

UNIVERSITY OF MANITOBA PROCEDURE

Procedure:	PHIA TRAINING AND PLEDGE OF CONFIDENTIALITY
Parent Policy:	Access and Privacy Policy
Effective Date:	July 16, 2015
Revised Date:	
Review Date:	July 16, 2025
Approving Body:	Vice-President (Administration)
Authority:	<i>The Freedom of Information and Protection of Privacy Act (FIPPA); The Personal Health Information Act (PHIA); The Personal Health Information Act Regulations</i>
Responsible Executive Officer:	President: Delegated to Vice-President (Administration)
Delegate: (If applicable)	Access and Privacy Officer
Contact:	Access and Privacy Officer
Application:	All Employees, All External Parties, Students

Part I Reason for Procedure

- 1.1 Establish Procedures for Personal Health Information Act Training and signing of the Personal Health Information Confidentiality Pledge.

Part II Procedural Content

- 2.1 Roles and Responsibilities
- (a) **University-President** is the head of the public body under both *The Freedom of Information and Protection of Privacy Act (FIPPA)* and *The Personal Health Information Act (PHIA)*.

- (b) **Chief Access and Privacy Officer/Access and Privacy Officer** refer to the University of Manitoba employee(s) delegated by the President to act on behalf of the University in matters related to FIPPA and PHIA. The Chief Access and Privacy Officer receives all reports regarding Breaches of Privacy. The University's Vice-President (Administration) is the Chief Access and Privacy Officer. Other individuals may also be delegated specific responsibilities under the Acts.
- (c) **Access and Privacy Office** means the University Office under the Office of Fair Practices and Legal Affairs that is tasked with the administration of FIPPA and PHIA at the University.

General

2.2 Definitions

- (a) **Personal Health Information** is Recorded Information about an identifiable individual that relates to:
 - (i) the individual's health, or health care history, including genetic information about the individual,
 - (ii) the provision of health care to the individual, or
 - (iii) payment for health care provided to the individual, and includes
 - (iv) the Personal Health Information Number ("PHIN") and any other identifying number, symbol or particular assigned to an individual, and
 - (v) 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;
 - (vi) any identifying personal information collected in the course of, and is incidental to the provision of healthcare or payment for health care
- (b) **Personal Information** means Recorded Information about an identifiable individual, including:
 - (i) the individual's name,
 - (ii) the individual's home address, or home telephone, facsimile or e-mail number,
 - (iii) information about the individual's age, sex, sexual orientation, marital or family status,

- (iv) information about the individual's ancestry, race, colour, nationality, or national or ethnic origin,
 - (v) information about the individual's religion or creed, or religious belief, association or activity,
 - (vi) personal health information about the individual,
 - (vii) the individual's blood type, fingerprints or other hereditary characteristics,
 - (viii) information about the individual's political belief, association or activity,
 - (ix) information about the individual's education, employment or occupation, or educational, employment or occupational history,
 - (x) information about the individual's source of income or financial circumstances, activities or history
 - (xi) information about the individual's criminal history, including regulatory offences,
 - (xii) the individual's own personal views or opinions, except if they are about another person,
 - (xiii) the views or opinions expressed about the individual by another person, and
 - (xiv) an identifying number, symbol or other particular assigned to the individual.
- (c) **Persons Associated with the University** means a staff, faculty, student, researcher or agent who is associated with the University by appointment, employment, contract or agreement.
- (d) **Security** means the consistent application of controls and safeguards to protect the confidentiality and integrity of Personal Information and Personal Health Information at all stages and in all aspects of its collection, access, use, processing, disclosure, transmittal, transport, storage, retention and destruction.
- (e) **University Health Care Unit** means a unit whose main function is the provision of health care by health professionals and whose function may include the education and training of students in the provision of health care.
- (f) **University of Manitoba Personal Health Information Act Training (“UM PHIA Training” or “UM PHIA Orientation”)** means a training session

provided by the Access and Privacy Office to Persons Associated with the University who may be exposed to Personal Health Information in the custody or under the control of the University. The training session outlines both the University's and the individual's roles and responsibilities governed by University policies and procedures regarding the security and protection of privacy of Personal Health Information held in University Offices and University Health Care Units. A University of Manitoba Personal Health Information Confidentiality Pledge is signed at the conclusion of the UM PHIA Training.

