

Instructions

There are three parts to this Privacy Impact Assessment (PIA). The first part will provide general instructions as to the purpose of this PIA and how it is to be used. The second section contains the questions that need to be considered in the PIA. These questions are divided into three separate sections:

Questions Dealing with Compliance to The Health Information Protection Act (HIPA)

These questions deal directly with compliance to HIPA. In addition to the questions, further details (i.e. wording of the legislation) can be easily navigated to.

[click here to view these questions](#)

Questions Dealing with Organizational Privacy Practices

Additional Questions addressing organizational privacy practices. These questions address best practices above and beyond that which is required by legislation.

[click here to view these questions](#)

Questions Dealing with Program/Project Privacy Practices

This set of questions may be used to address a specific project or program.

[click here to view these questions](#)

The third and final section contains additional details associated with the questions found in the PIA. These details may include references to The Health Information Protection Act (HIPA), examples, and any other appropriate resources

Please note that “navigational links” are found throughout this document. These links allow the reader to jump to specific sections of the document and then easily return to where they had originated. The links in the electronic version of this document are:

- From the Instructions section to the appropriate PIA questions (and vice-versa)
- From the PIA questions to the “Details” section (and vice-versa)

Questions Dealing with Compliance to HIPA

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Definition of personal health information & authorization to collect, use, and disclose

- Is personal health information being collected? **HIPA Section 2(m)** [details](#)
- What personal health information is being collected?
- Is the organization recognized as a “trustee” that is authorized to collect, use, and disclose personal health information? **Section 2(t)** [details](#)

Individuals right to be informed

- Will individuals be informed as to the anticipated uses and/or disclosures of personal health information? **HIPA Section 9(1),(2)** [details](#)
- Are means and methods established to inform individuals of the access and privacy rights that they have regarding their personal health information? **HIPA Section 9(3)** [details](#)
- Are policies and procedures in place that allow the trustee to inform an individual when that individual’s personal health information has been disclosed without consent? **HIPA Section 10** [details](#)

Access of Individuals to Personal Health Information for Amendment and Review

- Are there procedures in place to enable an individual to request/review a copy of their personal health information? **HIPA Section 12** [details](#)
- Are there procedures in place to amend an individual's personal health information, if requested? **HIPA Section 13 & 40 (1), (2), (3)** [details](#)
- If amendments to personal health information are made, are there policies and procedures in place to inform other trustees or parties that have been the recipients of personal health information of the amendments that have been made? **HIPA Section 40 (4), (5), (6)** [details](#)
- Are there policies and procedures in place to ensure that personal information is as accurate and complete as possible? **HIPA Section 19** [details](#)
- Are policies and procedures in place to accommodate individual requests for access to personal health information? **HIPA Sections 32, 33, & 34** [details](#)
- Are there resources available to respond to an individual’s request for access to personal health information and to meet the ‘duty to assist’? **HIPA Sections 35, 36, 37** [details](#)
- Are there policies and procedures in place to, when appropriate, deny an individual request for access to personal health information? **HIPA Section 38** [details](#)

Protection of Personal Health Information

- Do policies and procedures exist to ensure that personal health information is properly protected? **HIPA Section 16** [details](#)
- Are policies and procedures in place that allow for the retention and retrieval of personal health information? **HIPA Section 17(2)(a)** [details](#)
- Are policies and procedures in place to govern the destruction of records that contain personal health information? **HIPA Section 17(2)(b)** [details](#)
- In the case of personal health information being handled by an “information management service provider, are there policies, procedures, and/or agreements in place to ensure that the information management service provider properly cares for personal health information that they have been entrusted with? **HIPA Section 18** [details](#)

Consent for collection, use and disclosure of personal health information

- Will the individual receive enough information to properly consent to the collection, use and disclosure of their personal health information? **HIPA Section 6(2)** [details](#)
- Are procedures and processes in place to accommodate an individual’s revocation of consent for the collection, use, and disclosure of personal information? **HIPA Section 7** [details](#)
- Is explicit consent required to disclose personal health information? Or can disclosure be authorized by “deemed” consent? **HIPA Section 27(1), (2)** [details](#)
- If explicit consent is not required to disclose personal health information, will the disclosure be made in compliance with the prescribed circumstances where consent is not required? **HIPA Section 27(4)** [details](#)

