



Personal Health Information Protection Act (PHIPA):

The Role of the Information & Privacy Commissioner/Ontario (IPC)

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Health Privacy is Critical

- The need for privacy has never been greater:
- Extreme sensitivity of personal health information
 - Patchwork of rules across the health sector; with some areas currently unregulated
 - Increasing electronic exchanges of health information
 - Multiple providers involved in health care of an individual – need to integrate services
 - Development of health networks
 - Growing emphasis on improved use of technology, including computerized patient records



Unique Characteristics of Personal Health Information



- Highly sensitive and personal in nature
- Must be shared immediately and accurately among a range of health care providers for the benefit of the individual
- Widely used and disclosed for secondary purposes that are seen to be in the public interest (e.g., research, planning, fraud investigation, quality assurance)





Legislation is Critical

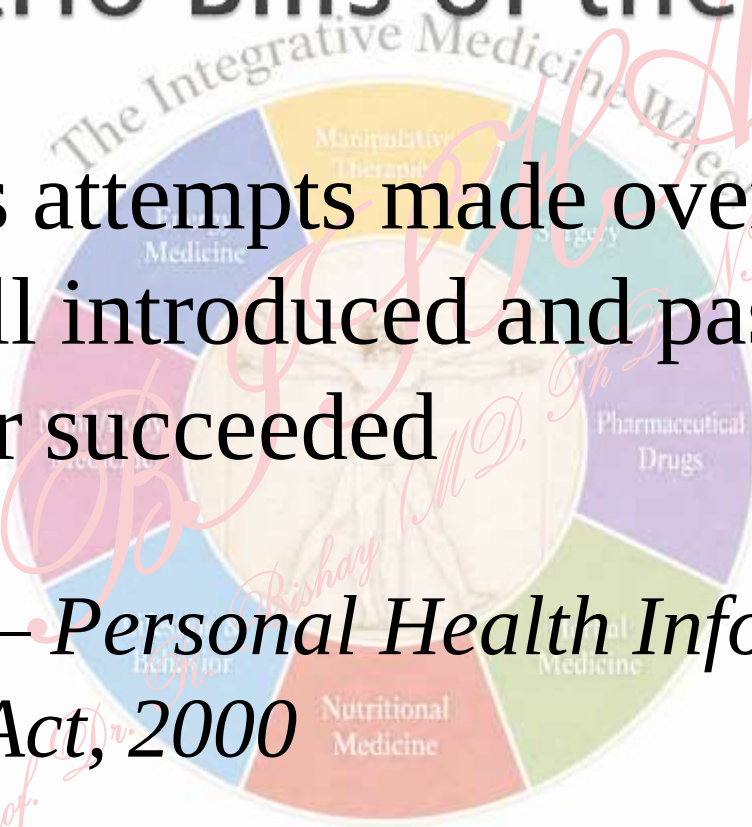
- The IPC has been calling for legislation to protect health information since its inception in 1987
 - Dates back to Justice Krever's 1980 Report on the Confidentiality of Health Information
 - The Commission documented many cases of unauthorized access to health files maintained by hospitals and the Ontario Health Insurance Plan
 - The Report called for comprehensive health privacy legislation at that time





Ontario Bills of the Past

- Numerous attempts made over the years to get a bill introduced and passed, but have never succeeded
 - Bill 159 – *Personal Health Information Privacy Act, 2000*
 - *Privacy of Personal Information, 2002*





PHIPA – Bill 159

- On December 7, 2000, the government introduced Bill 159
- Concerns about the Bill:
 - Directed Disclosures
 - Extensive use of Regulations
 - Lack of full investigation powers



If No Provincial Health Legislation?



➤ If Ontario fails to enact its own legislation, **PIPEDA** (The federal Personal Information Protection and Electronic Documents Act) takes effect:

- Only commercial entities covered - ambiguity about who is in and who is out
- Not tailored to meet the needs of the health sector
- Principle-based approach rather than specifics could result in inconsistent implementation
- Oversight left to the federal Privacy Commissioner



Ontario's *Health Information Protection Act, 2003 (HIPA)*



- Ontario government introduced health privacy bill (Bill 31) on December 17, 2003
- Referred to the Standing Committee on General Government, which held public hearings and clause-by-clause study
- Received Second Reading on April 8, 2004
- Expected to come into effect January 1, 2005





Bill 31 – Two parts

- Schedule A – the *Personal Health Information Protection Act (PHIPA)*
- Schedule B – the *Quality of Care Information Protection Act (QOCIPA)*

