TO: Deans, Directors, Department Heads

THE UNIVERSITY OF MANITOBA
(the “University”)

No. 76 Issued December 8, 1999
Revised June 22, 2001
Revised October 15, 2004

Subject: The Freedom of Information and Protection of Privacy Act (Manitoba) and The Personal Health Information Act (Manitoba)

The below terms shall be defined as follows:

1. “Coordinator” shall refer to the FIPPA/PHIA Coordinator;
2. “Review Committee” shall refer to the FIPPA/PHIA Review Committee;
3. “Unit Liaison” shall refer to the FIPPA/PHIA Unit Liaison.

The Freedom of Information and Protection of Privacy Act (Manitoba)(“FIPPA” or the “Act”)

Preamble and Purpose:

FIPPA applies to all records in the custody or under the control of the University except for certain records such as teaching materials, research information of an employee of an educational institution and questions to be used on examinations or tests.

FIPPA is intended to:

a) allow any person a right of access to records in the custody or under the control of a public body;

b) allow individuals a right of access to records containing personal information about themselves;

c) allow individuals a right to request corrections to records containing personal information about themselves, in the custody or under the control of a public body; and,

d) control the manner in which public bodies may collect personal information from individuals and to protect individuals against unauthorized use or disclosure of personal information by public bodies.
The purpose of this Administrative Bulletin is to establish the roles of the Coordinator, the Unit Liaison Members, the Review Committee and the Research Ethics Boards of the University in dealing with applications for disclosure and privacy complaints under FIPPA.

A) **Coordinator**

The Coordinator shall:

1) facilitate all access requests to the University under FIPPA by:
   
a) receiving applications for access under FIPPA;
   
b) consulting with Review Committee in determining whether the record/information referenced in the application exists and in assessing any fees in providing the information to the applicant;
   
c) taking the application to the Review Committee with a recommendation where appropriate, for determination as to whether to disclose the information;
   
d) conveying the decision to the appropriate Unit Liaison and the applicant;

2) receive and respond to complaints under FIPPA;

3) ensure the compilation and maintenance of the *Access & Privacy Directory* for the University;

4) be responsible for an official records management program for the University which will, *inter alia*, establish retention and destruction procedures in accordance with the Act;

5) coordinate the implementation of FIPPA through various informational seminars, pamphlets, brochures and articles as required; and,

6) answer questions about FIPPA as it applies to the University.
B) Unit Liaison Members

Unit Liaison Members shall:

1) coordinate the collection of information for the *Access & Privacy Directory* within their units, via Sub-Unit Liaisons where appropriate;

2) disseminate information about FIPPA and decisions made by the Review Committee, received from the Coordinator’s Office, throughout their units;

3) assist in training front-line staff in handling requests for information;

4) consult with the Coordinator in determining whether the record/information referenced in the application exists and provide estimates of the time required to comply with the access requests, in order to assess any fees in providing the information to the applicant;

5) coordinate the compilation of records necessary to answer approved access requests; and,

6) implement and support the official records management program for the University as required by the Coordinator.

C) Review Committee

The Review Committee shall:

1) establish procedures and guidelines from time to time for the review of requests for access to records;

2) determine whether to disclose/give access to records contained in an application and if so, in what form (entire record or parts of record), and in so doing, consider whether, pursuant to FIPPA:

   a) disclosure would be an unreasonable invasion of a third party’s privacy;

   b) disclosure could reasonably be expected to threaten/harm the physical/mental health of a third person;

   c) disclosure could reasonably be expected to harm the business interests of a third party;

   d) any other relevant considerations under the Act; and,
3) review and approve from time to time schedules of university records, and authorize the destruction of records from time to time as needed.

The Review Committee shall be comprised of the following members:

a) Vice-President (Administration) or designate, who shall be chair of the Committee;
b) Vice-President (Academic) or designate;
c) Vice-President (Research) or designate;
d) Vice-President (External) or designate;
e) Vice-Provost (Student Affairs) or designate;
f) Executive Director of Information Services and Technology or designate;
g) Executive Director of Human Resources or designate; and
h) General Counsel to the University, the Coordinator, and the Director of Public Relations, as ex-officio members.

Quorum for a meeting of the Review Committee and for the conduct of any matters contemplated herein shall be five (5) of the seven (7) members, not including the ex-officio members.

D) Research Ethics Boards

The appropriate research ethics board shall review research requests for access to personal information contained within records in the custody or control of the University in accordance with the Act. Where there is uncertainty in determining whether a request for access relates to a research project, the application will be dealt with by the appropriate research ethics board of the University as a research request.

