

Policies and Procedures Required to Comply with *The Personal Health Information Act (PHIA)*

This document is intended as a general guide to the policies and procedures that Trustees should have in place to ensure that they comply with *The Personal Health Information Act* (PHIA). Trustees are advised to refer directly to the Act and Regulations when seeking to determine all requirements and obligations of the Act.

Access & Correction Requirements	Provision
A Trustee is required to ensure individuals can examine their personal health information, and should establish a policy/procedure to meet this requirement.	PHIA S.5(1)
A Trustee is required to ensure that an individual can obtain a copy of personal health information about care currently being provided to the individual within 72 hours (if applicable), and should establish a policy/procedure to meet this requirement.	PHIA S.6(1)
A Trustee is required to ensure that an individual can obtain a copy of all their personal health information within 30 days, and should establish a policy/procedure to meet this requirement.	PHIA S.6(1)
On request, a Trustee is required to provide the individual with an explanation of any term, code or abbreviation used in the personal health information, and should establish a policy/procedure to meet this requirement.	PHIA S.7(2)
A Trustee who refuses to permit personal health information to be examined or copied under PHIA subsection 11(1) is required, to the extent possible, sever the personal health information that cannot be examined or copied and permit the individual to examine and receive a copy of the remainder of the information, and should establish a policy/procedure to meet this requirement.	PHIA S.11
A Trustee is required to permit an individual to request a correction to their personal health information, and should establish a policy/procedure to meet this requirement.	PHIA S.12(1)
A Trustee is required to permit an individual to file a statement of disagreement with their personal health information if their request for correction of their personal health information is refused, and should establish a policy/procedure to meet this requirement.	PHIA S.12(4)
When a Trustee makes a correction or adds a statement of disagreement to a record, the Trustee is required, when practicable, to notify any other Trustee or person to whom the personal health information has been disclosed during the year before the correction was requested about the correction or statement of disagreement, and should establish a policy/procedure to meet this requirement.	PHIA S.12(5)
A Trustee who receives such a notice is required make the correction or add the statement of disagreement to any record of that personal health information that the Trustee maintains, and should establish a policy/procedure to meet this requirement.	PHIA S.12(5)
A Trustee is required to provide notice to individuals of the following: - Their right to examine and receive a copy of their personal health information. - How to exercise that right. - Their right to name a person to exercise their PHIA rights on their behalf.	PHIA S.9.1 Regulation S.1.4(2)
This notice must be prominently displayed in as many locations and in such numbers as is reasonably adequate to ensure that the information is likely to be seen.	Regulation S.1.4(4)

Collection Requirements	Provision
A Trustee is required to collect only as much personal health information about an individual as is reasonably necessary to accomplish the purpose for which it is collected, and should establish a policy/procedure to meet this requirement.	PHIA S.13
A Trustee is required to take reasonable steps to inform the individual of the purpose for which the information is being collected, and should establish a policy/procedure to meet this requirement.	PHIA S.15
A Trustee is required to take reasonable steps to inform individuals how to contact an officer or employee who can answer the individual's questions about the collection of their personal health information.	PHIA S.15

Use & Disclosure Requirements	Provision
A Trustee is required to have established controls that limit the persons who may use personal health information maintained by the Trustee to those specifically authorized by the Trustee to do so, and should establish a policy/procedure to meet this requirement.	PHIA S.18(2)
A Trustee is required to determine, for each of its employees and agents, the personal health information that he or she is authorized to access, and should establish a policy/procedure to meet this requirement.	Regulation S.5
A Trustee is required to ensure that personal health information is not used or disclosed except as authorized by PHIA, and should establish a policy/procedure to meet this requirement.	PHIA S.20(1)
A Trustee is required to ensure that every use and disclosure of personal health information is limited to the minimum amount of information necessary to accomplish the purpose for which it is used or disclosed, and should establish a policy/procedure to meet this requirement.	PHIA S.20(2)
A Trustee is required to limit the use of personal health information it maintains to those of its employees and agents who need to know the information to carry out the purpose for which the information was collected or received or to carry out a purpose authorized under section 21, and should establish a policy/procedure to meet this requirement.	PHIA S.20(3)
A Trustee may only disclose personal health information to a person conducting health research if the research has been approved under PHIA and the Regulation, and should establish a policy/procedure to meet this requirement.	PHIA S.24(1)