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Bill 31 – Based on Fair Information Practices



- Accountability
- Identifying Purposes
- Consent
- Limiting Collection
- Limiting Use
- Disclosure & Retention
- Accuracy

- Safeguards
- Openness
- Individual Access
- Challenging

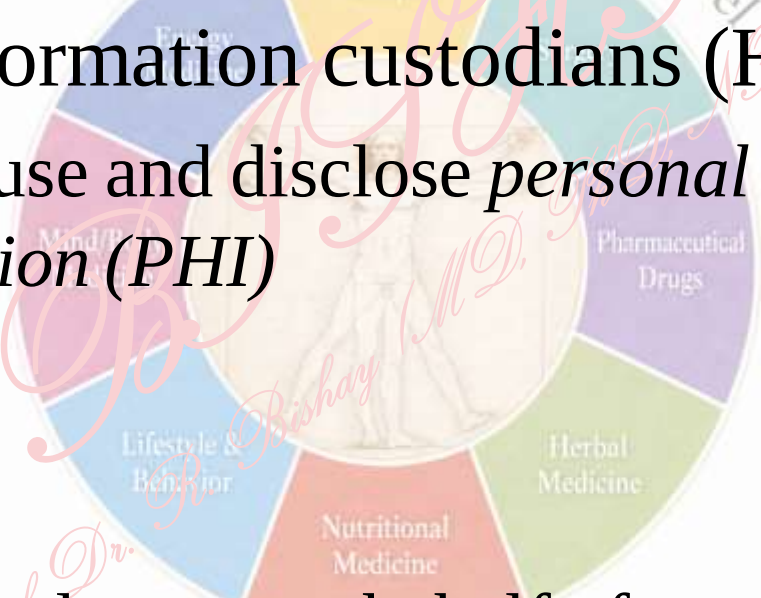




Who does the Act apply to

- Health information custodians (HICs)
 - Collect, use and disclose *personal health information (PHI)*
- Agent
 - Authorized to act on behalf of a custodian
 - Perform activities for the purposes of a custodian rather than your own purposes

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Who does the Act apply to

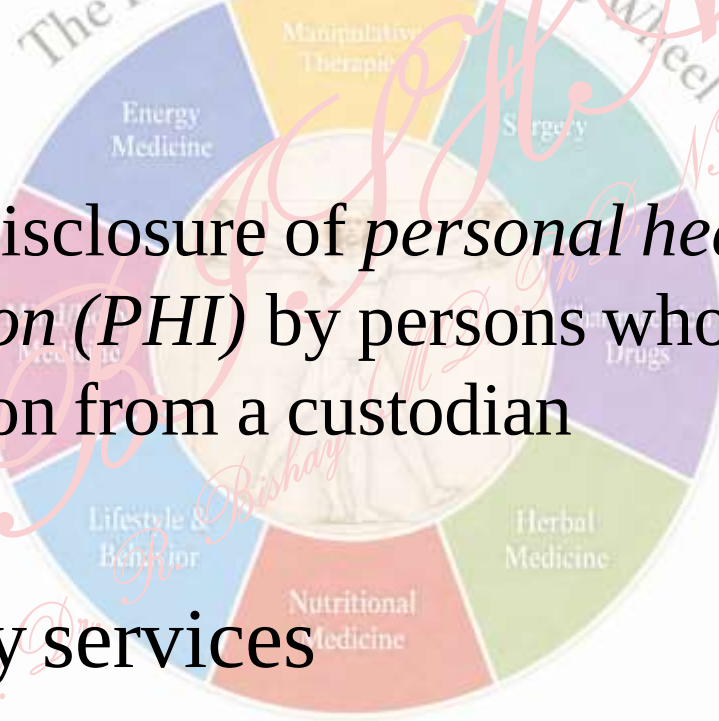
➤ Recipient

- Use and disclosure of *personal health information (PHI)* by persons who receive the information from a custodian

➤ Technology services

- Provide goods or services that enable the custodian to use electronic means to *collect, use, modify, disclose, retain or dispose of PHI*

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Example

- An insurance company maintains records of prescription drug claims for *individuals* enrolled in group health insurance plans. *Individuals* submit their claims for prescription drugs directly to the insurance company.
- Question:
 - Is the information **personal health information (PHI)**?
 - Is this information subject to the **Act**?