Limits on Collection, Use, and Disclosure

- Is the least amount of personal health information being *collected* to satisfy the purpose for which the information is needed? **HIPA Section 23(1)** [details](#)
- Is the least amount of personal health information being *disclosed* to satisfy the purpose for which the information is requested? **HIPA Section 23(1)** [details](#)
- Are policies and procedures in place that ensure only the appropriate employees have access to personal health information? **HIPA Section 23(2)** [details](#)
- Is the primary purpose for collecting personal health information that of providing a program, activity, or service that will be of benefit to the subject individual? **HIPA Section 24** [details](#)
- In the situation(s) where personal health information is NOT collected directly from the individual, is it collected in a manner allowed by legislation? **HIPA Section 25** [details](#)
- Is personal health information being used for its originally prescribed purpose or a purpose permitted by legislation? **HIPA Section 26** [details](#)

Disclosure for Research Purposes

- Will personal health information be used for research purposes?
- Are appropriate policies and procedures in place to allow for research that requires the consent of individuals to obtain personal health information? [details](#)
- Are appropriate policies and procedures in place to allow for research where it is not practical to obtain consent from individuals? [details](#)

Questions Dealing with Organizational Privacy Practices

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Organizational Governance

- Is there an organizational strategic plan or business plan that clearly addresses privacy protection?
- Does a written privacy charter or policy exist?
- Have privacy guidelines been developed for various aspects of the organization's operations?
- Is there an appointed privacy director or champion within the organization?
- Does a management reporting process exist to ensure that management is informed of any privacy compliance issues?
- Is senior management actively involved in the development, implementation and/or promotion of privacy measures within the organization?
- Is it understood in the organization that the Head is accountable for compliance with access and privacy legislation, and that any delegation of powers and duties should be formally recorded?
- Are there written organizational policies and procedures that define the responsibility for protecting personal information/personal health information?

Human Resource Practices

- Do employees with access to personal information/personal health information receive training related to privacy legislation as well as organizational privacy policies and practices?
- Is an employee within the organization formally designated responsibility for the daily administration of privacy compliance? Is the identity of the individual known throughout the organization?
- Is there a list of the staff positions or categories that use this personal information/personal health information?
- Do staff receive ongoing training about security policies and procedures, and are they made aware of the importance of security and confidentiality on an ongoing basis?
- Can individuals within the organization obtain information about privacy policies and procedures with reasonable ease?

Privacy Controls and Security

- Have security procedures for the collection, transmission, storage, and disposal of personal information/personal health information, and access to it, been documented?
- Is there an audit trail maintained to document when and by whom a file or record was created, updated, or viewed?
- Does staff maintain a disclosure log or audit trail of:

- i. What information has been disclosed
- ii. The recipient
- iii. Purpose and authority for the disclosure

- Are access logs and audit trails reviewed on a regular basis?
- Are there written information security policies including a definition of roles and responsibilities and sanctions for breaches of policy?
- Are there security measures in place for personal information/personal health information regardless of media format?
- Is access to personal information/personal health information regularly monitored and audited?
- Are users assigned unique user identifications and passwords for access to personal information/personal health information and are passwords changed regularly?
- Are access privileges revoked promptly when required (e.g. when an employee leaves or moves)?
- Are external providers of information management or technology services covered by written agreements dealing with risks including unauthorized access, use, disclosure, retention, and destruction or alteration as required under section 18 HIPA?

Questions Dealing with Program/Project Privacy Practices

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- Has a listing of all personal information/personal health information or data elements to be collected, used or disclosed in the project/program been prepared?
- Is there a detailed description of the type of personal information/personal health information collected for this project/program?
- Have diagrams been prepared depicting the flow of personal information for this project/program?
- Are there physical, administrative and technical controls that limit access to identifiable personal information/personal health information to those who have a need to know?
- Have documents been prepared showing which persons, positions or employee categories will have access to which personal information/personal health information?
- Is the least amount of personal information/personal health information collected and used to meet the stated purpose?
- Will personal information/personal health information collected or used in this project/program be disclosed to any persons who are not employees of the responsible organization?

