

Department: Agency	Approved by: Management	Number: A1 Pr1
Title: Personal Health Information Act (PHIA) Compliance		
Date of Original Version: January 2010	Reviewed Date: July 2020	Revised Date: July 2020

Purpose:

To ensure compliance with appropriate legal requirements for client personal health information, as defined by the Personal Health Information Act (PHIA).

Procedure:

Klinik follows the WRHA PHIA Policies which are:

10.40.020 Confidentiality of Personal Health Information

<https://wrha.mb.ca/files/wrha-policy-10-40-020.pdf>

10.40.040 Access to Personal Health Information

<https://wrha.mb.ca/files/wrha-policy-10-40-040.pdf>

10.40.070 Collection of Personal Health Information

<https://wrha.mb.ca/files/wrha-policy-10-40-070.pdf>

10.40.080 Correction of Personal Health Information

<https://wrha.mb.ca/files/wrha-policy-10-40-080.pdf>

10.40.100 Use of Personal Health Information.

<https://wrha.mb.ca/files/wrha-policy-10-40.100.pdf>

10.40.105 Consent to Use or Disclose Personal Health Information

<https://wrha.mb.ca/files/wrha-policy-10-40-105.pdf>

10.40.110 Reporting of Security Breaches Related to Personal Health Information and the Corrective Procedures to be Followed

<https://wrha.mb.ca/files/wrha-policy-10-40.110.pdf>

<https://wrha.mb.ca/files/wrha-policy-10-40-110-process.pdf>

10.40.120 Security and Storage of Personal Health Information

<https://wrha.mb.ca/files/wrha-policy-10-40-120.pdf>

10.40.141 Disclosure of Personal Health Information without Consent

<https://wrha.mb.ca/files/wrha-policy-10-40.141.pdf>

Guidelines for Visitor and Students – Visitors to Klinik sites, including students, who will be in areas where they will potentially have access to personal health information, will sign a pledge of confidentiality/agreement (see pages 7 and 8).

PHIA Training and Orientation:

PHIA training for new staff will be done during orientation using the ehealth Learning Management System (LMS) PHIA education materials. This education session includes a test and a link to sign a Pledge of Confidentiality. Once completed the Certificate of Completion will be printed off and given to Human Resources staff. If the staff member has any questions, HR will connect the staff member with a Director or Manager.

- Learning Management System (LMS) <https://manitoba-ehealth.learnflex.net>

All staff will review the LMS PHIA education yearly. Directions will be provided to staff on how to access LMS at the same time T4s are provided to staff. This education session includes a test and a link to agree to the Pledge of Confidentiality. Once completed the Certificate of Completion will be printed off and given to Human Resources staff. If the staff member has any questions, HR will connect the staff member with a Director or Manager.

- Learning Management System (LMS) <https://manitoba-ehealth.learnflex.net>

Manitoba ehealth Learning Management System (LMS) Account

Set-Up Instructions

The catalogue of courses available for staff is varied and extensive. Examples of some courses available and relevant in our Primary Care setting include:

- Word 2010, Excel 2010, Office 2010, PowerPoint 2010, SharePoint
- Code Blue
- Injury Prevention
- Patient Transport
- Routine Practices
- Team Training
- Accuro – Community EMR
- eChart Manitoba
- Emergency Preparedness and Management
- Occupational and Environmental Safety & Health
- **PHIA**
- Staff Development
- Patient and Family Complaints: Skills to Prevent, Understand and Resolve
- Accreditation Tracer Training

I would encourage each you to visit the complete course list available through the LMS.

You/your staff can access the LMS from any computer (inside or outside WRHA), however an employee-specific account is first required. To set up a new account, simply click on the link and select "new user". The LMS login page can be found at <https://manitoba-ehealth.learnflex.net>.

Helpful Hints:

- 1) When setting up an account, most Community Health Agencies are listed under "Winnipeg Health Region" and then "WRHA Funded Org" – see below example.

Manitoba eHealth Service Desk: [Help](#) [Feedback](#) [Contact Us](#)

* Select a Region: ?

* Select a Regional Program: ?

* Select the Site/Location You Work At: ?

[Add fields](#) [Next](#)

Manitoba ehealth Learning Management System (LMS) Account

Printing Certificate of Completion

Welcome What's New Courses / Registration Learning Plan **Learning History**

Search

User: Linda Dawson - User Area

LMS Courses External Course Record Bundles Transcript

Learning History

General Training

Course Name	Achievement Date MM/DD/YYYY	Renewal Date MM/DD/YYYY	Grade	
2013 Required Organizational Practices (ROP) Forum LMS-692 A	11/29/2013		Attended	
2014 Required Organizational Practices (ROP) Forum LMS-814 A	11/14/2014		Absent	
2015 Critical Incident Learning Forum LMS-829 B	06/18/2015		Attended	
Accreditation Canada Buddy/Greeter Orientation LMS-610 B	01/06/2014		Attended	
PHIA for WRHA LMS-716 A	08/14/2015	08/14/2019	Complete	Launch

[Printable Version](#)

Klinik Confidentiality Guideline **(to help guide practice)**

In the event of any discrepancy between these internal guidelines and the Personal Health Information Act (PHIA), PHIA legislation is to be adhered to fully.