- (g) **University of Manitoba Personal Health Information Pledge of Confidentiality (“UM Confidentiality Pledge” or “UM Pledge of Confidentiality”)** means an agreement that is signed by Persons Associated with the University who may be exposed to Personal Health Information in the custody or under the control of the University, that acknowledges that the signee is bound to the security and protection of privacy of the Personal Health Information held in University Offices and University Health Care Units. A UM PHIA Orientation is required prior to the signing of the UM Confidentiality Pledge.
- (h) **University Office** means a faculty, department, division, unit, centre, program, service or other office of the University unless otherwise specified. University Office includes some offices that collect significant amounts of Personal Health Information.
- (i) **Use of Personal Information and Personal Health Information** means accessing, viewing, gaining entry to, hearing, receiving, reproducing, transmitting, employing or otherwise dealing with the information within the University (e.g. between University Offices or employees of the University). Use of Personal Information and Personal Health Information must be for an authorized purpose of the University.
- (j) **Winnipeg Regional Health Authority (“WRHA”) or Regional Health Authority (“RHA”) Personal Health Information Act Training (“WRHA PHIA Training”, “WRHA PHIA Orientation”, “RHA PHIA Training” or “RHA PHIA Orientation”)** means a training session that is provided by WRHA PHIA Trainers to Persons Associated with the University who, through employment or training, may be exposed to Personal Health Information in the custody or under the control of the WRHA or other RHA. The training session outlines both the WRHA's, or RHA's, and the individual's roles and responsibilities governed by WRHA or RHA policies and procedures regarding the security and protection of privacy of Personal Health Information held in WRHA or RHA sites. A WRHA or RHA Pledge of Confidentiality is signed at the conclusion of the WRHA or RHA PHIA Training.

- (k) **Winnipeg Regional Health Authority (“WRHA”) or Regional Health Authority (“RHA”) Pledge of Confidentiality (“WRHA Confidentiality Pledge”, “WRHA Pledge of Confidentiality”, “RHA Confidentiality Pledge” or “RHA Pledge of Confidentiality”)** means an agreement that is signed by Persons Associated with the University who, through employment or training, may be exposed to Personal Health Information in the custody or under the control of the WRHA, that acknowledges that the signee is bound to the security and protection of privacy of the Personal Health Information held in WRHA sites. A WRHA PHIA Orientation is required prior to the signing of the WRHA Confidentiality Pledge.
- (l) **Winnipeg Regional Health Authority (“WRHA”) PHIA Trainer** means a University staff or faculty member who has been trained to facilitate WRHA approved PHIA Orientations.

PHIA Training

2.3 **University of Manitoba Personal Health Information Act Training (“PHIA Training” or “PHIA Orientation”)** is provided to Persons Associated with the University outlining their roles and responsibilities regarding the security and protection of privacy of Personal Health Information in the custody or under the control of the University. A Personal Health Information Confidentiality Pledge is signed at the conclusion of the Training.

- (a) PHIA Training is provided to Persons Associated with the University who are exposed to Personal Health Information. This includes those who:
 - (i) work in a University Office that collects Personal Health Information as part of the delivery of its program, or
 - (ii) work in a University Office that conducts or participates in health research and/or holds Personal Health Information in connection with research, or
 - (iii) work in a University Health Care Unit, or
 - (iv) are health care professionals and provide health care at the University in their capacity as health care professionals.

2.4 **Winnipeg Regional Health Authority (“WRHA”) or Regional Health Authority (“RHA”) PHIA Training (“WRHA PHIA Training”, “WRHA PHIA Orientation”, “RHA PHIA Training” or “RHA PHIA Orientation”)** is required by all Persons Associated with the University who, through employment or training, may be exposed to Personal Health Information in the custody or under the control of the Winnipeg Regional Health Authority or Regional Health Authority. A WRHA or RHA Pledge of Confidentiality is signed at the conclusion of the Training.

- (a) All Persons Associated with the University who must complete the WRHA PHIA Orientation should contact the Access and Privacy Office to coordinate the appropriate PHIA Training and Confidentiality Pledge signing.
- (b) All Persons Associated with the University who must complete the RHA PHIA Orientation are to contact the Privacy Officer at the Regional Health Authority location in which they will be working, training, or conducting research, to coordinate the appropriate PHIA Training and Confidentiality Pledge signing.

2.5 **WRHA PHIA Trainers** must successfully complete a WRHA-led training session for Trainers in order to facilitate WRHA PHIA Orientations to Persons Associated with the University. The Access and Privacy Officer and designated University staff will be certified WRHA PHIA Trainers.