Definition of personal health information & authorization to collect, use, and disclose

HIPA Section 2(m)

“**personal health information**” means, with respect to an individual, whether living or deceased:

- (i) information with respect to the physical or mental health of the individual;
 - (ii) information with respect to any health service provided to the individual;
 - (iii) information with respect to the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance of the individual;
 - (iv) information that is collected:
 - (A) in the course of providing health services to the individual; or
 - (B) Incidentally to the provision of health services to the individual;
- or
- (v) registration information; [return to question](#)

HIPA Section 2(t)

“trustee” means any of the following that have custody or control of personal health information:

- (i) a government institution;
- (ii) a regional health authority or a health care organization;
- (iii) a person who operates a special-care home as defined in *The Housing and Special-care Homes Act*;
- (iv) a licensee as defined in *The Personal Care Homes Act*;
- (v) a person who operates a facility as defined in *The Mental Health Services Act*;
- (vi) a licensee as defined in *The Health Facilities Licensing Act*;
- (vii) an operator as defined in *The Ambulance Act*;
- (viii) a licensee as defined in *The Medical Laboratory Licensing Act, 1994*;
- (ix) a proprietor as defined in *The Pharmacy Act, 1996*;
- (x) a community clinic:
 - (A) as defined in section 263 of *The Co-operatives Act, 1996*;
 - (B) within the meaning of section 9 of *The Mutual Medical and Hospital Benefit Associations Act*; or
 - (C) incorporated or continued pursuant to *The Non-profit Corporations Act, 1995*;
- (xi) the Saskatchewan Cancer Foundation;
- (xii) a person, other than an employee of a trustee, who is:
 - (A) a health professional licensed or registered pursuant to an Act for which the minister is responsible; or
 - (B) a member of a class of persons designated as health professionals in the regulations;
- (xiii) a health professional body that regulates members of a health profession pursuant to an Act;
- (xiv) a person, other than an employee of a trustee, who or body that provides a health service pursuant to an agreement with another trustee;
- (xv) any other prescribed person, body or class of persons or bodies; [return to question](#)

Individuals right to be informed

HIPA Section 9 (1), (2)

(1) An individual has the right to be informed about the anticipated uses and disclosures of the individual's personal health information.

(2) When a trustee is collecting personal health information from the subject individual, the trustee must take reasonable steps to inform the individual of the anticipated use and disclosure of the information by the trustee. [return to question](#)

HIPA Section 9 (3)

(3) A trustee must establish policies and procedures to promote knowledge and awareness of the rights extended to individuals by this Act, including the right to request access to their personal health information and to request amendment of that personal health information. [return to question](#)

HIPA Section 10 (1), (2)

(1) A trustee must take reasonable steps to ensure that the trustee is able to inform an individual about any disclosures of that individual's personal health information made without the individual's consent after the coming into force of this section.

(2) This section does not apply to the disclosure of personal health information for the purposes or in the circumstances set out in subsection 27(2). [return to question](#)

Access of Individuals to Personal Health Information

HIPA Section 12

In accordance with Part V, an individual has the right to request access to personal health information about himself or herself that is contained in a record in the custody or control of a trustee. [return to question](#)

HIPA Section 13

In accordance with Part V, an individual who is given access to a record that contains personal health information with respect to himself or herself is entitled:

- (a) to request amendment of the personal health information contained in the record if the person believes that there is an error or omission in it; or
- (b) if an amendment is requested but not made, to require that a notation to that effect be made in the record.

HIPA Section 40 (1), (2), (3)

(1) An individual who is given access to a record that contains personal health information with respect to himself or herself is entitled:

- (a) to request amendment of the personal health information contained in the record if the person believes that there is an error or omission in it; or
- (b) if an amendment is requested but not made, to require that a notation to that effect be made in the record.

(2) A request for amendment must be in writing.

(3) Within 30 days after a request for amendment is received, the trustee shall advise the individual in writing that:

- (a) the amendment has been made; or
- (b) a notation pursuant to clause (1)(b) has been made. [return to question](#)

HIPA Section 40 (4), (5), (6)

(4) Subject to subsection (6), where a trustee makes an amendment or adds a notation pursuant to clause (1)(b), the trustee must, where practicable, give notice of the amendment or notation to any other trustee or person to whom the personal health information has been disclosed by the trustee within the period of one year immediately before the amendment was requested.