Principles:

- 1) It is the client's right to have as much control in the process of obtaining and releasing information as is possible. Clients have a right to know what information is in the records stored by Klinik. (either in paper charts or in the Electronic Medical Record (EMR).
- 2) Clients have the right to expect that all information about them will be held in confidence. Information may be released, external to the agency, only if the client has consented to information release, except in particular situations (see #4).
- 3) In order to ensure quality client care, workers within the agency will share client information with other workers in the agency who have an identified need to know that client information as part of their work responsibility.

Guidelines for Practice:

1. Within Klinik, client information may be shared only with other workers who by virtue of their responsibilities have an identified need to know (e.g. supervisors, volunteers, staff persons who may be involved in services for the client). We are obliged to avoid unnecessary conversation regarding clients and their affairs.
2. In any disclosure of client information, Klinik should disclose only the information that is reasonably required.
3. Client identity and/or information will be exchanged external to the agency only upon prior written permission by the client, except in an emergency situation which is defined in #4 (below). If the client deems necessary expedience in information release, verbal information may be exchanged upon documented (date and time noted of verbal release) verbal permission by the client. However, the client should provide written permission for release of information as soon as possible. (See Release of Information (ROI) form which can be found in EMR titled 'Consent for Release of Personal Health Information')
4. General Client identity and/or information will be released without client permission being necessary in the following emergency situations (and this is to be fully documented):
 - a) if the client appears in danger to self or others.
 - b) if the client information is subpoenaed or necessary due to legal mandate.
 - c) If there are child welfare concerns.
 - d) In these situations, information should be released only as pertinent to the situation at hand and only to persons who have an identified need to know the information. When client information is released in this fashion, the client should be notified as soon as possible, preferably before the release occurs.

5. Klinic is obliged to not release identifying client information when using information for research, professional teaching, public education, program evaluation or for funding purposes.
6. Information recorded and viewed in the client record should be relevant only to the needs of client care.
7. Client records are held by the trustee (Klinic). In no case will original material be released from Klinic.
8. Clients have the right to examine their records in the presence of their care provider or a reasonable delegate.
9. Clients may obtain a copy of their full record, or any part of their record, upon their written request. This may be provided by filling out a Release of Information request (per #3) or by letter. Klinic may require the client to pay duplicating costs.
 - a) Exception – on occasion a client will request a copy of a single page during an in-person visit. The client must be made aware that Klinic cannot guarantee that information will remain confidential if a copy is given. A notation should be made in the record indicating what material has been copied and provided to the client.
10. Klinic maintains the right to mask any names of Klinic workers or other third parties which might be contained in the client record.
11. Klinic is obliged to obtain written consent from the client to audio or video tape client sessions and to be clear about the purpose of recording e.g. for supervision purposes. A consent form titled, 'Consent to Record-View Session' can be found on the K:Drive.
K:\Forms & Graphics\Counselling Services\Counselling Chart Forms\CONSENT TO RECORD-VIEW SESSION.docx
12. All signed consent forms will be scanned into the client's medical record (the agency assistant will make a notation in the Patient Alerts and Special Needs section of the EMR when scanning in Consent Forms).
13. Client records and materials belonging to client records will be properly safeguarded.
14. Client records will be kept in perpetuity.
15. Klinic employees' responsibilities to maintain client confidentiality continues indefinitely after their leaving Klinic and after they have ceased working with the client.
16. New staff and volunteers are to be oriented to PHIA and Klinic's Confidentiality Policies and Procedures.
17. Breach of PHIA and Klinic's confidentiality policies constitutes sufficient grounds for dismissal.

Gross Data:

- 1) Information from client records will be provided only for bonafide research purposes which have been approved by an appropriate Research Ethics Board. In the case of government requests, the request must be made at the ministerial level or by the Chairperson or Director of M.H.S.C.

- 2) The confidentiality of individuals must always be protected. No information will be released unless Klinik is satisfied that confidentiality will not be endangered.
- 3) No request for information will be approved where there is any cost to Klinik, whether directly or in the form of disruption of services, unless the person or persons requesting the information are prepared to recompense Klinik for all such costs. Klinik may charge fees as deemed necessary.
- 4) Requests for information (gross data) from client records shall be made to the Executive Director.



