

Name	Personal Information Privacy Policy	
Category	Information and Communication	
Туре	Corporate	

For Board Secretariat (do not fill this in)					
Document #		Effective			
IAC-19-001-005			May 2, 2019		
Board Approved Date	Verifie	ed By	Authorization (BoD Motion #)		
May 2, 2019	_	>	0519-BOD-01-2.11		

1.0 Purpose

- 1.1 The purpose of this policy is to establish principles and guidance for managing Personal Information in the Custody or under the Control of First Nations Health Authority (FNHA).
- 1.2 This policy supports all 7 Directives and the Shared Values.

2.0 Scope

- 2.1 This policy applies to Workers, the Board of Directors (Board), and Members.
- 2.2 This policy applies to Client, Worker and any other Personal Information in the Custody or under the Control of FNHA regardless of format or medium.

3.0 Policy Statements

- 3.1 FNHA and its Workers must comply with
 - (a) the Personal Information Protection Act;
 - (b) health-sector-specific legislation, including but not limited to, *Medicare Protection Act, Public Health Act, Health Professions Act,* and *Pharmaceutical Services Act*; and
 - (c) any other applicable professional codes of ethics and standards of practice.
- 3.2 FNHA will demonstrate organizational accountability and responsibility for managing Personal Information in its Custody or under its Control in order to maintain trust-based relationships with Clients, Workers, healthcare partners, and business partners.



- 3.3 FNHA will be transparent with Clients, Workers, healthcare partners, business partners and the public regarding the management of Personal Information.
- 3.4 FNHA acknowledges an individual's right to their Personal Information and will assist individuals who request access to their Personal Information to the degree that providing access does not negatively impact others.
- 3.5 The Chief Executive Officer (CEO) will report significant Privacy Breaches to the Board, which could include breaches involving a large volume of information, many individuals' information, and/or multiple departments.
- 3.6 FNHA will protect Personal Information in accordance with the *Information Security* Policy Documents.

Compliance

3.7 Any violations of this policy may result in Disciplinary Action, up to and including termination, in accordance with the *Progressive Corrective and Disciplinary Action* Policy Documents.

Exceptions

3.8 Exceptions to this policy require approval by the CEO.

Delegation

3.9 This policy will be further defined and elaborated upon through an executive directive of the CEO.

4.0 Responsibilities

- 4.1 <u>Board of Directors (Board)</u>: approve the *Personal Information Privacy Policy*.
- 4.2 <u>Chief Executive Officer (CEO)</u>: provide overall leadership and support to Senior Executives in the oversight and management of Personal Information; report Privacy Breaches to the Board; approve exceptions.

5.0 Definitions

<u>Client(s)</u>: an individual, resident, family, or community that receives direct care or accesses health and wellness services delivered by the organization and has the ability to decide and define the programs and services that will best support their health and well-being. Services enable each individual to become well-informed and best able to make decisions as it relates to their personal and collective health.

<u>Control</u>: having the authority and responsibility to decide what other parties do with Information or Data under their Custody, even though that Information or Data is not necessarily owned or possessed by FNHA.

<u>Custody</u>: having physical possession and Control of Information or Data, but not necessarily ownership.

<u>Disciplinary Action(s)</u>: a process for dealing with job-related behaviour that does not meet expected and communicated performance standards, including non-compliance with Policy Documents.



<u>Personal Information</u>: information that can identify an individual (whether alone or in combination with other information) or that is about an identifiable individual. Personal information includes Worker personal information but does not include their business contact or work product information.

<u>Policy Document(s)</u>: all existing documents within a policy set, including the Board-approved policy that provides principles and guidance and delegates authority to the CEO; consistent with approved policy, CEO-approved executive directives that provide direction for the approach, outline required and prohibited actions, and delegate accountabilities to Senior Executives; and, consistent with approved executive directives, any procedures approved by Senior Executives that outline specific steps to be followed.

<u>Privacy Breach(es)</u>: the loss of, unauthorized access to, or unauthorized disclosure of Personal Information resulting from a breach of an organization's security safeguards.

Senior Executive(s): includes the Chief Executive Officer, Chief Officers, and Vice Presidents.

<u>Worker(s)</u>: includes individuals employed or contracted with FNHA while engaged in a FNHA work activity; specifically, employees (union, non-union; permanent, term, casual; full-time, part-time); people working at FNHA through an Interchange Agreement; people paid via third-party agencies (temporary workers); contractors; consultants; trainees; students; volunteers.

6.0 Related Documents

Mandatory Compliance Documents

Health Professions Act (British Columbia)

Medicare Protection Act (Canada)

Personal Information Protection Act (British Columbia)

Pharmaceutical Services Act (British Columbia)

Public Health Act (British Columbia)

Supporting Documents

Personal Information Privacy Executive Directive

Access to Medical Records Procedure

Privacy Breach Management Procedure

Privacy Complaint Procedure

Privacy Impact Assessment Procedure

Other FNHA Policy Documents

Information Security Policy Documents

Progressive Corrective and Disciplinary Action Policy Documents



7.0 Rescind and Interpretation Statements

- 7.1 With the approval of this policy, older versions are considered to be replaced and/or rescinded and are no longer in effect.
- 7.2 Where interpretation is required regarding the relationship between Policy Documents, the CEO has sole discretion to provide the interpretation.

8.0 Summary of Changes

Replaces	Dated	Key Changes to Previous Version
IAC-18-001-004 Personal Information Privacy Policy	May 3, 2018	 Amended reporting provision to reference the defined term "Privacy Breaches" rather than "sensitive information".

9.0 Attachments

None