(5) A trustee that receives a notice pursuant to subsection (4) must make the amendment or add the notation to any record in the custody or control of the trustee that contains personal health information respecting the individual who requested the amendment.

(6) A trustee is not required to notify other trustees where:

- (a) an amendment or a notation cannot reasonably be expected to have an impact on the ongoing provision of health services to the individual; or
- (b) the personal health information was disclosed to the other trustees for any of the purposes or in any of the circumstances set out in subsection 27(2). [return to question](#)

HIPA Section 19

In collecting personal health information, a trustee must take reasonable steps to ensure that the information is accurate and complete. [return to question](#)

HIPA Sections 32, 33, 34

32

Subject to this Part, on making a written request for access, an individual has the right to obtain access to personal health information about himself or herself that is contained in a record in the custody or control of a trustee.

33

Nothing in this Act precludes:

- (a) an individual from making an oral request for access to personal health information about himself or herself that is contained in a record in the custody or control of a trustee; or
- (b) a trustee from responding to an oral request.

34

(1) An individual may, in accordance with the regulations, make a written request for access to personal health information about himself or herself that is contained in a record in the custody or control of a trustee.

(2) A written request for access must:

- (a) be made to the trustee that the applicant believes has custody or control of the record containing the personal health information; and
- (b) contain sufficient detail to enable the trustee to identify the personal health information requested.

(3) An applicant must prove his or her identity to the satisfaction of the trustee.

(4) The right to make an application for review pursuant to section 42 applies only to written requests for access. [return to question](#)

HIPA Sections 35, 36, 37

35

(1) Subject to sections 36 to 38, a trustee shall respond to a written request for access openly, accurately and completely.

(2) On the request of an applicant, a trustee shall:

- (a) provide an explanation of any term, code or abbreviation used in the personal health information; or
- (b) if the trustee is unable to provide an explanation in accordance with clause (a), refer the applicant to a trustee that is able to provide an explanation.

36

(1) Within 30 days after receiving a written request for access, a trustee must respond to the request in one of the following ways:

- (a) by making the personal health information available for examination and providing a copy, if requested, to the applicant;
- (b) by informing the applicant that the information does not exist or cannot be found;
- (c) by refusing the written request for access, in whole or in part, and informing the applicant:
 - (i) of the refusal and the reasons for the refusal; and
 - (ii) of the applicant's right to request a review of the refusal pursuant to Part VI;
- (d) by transferring the written request for access to another trustee if the personal health information is in the custody or control of the other trustee.

(2) A trustee that transfers a written request for access pursuant to clause (1)(d) must notify the applicant of the transfer as soon as reasonably possible, and the trustee to whom the written request for access is transferred must respond to it within 30 days after the date of transfer.

(3) The failure of a trustee to respond to a written request for access within the period mentioned in subsection (1) or (2) is deemed to be a decision to refuse to provide access to the personal health information, unless the written request for access is transferred to another trustee pursuant to clause (1)(d).

37

(1) A trustee may extend the period set out in subsection 36(1) for a reasonable period not exceeding 30 days where:

- (a) the request is for access to a large number of records or necessitates a search through a large number of records or there is a large number of requests, and completing the work within the original period would unreasonably interfere with the operations of the trustee; or
- (b) consultations that are necessary to comply with the request cannot reasonably be completed within the original period.

(2) A trustee who extends a period pursuant to subsection (1) shall give notice of the extension to the applicant within 30 days after the request is made. [return to question](#)

HIPA Section 38

(1) Subject to subsection (2), a trustee may refuse to grant an applicant access to his or her personal health information if:

