



STANDARD OPERATING PROCEDURE

Title:	10.1 Centre for Heart Lung Innovation Privacy Policy		
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Originator and Date:	Peter Paré October 28, 2004	Effective Date:	04April2005
Review Frequency:	annually	Approved By:	The JHRC Privacy Team
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Revision History		
Date	Reviewer	Summary of revision
Feb2006	Jacqui Brinkman	No revisions
02Feb2007	Jacqui Brinkman andRichard Hegele	No revisions
25Apr2008	Jacqui Brinkman	Revision History table added, replacing “Last Date Reviewed and Reviewer” box Under 5, updated statement so approval is by Providence Health Care REB, not PHC and UBC Changed volunteer to trainee
08Feb2008	Rick Hegele	Changed ‘out of Canada’ to ‘outside of Canada’ under Confidential information
March 2009	Jacqui Brinkman	No revisions
19Apr2012	Raquel Park/Joe Comeau	Update “iCAPTURE Centre” to “JHRC”
Aug 2013	Raquel Park/Joe Comeau	Update “JHRC” to “HLI”

1. BACKGROUND

As a public body and a steward of personal information, the Centre for Heart Lung Innovation is responsible for the protection of all personal information under its custody and control and is accountable for protecting the privacy and security of all personal information in accordance with existing legislation, public expectations and internationally accepted fair information practices. *FOIPPA* provides a framework for circumstances in which personal information may be collected, used or disclosed by all provincial public bodies. Other applicable best practice



standards to which the HLI adheres include the *TCPS* and the *CIHR Best Practices for Protecting Privacy in Health Research*.

2. PURPOSE

The goal of Information Privacy is to promote secure behavior and create a transformed culture through education and awareness, policies and procedures, consistent processes based on best practices, and the use of privacy-enhancing technologies. The HLI protects individual privacy rights while advancing appropriate and efficient information sharing to further research goals. The purpose of this policy is to protect all personal information of research subjects/partners, patients/residents/clients and to ensure that it is collected, used, retained and disclosed by the HLI, as governed by *FOIPPA*, and to ensure that personal information is accessed only on a need to know basis and only for its intended purpose.

3. SCOPE

This policy applies to all staff working for, or associated with, the HLI and any of its affiliated Programs and Agencies that are covered by *FOIPPA*. Protecting personal privacy is a fundamental issue that is integrated into HLI's organizational culture and into every research process.

4. POLICY STATEMENT

The right of privacy includes an individual's right to determine with whom they will share information and to know of, and exercise control over collection, use, disclosure, access and retention of information about them.

The HLI is committed to ensuring the protection of privacy through responsible personal information management practices. Information under our control will be used and disclosed only on a need-to-know basis in accordance with legislation and professional Codes of Ethics. Our commitment requires that these principles be supported by appropriate means.

Individuals covered by this policy receive adequate training and supervision so that they have a clear understanding of their role and responsibility as it relates to privacy and security of personal information.

5. PROCEDURE

Purpose of Collecting Personal Information

All personal information is collected, used and disclosed under the requirements of *FOIPPA*, applicable Codes of Ethics and best practices for sharing and protecting personal information. All collection, use and disclosure is described and documented and must be approved by the Providence Health Care Research Ethics Board. All paper documents or electronic storage media containing personal information are the property of the HLI but the information belongs to the



person about whom the information is recorded. Derived results and analyses which constitute the product of research remain the property of the HLI. Privacy and Security policies apply to all locations where information is processed or stored.

Security

The HLI has in place security arrangements to protect personal information from unauthorized access, collection, use, disclosure, or disposal.

Accuracy of Information

The HLI will make reasonable efforts to ensure that employee personal information is accurate if it is to be used to make a decision that will directly affect the research subject/partner, patient/resident/client.

Access to Personal Information and Requests for Correction

The HLI will comply with *FOIPPA* regarding providing access for individuals to their own personal information, and dealing with requests for correction of personal information.

Confidential Information

All new employees, trainees, affiliates are required to review this policy and signify their understanding in writing by signing the attached *Confidentiality Agreement* in regard to their professional responsibilities related to confidentiality of personally identifiable information. Students will sign the statement individually or as part of their affiliation agreement. No person will be given access to employee or patient/resident/client records until a *Confidentiality Agreement* is signed.

Intentionally viewing confidential information that is not necessary to perform an individual's role is considered a breach of confidentiality even if that information is not disclosed to another party. Confidential information must not be discussed in any physical location where others may overhear. Unapproved access or communication of confidential information constitutes a breach of confidentiality. Should an investigation determine that a breach of confidentiality has occurred; the individual will be subject to discipline, up to and including termination of privileges or employment.

The individuals covered by this policy may have access to personal information only as required in the fulfilment of the terms of one's employment/relationship within the HLI.

Designated staff may only disclose or release personal information, to which they have access, for the purpose for which it was obtained or compiled: if authorization has been given, if its release meets applicable sections of *FOIPPA* and of the specific protocol approved by the Research Ethics Board and/or is required through subpoena, court order or legislation. No disclosure outside of Canada is permitted. Organizational procedures must be followed in regard to such requests.



Any third party (such as a collaborating researcher or industrial partners) with whom we share research results will not have access to personal information. However if such requests are contemplated any third party (such as other health care agencies, affiliates, consultants, vendors or researchers) requiring access to personal information agree to maintain confidentiality as a condition of the contract being awarded. Maintenance of confidentiality and consequences of breach are included in all data sharing agreements.

Accountability

All individuals are covered by this policy during their relationship with the HLI and must maintain the confidentiality of information, learned in the fulfilment of their duties, after that relationship has ended. All information in the custody and control of the JHRC is covered by this policy and the associated legislative and common law rules.

Senior Leadership Responsibilities:

To communicate the policy and ensure all individuals covered by this policy are clear on their role and how it relates to Privacy and Security of Personal information.

Supervisors/Managers Responsibilities:

Ensure that all new and existing staff receive appropriate orientation/training on how to treat and protect personal information in their area.

To ensure processes are in place to protect personal information.

To ensure non employees working within the HLI (students, other trainees, physicians, researchers) read and understand the policy and sign the *Confidentiality Agreement*. The signed Agreement will be retained by the Manager, Human Resources.

Human Resources Responsibilities:

To ensure all new staff receive privacy documents as part of their orientation manual, sign the *Confidentiality Agreement* and place such document on the personnel file.

To protect the use, access and release of personal information of staff by putting processes in place in Human Resources.

Employee Responsibilities:

To sign the *Confidentiality Agreement* signifying they have read and understood the policy.

To follow the policy and become aware of how to appropriately collect, use, disclose and protect personal information.

6. REFERENCES

A. Centre for Heart Lung Innovation Policies:

- PR-0301: Consent;
- PR-0706: Acceptable Use of Computer Accounts;



Centre for
Heart Lung Innovation
UBC and St. Paul's Hospital

- PR-0801: Limiting Access for use and disclosure of data;
 - PR-0806: Third party access;
 - PR-1004: Individual's right to access and correction of records.
- B. All CSA *Model Code* Principles.
- C. CMA *Health Information Privacy Code*, Canadian Medical Association, August 15, 1998.