
3.0	Jan 2010	Revision
4.0	Feb 2011	Aligned Policy with LMC Health Authorities
5.0	August 2023	Legislative changes and general updates