- (a) in the opinion of the trustee, knowledge of the information could reasonably be expected to endanger the mental or physical health or the safety of the applicant or another person;
- (b) disclosure of the information would reveal personal health information about another person who has not expressly consented to the disclosure;
- (c) disclosure of the information could reasonably be expected to identify a third party, other than another trustee, who supplied the information in confidence under circumstances in which confidentiality was reasonably expected;
- (d) subject to subsection (3), the information was collected and is used solely:
 - (i) for the purpose of peer review by health professionals, including joint professional review committees within the meaning of *The Saskatchewan Medical Care Insurance Act*;
 - (ii) for the purpose of review by a standards or quality of care committee established to study or evaluate health services practice in a health services facility or health services agency, including a committee as defined in section 35.1 of *The Saskatchewan Evidence Act*, or
 - (iii) for the purposes of a body with statutory responsibility for the discipline of health professionals or for the quality or standards of professional services provided by health professionals;
- (e) the information was collected principally in anticipation of, or for use in, a civil, criminal or quasi-judicial proceeding; or
- (f) disclosure of the information could interfere with a lawful investigation or be injurious to the enforcement of an Act or regulation.

(2) Where a record contains information to which an applicant is refused access, the trustee shall grant access to as much of the record as can reasonably be severed without disclosing the information to which the applicant is refused access.

(3) Where access to personal health information is refused pursuant to clause (1)(d), a trustee must refer the applicant to the trustees from which the personal health information was collected. [return to question](#)

Protection of Personal Health Care Information

HIPA Section 16

Subject to the regulations, a trustee that has custody or control of personal health information must establish policies and procedures to maintain administrative, technical and physical safeguards that will:

- (a) protect the integrity, accuracy and confidentiality of the information;
- (b) protect against any reasonably anticipated:
 - (i) threat or hazard to the security or integrity of the information;
 - (ii) loss of the information; or
 - (iii) unauthorized access to or use, disclosure or modification of the information; and
- (c) otherwise ensure compliance with this Act by its employees. [return to question](#)

HIPA Section 17 (2a)

(2) A trustee must ensure that:

- (a) personal health information stored in any format is retrievable, readable and useable for the purpose for which it was collected for the full retention period of the information established in the policy mentioned in subsection (1) [return to question](#)

HIPA Section 17 (2b)

(2) A trustee must ensure that:

- (b) personal health information is destroyed in a manner that protects the privacy of the subject individual. [return to question](#)

HIPA Section 18

(1) A trustee may provide personal health information to an information management service provider:

- (a) for the purpose of having the information management service provider process, store, archive or destroy the personal health information for the trustee;
- (b) to enable the information management service provider to provide the trustee with information management or information technology services;
- (c) for the purpose of having the information management service provider take custody and control of the personal health information pursuant to section 22 when the trustee ceases to be a trustee; or
- (d) for the purpose of combining records containing personal health information.

(2) Not yet proclaimed.

(3) An information management service provider shall not use, disclose, obtain access to, process, store, archive, modify or destroy personal health information received from a trustee except for the purposes set out in subsection (1).

(4) Not yet proclaimed.

(5) If a trustee is also an information management service provider and has received personal health information from another trustee in accordance with subsection (1), the trustee receiving the information is deemed to be an information management service provider for the purposes of that personal health information and does not have any of the rights and duties of a trustee with respect to that information.

[return to question](#)

Consent for collection, use and disclosure of personal health information

HIPA Section 6(1)

Where consent is required by this Act for the collection, use or disclosure of personal health information, the consent:

- (a) must relate to the purpose for which the information is required;
- (b) must be informed;
- (c) must be given voluntarily; and
- (d) must not be obtained through misrepresentation, fraud or coercion. [return to question](#)

HIPA Section 6(2)

(2) A consent to the collection, use or disclosure of personal health information is informed if the individual who gives the consent is provided with the information that a reasonable person in the same circumstances would require in order to make a decision about the collection, use or disclosure of personal health information. [return to question](#)

HIPA Section 7

(1) An individual may revoke his or her consent to the collection of personal health information or to the use or disclosure of personal health information in the custody or control of a trustee.

(2) A consent may be revoked at any time, but no revocation shall have retroactive effect.

(3) A trustee must take all reasonable steps to comply with a revocation of consent promptly after receiving the revocation. [return to question](#)

HIPA Section 27(1), (2)

(1) A trustee shall not disclose personal health information in the custody or control of the trustee except with the consent of the subject individual or in accordance with this section, section 28 or section 29.