E) Application Process

Any formal access request by an individual for information shall be made to the Office of the Coordinator and shall be handled in accordance with the law, as amended from time to time.

The Personal Health Information Act (Manitoba) (“PHIA” or the “Act”)

Preamble and Purpose:

PHIA applies to all health records in the custody or under the control of the University except for anonymous or statistical health information that does not, either by itself or when combined with other information available to the holder, permit individuals to be identified.
PHIA is intended to:

a) provide individuals with a right to examine and receive a copy of personal health information about themselves maintained by the University, subject to the limited and specific exceptions set out in the Act;

b) provide individuals with a right to request corrections to personal health information about themselves maintained by the University;

c) control the manner in which the University may collect personal health information;

d) protect individuals against the unauthorized use, disclosure or destruction of personal health information by the University;

e) control the collection, use and disclosure of an individual’s personal health information number;

f) provide for an independent review of the decisions of the University under the Act.

The purpose of this Administrative Bulletin is to establish the roles of the Coordinator, the Unit Liaison Members, the Review Committee, and the Research Ethics Boards in dealing with applications for disclosure and privacy complaints under PHIA.

A) Coordinator

The Coordinator shall:

1) facilitate all access requests to the University under PHIA by:

   a) receiving applications for access under PHIA;

   b) consulting with Unit Liaison Members in determining whether the record/information referenced in the application exists and in assessing any fees in providing the information to the applicant;

   c) taking the application to the Review Committee with a recommendation where appropriate, for determination as to whether to disclose the information;

   d) conveying the decision to the appropriate Unit Liaison and the applicant;

2) answer questions about PHIA as it applies to the University;
3) be responsible for the creation and management of an official records management program for the University, which will, \textit{inter alia}, establish retention, destruction and audit procedures in accordance with the Act;

4) receive and respond to complaints under PHIA; and,

5) coordinate the implementation of PHIA through various information seminars, pamphlets, brochures and articles.

B) Unit Liaison Members

Unit Liaison Members shall:

a) disseminate information about PHIA and decisions made by the Review Committee, received from the Coordinator’s Office, throughout their units;

b) assist in training front-line staff in handling requests for information;

c) where the request proceeds through PHIA, consult with the Coordinator in determining whether the record/information referenced in the application exists and provide estimates of the time to comply with the access requests needed to assess any fees in providing the information to the applicant;

d) coordinate the compilation of records necessary to answer approved access requests; and,

e) implement and support the official records management program for the University as required by the Coordinator.

C) Review Committee

The Review Committee shall:

1) establish procedures and guidelines from time to time for the review of requests for access to records;

2) determine whether to disclose/give access to records contained in an application and if so, in what form (entire record or parts of record), and in so doing, consider whether, pursuant to PHIA:
a) knowledge of the information in the records could reasonably be expected to endanger the mental or physical health or the safety of the individual or another person;

b) disclosure could reveal personal health information about another person;

c) disclosure could identify a third party who supplied the information in confidence;

d) any other relevant considerations under the Act; and,

3) review and approve from time to time schedules of university records containing personal health information, and authorize the destruction of records from time to time as needed according to the requirements of the Act and any relevant regulations.

The Review Committee shall be comprised of the following members:

a) Vice-President (Administration) or designate, who shall be chair of the Committee;
b) Vice-President (Academic) or designate;
c) Vice-President (Research) or designate;
d) Vice-President (External) or designate;
e) Vice-Provost (Student Affairs) or designate;
f) Executive Director of Information Services and Technology or designate;
g) Executive Director of Human Resources or designate; and
h) General Counsel to the University, the Coordinator, and the Director of Public Relations, as ex-officio members.

Quorum for a meeting of the Review Committee and for the conduct of any matters contemplated herein shall be five (5) of the seven (7) members, not including the ex-officio members.

D) Research Ethics Boards

The appropriate research ethics board of the University shall review research requests for access to personal health information contained within records in the custody or control of the University in accordance with the Act. Where there is uncertainty in determining whether a request for access relates to a research project, the application will be dealt with by the appropriate research ethics board of the University as a research request.
E) Application Process

Any request by an individual for his/her own personal health information shall be made to the office having custody of the record. Should the office having custody of the records refuse access, the individual shall make application to the Office of the Coordinator and such application shall be handled in accordance with the law, as amended from time to time.

Any third party requesting personal health information about someone else shall make application through the Office of the Coordinator and such application shall be handled in accordance with the law, as amended from time to time.