Pledge of Confidentiality

I ACKNOWLEDGE that I have watched the Winnipeg Regional Health Authority (WRHA) orientation regarding *The Personal Health Information Act* (Manitoba) (PHIA) on the eHealth Learning Management System.

I ACKNOWLEDGE that I have read and understand Klinik's policy on confidentiality of personal health information. This policy is in accordance with The Personal Health Information Act (Manitoba).

I UNDERSTAND that I am bound by:

- PHIA and its regulations (as amended or replaced from time to time);
- The policies and procedures of Klinik respecting confidentiality, access, collection, use, disclosure, security, storage and destruction of any personal health information.

I ACKNOWLEDGE that failure to comply with PHIA and its regulations and/or Klinik policies or procedures, including any unauthorized access, use or disclosure of personal health information, may result in disciplinary action up to and including termination of employment/contract/association/appointment, imposition of fines pursuant to PHIA, and a report to my professional regulatory body.

I UNDERSTAND that my obligations under this pledge and under the legislation continue even after termination of my employment/contract/association/appointment with Klinik.

I HEREBY DECLARE that I will not at any time access, use, or disclose any personal health information except as may be required:

- In the course of my duties and responsibilities;
- In accordance with applicable legislation' and
- In accordance with Klinik policies.

PLEASE CHECK ONE:

Employee

Student

Volunteer

Other

DATE: _____

SIGNATURE: _____ **PRINT NAME:** _____

Signature of Individual Administering Pledge _____

Print name of individual Administering Pledge _____



PHIA Information and Agreement for Visitors and Short Term Learners

*Note: This agreement is specifically for **visitors on business, learners, or person who will be job shadowing, for less than eight hours.** Persons who will be at Klinik for more than 8 hours should be directed to the PHIA education available through the Learning Management System with eHealth and should sign a Pledge of Confidentiality.*

All trustees are bound by Manitoba's Personal Health Information Act (PHIA). This Act obligates us to protect the confidentiality and privacy of individual's (patients/clients) personal health information. Klinik is a trustee under PHIA.

While you are at Klinik we require that you adhere to the following in regards to all client information/Personal Health Information:

1. Keep all personal health information confidential and private. Do not discuss any information you may hear or see with anyone other than the client's care providers at Klinik.
2. Do not discuss personal health information outside of Klinik or in public areas within Klinik.
3. You are not permitted to share or disclose any personal health information.
4. If you are not sure what the right thing is to do in a specific situation, discuss it with Klinik staff contact the Site Privacy Officer at Klinik.
5. You can request copies of Klinik's PHIA procedures by talking to your site contact.

IMPORTANT FACTS ABOUT PHIA ARE:

1. PHIA is about Personal Health Information, which includes all information that could identify an individual and includes:
 - Name, address, telephone number and email address.
 - Health or health history
 - Behaviour from illness or treatment
 - Type of care or treatment provided
 - Numbers or symbols, i.e. PHIN
 - Financial situation, home conditions or difficulties
 - Other private matters such as age, sexual orientation
2. Individuals have the right to confidentiality about their personal health information.
3. Everyone associated with Klinik is required to comply with PHIA including you!

I understand that I am required to keep all personal health information confidential.

Date: _____

Name (print): _____ Signature _____

Klinik Staff Member (print): _____ Signature _____



Take Our Kids To Work Agreement

I, _____ ("Responsible Adult") wish to bring _____ ("Student") to Klinik on _____ (date) in order to participate in the "Take our Kids to Work" day. The Student will be present with me at the following locations:

1. I, the Responsible Adult, have signed a Klinik Pledge of Confidentiality as required by the Personal Health Information Act (PHIA) and agree to (check one):

Arrange to have the Student watch the Winnipeg Regional Health Authority (WRHA) orientation regarding PHIA on the eHealth Learning Management System. **OR**

Explain to the Student that "personal health information" includes verbal or recorded information about:

- a. An individual's name, health care history (including genetic information about the individual or the individual's family), financial position, home conditions, domestic difficulties, or any other private matters relating to the individual;
 - b. The provision of health care to the individual. Individuals include co-workers or families of co-workers when they are receiving health care from a facility, site or program within the WRHA;
 - c. Payment for an individual's health care, Personal Health Information Number (or any other symbol or number given to identify an individual).
2. Ensure permission is obtained directly from any individual allowing the Student to be present during the provision of health care services to the individual. I understand that neither the Student nor I can be present when permission is requested so that the individual has every opportunity to refuse permission.
3. Ensure only the minimum amount of personal health information the Student "needs to know" will be shared with the Student.
4. Ensure the Student is at all times supervised while involved in the "Take Our Kids to Work" day.

I, the Student, understand that personal health information that is seen or heard at the site must be kept confidential.

STUDENT: Name _____ Signature _____ School _____

RESPONSIBLE ADULT: Name _____ Signature _____

APPROVED BY: Name _____ Signature _____