

**Policy and Procedure**

Title:	<b>Collection of Personal Health Information</b> <i>(Formerly: Collection of Information and Notification of Information Practices)</i>
Policy Number:	06.003
Effective Date:	June 12, 2008
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 Community

1.0 **BACKGROUND:**

Not Applicable

2.0 **PURPOSE:**

- 2.1 To ensure that Individuals are notified about what Personal Health Information, including demographic information, is being collected and why.
- 2.2 To ensure that Personal Health Information is collected in a manner that protects the confidentiality, privacy, security, and integrity of that information in accordance with *The Personal Health Information Act (PHIA)*.

3.0 **DEFINITIONS:**

- 3.1 **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.
- 3.2 **Demographic Information:** An Individual's name, address, telephone number, and email address.
- 3.3 **Health Care Facility:** A hospital, personal care home, psychiatric facility, medical clinic, laboratory, CancerCare Manitoba, community health centre or other facility in which health care is provided and that is designated in the PHIA regulations.
- 3.4 **Individual:** A patient or client receiving health care services within a CCMB facility. For the purpose of access, correction, use, and disclosure of Personal Health Information includes persons permitted to exercise the rights of an Individual.
- 3.5 **Integrity of Personal Health Information:** The preservation of its content throughout storage, use, transfer, and retrieval so that there is confidence that the information has not been tampered with or modified other than as authorized.
- 3.6 **Personal Health Information (PHI):** Recorded information about an identifiable Individual that relates to:

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- The Individual's health, or health care history, including generic 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, or symbol assigned to an Individual;
- Any digital or other photographic image taken of an Individual for purposes of identification and/or during the course of care;
- Any identifying information about the Individual that is collected in the course of, and is incidental to, the provision of health care or payment for 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;
- Any Personal Health Information exchanged verbally about the Individual.

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

3.8 **Privacy Officer:** An employee designated by CCMB or a Health Care Facility whose responsibilities include dealing with requests from Individuals who wish to examine and copy or to correct Personal Health Information collected and 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 CCMB this is the Medicolegal Correspondent.

3.9 **Security:** The process of protecting Personal Health Information by assessing threats and risks to information and taking steps to mitigate these risks. The result is the consistent application of standards and controls to protect the integrity and privacy of information during all aspects of its use, processing, disclosure, transmittal, transport, storage, retention including conversion to a different medium, and destruction.

3.10 **Trustee:** A health professional, Health Care Facility, public body, or health services agency that collects or maintains Personal Health Information.

#### 4.0 **POLICY:**

##### 4.1 Source of Personal Health Information

PHI shall be collected directly from the Individual the information is about unless:

- The Individual has authorized another method of collection;

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- Collection of information directly from the Individual could reasonably be expected to endanger the mental or physical health or safety of the Individual or another person;
- Collection of the information is in the interest of the Individual and time or circumstances do not permit collection directly from the Individual;
- Collection of the information directly from the Individual could reasonably be expected to result in inaccurate information being collected;
- The information is collected for the purpose of:
  - Compiling an accurate family or genetic health care history of the Individual; or
  - Determining or verifying the Individual's eligibility to participate in a program of, or receive a benefit or services from, the Trustee or from the government, and is collected in the course of processing an application made by or on behalf of the Individual; or
- Another method of collection is authorized or required by a court order or an enactment of Manitoba or Canada.

#### 4.2 Restrictions on Collection

Collection of PHI shall be limited to the minimum amount reasonably necessary to accomplish the purpose for which it is collected. The type and amount of information collected is determined by the nature of the health care being provided.

#### 4.3 Notice of Collection Practices

4.3.1 A Trustee collecting PHI shall, before it is collected or as soon as possible afterwards, inform the Individual of the purpose for collecting the information. This may be done by posting notices within the Health Care Facility and/or providing Individuals with a brochure.

4.3.2 Notification to an Individual need not be repeated as long as the Individual has recently been provided with this information and the collection relates to the same or a related purpose as originally identified.

#### 5.0 **PROCEDURE:**

5.1 Collection of PHI shall be limited to the minimal amount necessary to accomplish the purpose.

5.2 PHI collected from an individual by a Trustee must be safeguarded to protect the confidentiality, privacy, security and integrity of that information in accordance with *The Personal Health Information Act of Manitoba*.

#### 6.0 **REFERENCES:**

6.1 Collection of Personal Health Information, WRHA Policy No. 10.40.070.

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- 6.2 *The Personal Health Information Act (Manitoba).*
- 6.3 Audio, Video and Photographic Recordings, CCMB Policy No. 01.103.
- 6.4 Patient Identification, CCMB Policy No. 02.006.

<b>Policy Contact:</b>
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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:	
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(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		
12/06/2008	1	Initial		
04/02/2011	2	Minor Revision		
07/06/2015	3	Minor Revision	L Costa; Policy Committee	Revised to align with WRHA policy.
28/03/2018	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
11/03/19	Dr. S. Navaratnam President and CEO, CCMB	<i>Original signed by Dr. S. Navaratnam</i>