

# Sample privacy notice for custodians

## Personal Health Information Privacy and Access Act

*[This document will help you create the privacy notice for your office, facility or hospital. Sections in grey are guidelines and recommendations requiring your attention to make this privacy notice relevant to you. The grey sections should be deleted after you have filled in your information and prior to completing this document. Once you have made the appropriate changes, delete this paragraph, remove all highlighted areas and print the document on legal sized paper].*

**Disclaimer for custodians:** *This is a sample privacy notice only. It is intended to guide custodians in constructing a public privacy notice for their organizations. This does not constitute legal advice. Custodians are encouraged to seek independent legal advice in interpreting PHIPAA and understanding its specific application to their organizations in development of, and before publishing their privacy notice.*

### Personal health information and privacy

The New Brunswick *Personal Health Information Privacy and Access Act* (PHIPAA) protects the privacy of your personal health information, including information about you maintained by this *[identify office, facility or hospital then delete this text]* and provides you with certain rights and choices about how this information is used and disclosed. As a custodian of your personal health information, our organization is required to comply with this legislation *[identify if other legislation, such as PIPEDA, should be referenced if applicable, then delete this text]*.

This notice outlines this *[identify office, facility or hospital then delete this text]* approach to protecting your personal privacy. Everyone working for this *[identify office, facility or hospital then delete this text]* is required to adhere to the terms of this notice.

### How we collect information about you

We collect personal health information about you directly from you or from the person acting on your behalf. The personal health information that we collect may include, for example, *[list here general types and categories of personal health information collected such as date of birth, address, health history, and records of your visits to the office/facility/hospital and the care that you received during those visits then delete this text]*. Occasionally, we collect personal health information about you from other sources if we have obtained your consent to do so or if the law permits. *[Add description of other sources and methods of collection– eg., indirect collection, if relevant and authorized]*

We collect only the information required to provide care, administer the care that is provided and communicate with you. We do not collect any other information, or allow information to be used for other purposes, without your express (i.e., verbal or written) consent - except where authorized to do so by law.

### Who may use and see your personal health information

By virtue of seeking care from us and reviewing the terms of this notice, we obtain your implied consent for your information to be used by this *[identify office, facility or hospital then delete this text]* to provide you with care, and to share or consult with other providers involved in your care including (but not limited to) other *[list all that are relevant – e.g. physicians and specialists, pharmacists, lab technicians, nutritionists, physiotherapists and occupational therapists, then delete this text]*.

We may also collect, use and give out your personal health information to others, without your consent as reasonably necessary to:

- get payment for your health care (and hospital services);
- plan, manage and administer health care programs and services, or to fulfil reporting obligations to certain authorized organizations for use in the planning and management of the health-care system;
- fulfil other purposes as permitted or required by law, such as billing provincial health plans, reporting infectious diseases, or responding to a court order. *[examples should be tailored to the organization]*

Your express written consent is required before we may use or disclose your information for purposes other than to provide you with care or unless we are authorized to do so by law. For example, when you provide us with your information, we may ask for your permission to use it to: *[list all that are relevant, e.g. contact you about health-related benefits, services, or education classes that may be of interest, or to ask your support for a fund-raising initiative, etc.]* and we will only do so if you have consented.

### Your rights and choices

PHIPAA identifies specific rights that individuals have with respect to their personal health information. You have the right (subject to certain limited exceptions) to:

- ask us not to give out your personal health information to other health-care providers or other parties, in which case we will not give out this information unless permitted or required by law to do so;
- request to examine or receive a copy of your personal health information. If you wish to view the original record, one of our staff must be present to maintain the integrity of the record. A reasonable fee may be charged for this access. Requests for access to your health record can be made in writing to the contact person at the bottom of this notice;
- ask us to make corrections to personal health information you believe to be inaccurate or incomplete;
- designate another person to make decisions about your personal health information; and
- complain to the Access to Information and Privacy Commissioner if you think we have violated your rights. For more information, please visit: <http://www.gnb.ca/0073/index-e.asp>

## Other important information

- Safeguards are in place to protect the security of your information. They include a combination of physical, technological and administrative security measures that are appropriate to the sensitivity of the information. These safeguards are aimed at protecting personal information against loss or theft as well as unauthorized access, disclosure, copying, use or modification.
- We retain patient/client records as required by law and professional regulations. When information is no longer required, it is destroyed in a secure manner according to set procedures that govern the storage and destruction of personal information.

## How to contact us

If you have any questions about our privacy practices, or wish to raise a concern about how we have handled your personal information, please speak to our contact person.

**Custodian:** \_\_\_\_\_

**Contact name:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Effective date of this notice:** \_\_\_\_\_

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