- (a) WRHA PHIA Trainers at the University are to coordinate efforts with the Access and Privacy Office to ensure the required PHIA Training is successfully completed and Confidentiality Pledge(s) are signed.
- (b) A complete list of participants who are trained by University WRHA PHIA Trainers must be submitted to the Access and Privacy Office for maintaining a record of Persons Associated with the University who have completed the WRHA PHIA Training.

Confidentiality Pledge

2.6 **University of Manitoba Personal Health Information Confidentiality Pledge (“Confidentiality Pledge” or “The Pledge of Confidentiality”)**. The signing of which binds the signee to the security and protection of privacy of Personal Health Information in the custody or under the control of the University. A PHIA Orientation is required of every individual who signs the Confidentiality Pledge. The Confidentiality Pledge form is available from the Access and Privacy Office.

- (a) All Persons Associated with the University are required to sign a Personal Health Information Confidentiality Pledge. This includes those who:
 - (i) work in a University Office that collects significant amounts of Personal Health Information as part of the delivery of its program, or
 - (ii) work in a University Office that conducts or participates in health research and/or holds Personal Health Information in connection with research, or
 - (iii) work in a University Health Care Unit, or
 - (iv) are health care professionals and provide health care at the University in their capacity as health care professionals.

- (b) Re-signing of the Confidentiality Pledge may be required at intervals for one or more reasons as deemed appropriate by the head of the office, unit, agency or the Access and Privacy Office.
 - (c) The University's Personal Health Information Confidentiality Pledge shall be implemented through the Access and Privacy Office. Pledge-signing shall be preceded by the prescribed PHIA Training, available through the Access and Privacy Office.
 - (d) Persons Associated with the University who are providing a service for the University, where the service provided may expose them to Personal Health Information, shall sign the University's Personal Health Information Confidentiality Pledge.
 - (e) Confidentiality Pledges are validated, logged and maintained by the Access and Privacy Office. Requests regarding the completion of PHIA Training and signing of Confidentiality Pledges, including the completion of WRHA PHIA Training and signing of WRHA Pledge of Confidentiality, is done through the Access and Privacy Office.
- 2.7 Winnipeg Regional Health Authority ("WRHA") or Regional Health Authority ("RHA") Pledge of Confidentiality
- (a) All Persons Associated with the University who, through employment or training, may be exposed to Personal Health Information in the custody or under the control of the Winnipeg Regional Health Authority ("WRHA") or other Regional Health Authority ("RHA"), must take WRHA PHIA Training, sign a WRHA or other RHA Pledge of Confidentiality in accordance with that organization's current PHIA policy.
 - (b) WRHA Pledges of Confidentiality that are signed by University WRHA PHIA Trainers must be submitted to the Access and Privacy Office for maintaining a record of Persons Associated with the University who have signed the WRHA Pledge of Confidentiality.

Part III Accountability

- 3.1 The Office of Legal Counsel is responsible for advising the President that a formal review of these Procedures is required.
- 3.2 The Chief Access and Privacy Officer of the University is responsible for the communication, administration and interpretation of these Procedures.
- 3.3 All supervisors and employees are responsible for complying with these Procedures and all Secondary Documents.

Part IV Review

- 4.1 Governing Document reviews shall be conducted every ten (10) years. The next scheduled review date for this Procedure is July 16, 2025.
- 4.2 In the interim, this Procedure may be revised or repealed if:
- (a) the Approving Body deems it necessary or desirable to do so;
 - (b) the Procedure is no longer legislatively or statutorily compliant;
 - (c) the Procedure is now in conflict with another Governing Document; and/or
 - (d) the Parent Policy is revised or repealed.

Part V Effect on Previous Statements

- 5.1 This Procedure supersedes all of the following:
- (a) all previous Board of Governors/Senate Governing Documents on the subject matter contained herein; and
 - (b) all previous Administration Governing Documents on the subject matter contained herein.

Part VI Cross References

- 6.1 This Procedure should be cross referenced to the following relevant Governing Documents, legislation and/or forms:
- (a) [Access and Privacy Policy](#)
 - (b) [Access and Privacy Procedures](#)
 - (c) [The Freedom of Information and Protection of Privacy Act](#)
 - (d) [The Personal Health Information Act](#)
 - (e) [The Personal Health Information Act Regulations](#)