(2) A subject individual is deemed to consent to the disclosure of personal health information:

(a) for the purpose for which the information was collected by the trustee or for a purpose that is consistent with that purpose;

(b) for the purpose of arranging, assessing the need for, providing, continuing, or supporting the provision of, a service requested or required by the subject individual; or

(c) to the subject individual's next of kin or someone with whom the subject individual has a close personal relationship if:

(i) the disclosure relates to health services currently being provided to the subject individual; and

(ii) the subject individual has not expressed a contrary intention to a disclosure of that type. [return to question](#)

HIPA Section 27(4)

(4) A trustee may disclose personal health information in the custody or control of the trustee without the consent of the subject individual in the following cases:

(a) where the trustee believes, on reasonable grounds, that the disclosure will avoid or minimize a danger to the health or safety of any person;

(b) where, in the opinion of the trustee, disclosure is necessary for monitoring, preventing or revealing fraudulent, abusive or dangerous use of publicly funded health services;

(c) where the disclosure is being made to a trustee that is the successor of the trustee that has custody or control of the information, if the trustee makes a reasonable attempt to inform the subject individuals of the disclosure;

(d) to a person who, pursuant to *The Health Care Directives and Substitute Health Care Decision Makers Act*, is entitled to make a health care decision, as defined in that Act, on behalf of the subject individual, where the personal health information is required to make a health care decision with respect to that individual;

(e) if the subject individual is deceased:

(i) where the disclosure is being made to the personal representative of the subject individual for a purpose related to the administration of the subject individual's estate; or

(ii) where the information relates to circumstances surrounding the death of the subject individual or services recently received by the subject individual, and the disclosure:

(A) is made to a member of the subject individual's immediate family or to anyone else with whom the subject individual had a close personal relationship; and

(B) is made in accordance with established policies and procedures of the trustee, or where the trustee is a health professional, made in accordance with the ethical practices of that profession;

(f) where the disclosure is being made in accordance with section 22 to another trustee or an information management service provider that is a designated archive;

(g) where the disclosure is being made to a standards or quality of care committee established by one or more trustees to study or evaluate health services practice in a health services facility, health region or other health service area that is the responsibility of the trustee, if the committee:

(i) uses the information only for the purpose for which it was disclosed;

(ii) does not make a further disclosure of the information; and

(iii) takes reasonable steps to preserve the confidentiality of the information;

- (h) subject to subsection (5), where the disclosure is being made to a health professional body or a prescribed professional body that requires the information for the purposes of carrying out its duties pursuant to an Act with respect to regulating the profession;
- (i) where the disclosure is being made for the purpose of commencing or conducting a proceeding before a court or tribunal or for the purpose of complying with:
 - (i) an order or demand made or subpoena or warrant issued by a court, person or body that has the authority to compel the production of information; or
 - (ii) rules of court that relate to the production of information;
- (j) subject to subsection (6), where the disclosure is being made for the provision of health or social services to the subject individual, if, in the opinion of the trustee, disclosure of the personal health information will clearly benefit the health or well-being of the subject individual, but only where it is not reasonably practicable to obtain consent;
- (k) where the disclosure is being made for the purpose of:
 - (i) obtaining payment for the provision of services to the subject individual; or
 - (ii) planning, delivering, evaluating or monitoring a program of the trustee;
- (l) where the disclosure is permitted pursuant to any Act or regulation;
- (m) where the disclosure is being made to the trustee's legal counsel for the purpose of providing legal services to the trustee;
- (n) in the case of a trustee who controls the operation of a pharmacy as defined in *The Pharmacy Act, 1996*, a physician, a dentist or the minister, where the disclosure is being made pursuant to a program to monitor the use of drugs that is authorized by a bylaw made pursuant to *The Medical Profession Act, 1981* and approved by the minister;
- (o) in the case of a trustee who controls the operation of a pharmacy as defined in *The Pharmacy Act, 1996*, where the disclosure is being made pursuant to a program to monitor the use of drugs that is authorized by a bylaw made pursuant to *The Pharmacy Act, 1996* and approved by the minister;
- (p) in prescribed circumstances. [return to question](#)

Limits on Collection, Use, and Disclosure

HIPA Section 23(1)

(1) A trustee shall collect, use or disclose only the personal health information that is reasonably necessary for the purpose for which it is being collected, used or disclosed. [return to question](#)

HIPA Section 23(2)