Security Requirements	Provision
In accordance with any requirements of the Regulations, a Trustee is required to protect personal health information by adopting reasonable administrative, technical and physical safeguards that ensure the confidentiality, security, accuracy and integrity of the information, and should establish a policy/procedure to meet this requirement.	PHIA S.18(1)
A Trustee is required to establish a written policy/procedure containing provisions for the security of personal health information during its collection, use, disclosure, storage, and destruction.	Regulation S.2(a)
These provisions must include measures to ensure the security of the personal health information when a record of the information is removed from a secure designated area.	Regulation S.2(a)(i)

These provisions must further include measures to ensure the security of personal health information in electronic form when the computer hardware or removable electronic storage media on which it has been recorded is being disposed of or used for another purpose.	Regulation S.2(a)(ii)
A Trustee is required to establish a written policy/procedure containing provisions for the recording of security breaches.	Regulation S.2(b)
A Trustee is required to establish a written policy/procedure containing corrective procedures to address security breaches.	Regulation S.2(c)
A Trustee is required to ensure that personal health information is maintained in a designated area or areas and is subject to appropriate security safeguards, and should establish a policy/procedure to meet this requirement.	Regulation S.3(a)
A Trustee is required to limit physical access to designated areas containing personal health information to authorized persons, and should establish a policy/procedure to meet this requirement.	Regulation S.3(b)
A Trustee is required to take reasonable precautions to protect personal health information from fire, theft, vandalism, deterioration, accidental destruction or loss and other hazards.	Regulation S.3(c)
A Trustee is required to ensure that removable media used to record personal health information is stored securely when not in use, and should establish a policy/procedure to meet this requirement.	Regulation S.3(d)
A Trustee is required to create and maintain, or have created and maintained, a record of user activity for any electronic information system it uses to maintain personal health information in accordance with guidelines set by the Minister.	Regulation S.4(1)
A Trustee is required to audit records of user activity to detect security breaches, in accordance with the Regulation and guidelines set by the Minister, and should establish a policy/procedure to meet this requirement.	Regulation S.4(4),(5),(6)
A Trustee is required to conduct an audit of its security safeguards at least every two years and take steps to correct deficiencies identified by audits as soon as practicable, and should establish a policy/procedure to meet this requirement.	Regulation S.8(1)&(2)

Other Requirements	Provision
A Trustee is required to have a written policy/procedure concerning the retention and destruction of personal health information which conforms with any requirements of the Regulations.	PHIA S.17
A Trustee is required to provide orientation and ongoing training for its employees and agents about the Trustee's PHIA policies and procedures. It is also advisable for a Trustee to track such training to ensure that it is in compliance with this requirement.	Regulation S.6
A Trustee is required to ensure that each employee and agent signs a pledge of confidentiality that includes an acknowledgment that he or she is bound by the Trustee's PHIA policies and procedures and is aware of the consequences of breaching them.	Regulation S.7
A Trustee that is a health care facility or health services agency is required to have a designated privacy officer whose responsibilities include dealing with requests from individuals who wish to examine and copy or to correct personal health information under PHIA and generally facilitating the Trustee's compliance with PHIA.	PHIA S.57

A Trustee is required to inform individuals in writing of their right to make a complaint if refusing access to, or refusing correction of, personal health information. It is also advisable for a Trustee to take reasonable steps to inform individuals about how to file a complaint regarding either access to or privacy of their personal health information.

PHIA S.7(1)c), 12(3)(d)

For more information, contact:

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Resources:

The Personal Health Information Act (PHIA)

<http://web2.gov.mb.ca/laws/statutes/ccsm/p033-5e.php>

Personal Health Information Regulation

<http://web2.gov.mb.ca/laws/regs/index.php?act=p33.5>

MHSAL PHIA Webpage

<http://www.gov.mb.ca/health/phia/index.html>

PHIA Resources and Links

<http://www.gov.mb.ca/health/phia/resources.html>