(2) A trustee must establish policies and procedures to restrict access by the trustee's employees to an individual's personal health information that is not required by the employee to carry out the purpose for which the information was collected or to carry out a purpose authorized pursuant to this Act. [return to question](#)

HIPA Section 24

- (1) A trustee shall ensure that the primary purpose for collecting personal health information is for the purposes of a program, activity or service of the trustee that can reasonably be expected to benefit the subject individual.
- (2) A trustee may collect personal health information for a secondary purpose if the secondary purpose is consistent with any of the purposes for which personal health information may be disclosed pursuant to section 27, 28 or 29.
- (3) Nothing in this Act prohibits the collection of personal health information where that collection is authorized by another Act or by a regulation made pursuant to another Act.
- (4) A trustee may collect personal health information for any purpose with the consent of the subject individual. [return to question](#)

HIPA Section 25

(1) Subject to subsection (2), a trustee shall collect personal health information directly from the subject individual, except where:

- (a) the individual consents to collection of the information by other methods;
- (b) the individual is unable to provide the information;
- (c) the trustee believes, on reasonable grounds, that collection directly from the subject individual would prejudice the mental or physical health or the safety of the subject individual or another individual;
- (d) the information is collected, and is necessary, for the purpose of:
 - (i) determining the eligibility of the individual to participate in a program of the trustee or receive a product or service from the trustee, in the course of processing an application made by or on behalf of the individual; or
 - (ii) verifying the eligibility of the individual who is participating in a program of the trustee or receiving a product or service from the trustee;
- (e) the information is available to the public;
- (f) the trustee collects the information by disclosure from another trustee pursuant to section 27, 28 or 29; or
- (g) prescribed circumstances exist.

(2) Where the collection is for the purpose of assembling the family health history of an individual, a trustee may collect personal health information from the individual about other members of the individual's family.

(3) Where a trustee collects personal health information from anyone other than the subject individual, the trustee must take reasonable steps to verify the accuracy of the information. [return to question](#)

HIPA Section 26

(1) A trustee shall not use personal health information in the custody or control of the trustee except with the consent of the subject individual or in accordance with this section.

(2) A trustee may use personal health information:

- (a) for a purpose for which the information may be disclosed by the trustee pursuant to section 27, 28 or 29;
- (b) for the purposes of de-identifying the personal health information;
- (c) for a purpose that will primarily benefit the subject individual; or
- (d) for a prescribed purpose.

(3) Nothing in subsection (2) authorizes a trustee as an employer to use or obtain access to the personal health information of an individual who is an employee or prospective employee for any purpose related to the employment of the individual without the individual's consent. [return to question](#)

HIPA Section 29(1)

(1) A trustee or a designated archive may use or disclose personal health information for research purposes with the express consent of the subject individual if:

- (a) in the opinion of the trustee or designated archive, the research project is not contrary to the public interest;
- (b) the research project has been approved by a research ethics committee approved by the minister; and
- (c) the person who is to receive the personal health information enters into an agreement with the trustee or designated archive that contains provisions:
 - (i) providing that the person who is to receive the information must not disclose the information;
 - (ii) providing that the person who is to receive the information will ensure that the information will be used only for the purpose set out in the agreement;
 - (iii) providing that the person who is to receive the information will take reasonable steps to ensure the security and confidentiality of the information; and
 - (iv) specifying when the person who is to receive the information must do all or any of the following:
 - (A) return to the trustee or designated archive any original records or copies of records containing personal health information;

(B) destroy any copies of records containing personal health information received from the trustee or designated archive or any copies made by the researcher of records containing personal health information received from the trustee or designated archive.
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HIPA Section 29(2)

(2) Where it is not reasonably practicable for the consent of the subject individual to be obtained, a trustee or designated archive may use or disclose personal health information for research purposes if:

- (a) the research purposes cannot reasonably be accomplished using de-identified personal health information or other information;
- (b) reasonable steps are taken to protect the privacy of the subject individual by removing all personal health information that is not required for the purposes of the research;
- (c) in the opinion of the research ethics committee, the potential benefits of the research project clearly outweigh the potential risk to the privacy of the subject individual; and
- (d) all of the requirements set out in clauses (1)(a) to (c) are met. [return to question](#)