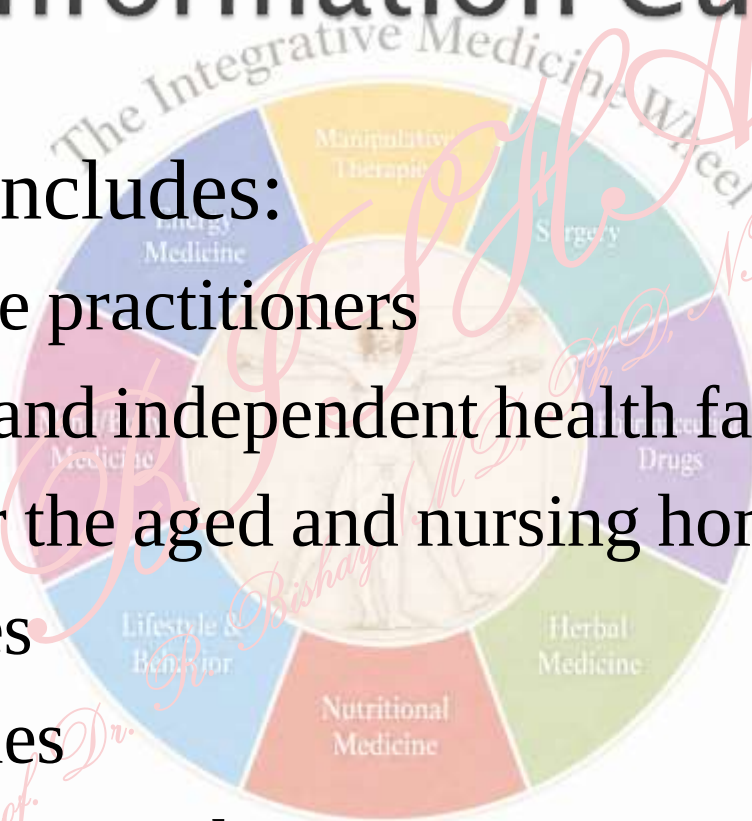




Health Information Custodians

➤ Definition includes:

- Health care practitioners
- Hospitals and independent health facilities
- Homes for the aged and nursing homes
- Pharmacies
- Laboratories
- Homes for special care
- A centre, program or service for community health or mental health





Agents

- An agent is a person that, with the authorization of a health information custodian, acts for or on behalf of the custodian in respect of personal health information.
- An agent may include a person or company that contracts with, is employed by or volunteers for a custodian and, as a result, may have access to personal health information.
- A health information custodian remains responsible for the personal health information collected, used, disclosed, retained or disposed of by an agent.





Example

- A registered nurse works for a private company involved in the manufacture of goods using chemicals that can be toxic to *individuals* after prolonged exposure. The nurse has been hired to regularly test employees of the company for levels of various toxins to determine whether it is safe for the employees to continue working under conditions where they are exposed to these chemicals. Once certain levels of toxins are detected in their blood, employees are transferred to other divisions of the company where there is no exposure to these chemicals. On a monthly basis, the nurse provides a report to the management of the company specifying whether it is safe for each employee to continue working under conditions of exposure. The information obtained by the nurse from testing of the employees is used for no other purpose.
- Questions:
 - Is the manufacturing company a *health information custodian*?
 - Is the nurse a *custodian*?
 - Is the information *personal health information*?
 - Is the nurse subject to the Act?



Information protected by the Act



➤ Both oral or written information

- *individual's* physical or mental health, including family health history
- the provision of health care, including the identification of *persons* providing care;
- a plan of service for *individuals* requiring long-term care;
- relates to payment or eligibility for health care;
- relates to the donation of body parts or bodily substances or is derived from the testing or examination of such parts or substances;
- the *individual's* health number;
- an individual's *substitute decision-maker*





Practice to protect PHI

- Custodians must take **reasonable** steps to:
- Ensure that *personal health information* is as accurate, complete and up-to-date
 - Decide how accurate the information should be
 - Inform recipients of *PHI* about any limitations on the accuracy of the information
 - Ensure that *PHI* in their custody or control is protected from theft, loss and unauthorized use or disclosure
 - Must make available a written statement
 - Must be responsible for actions of agents





Practice to protect PHI

- Use technology to help protect personal health information:
 - Build privacy right into design specifications
 - Minimize collection and routine use of personally identifiable information – use aggregate or coded information if possible
 - Use encryption where practicable
 - Think about using coded data
 - Conduct privacy impact assessments

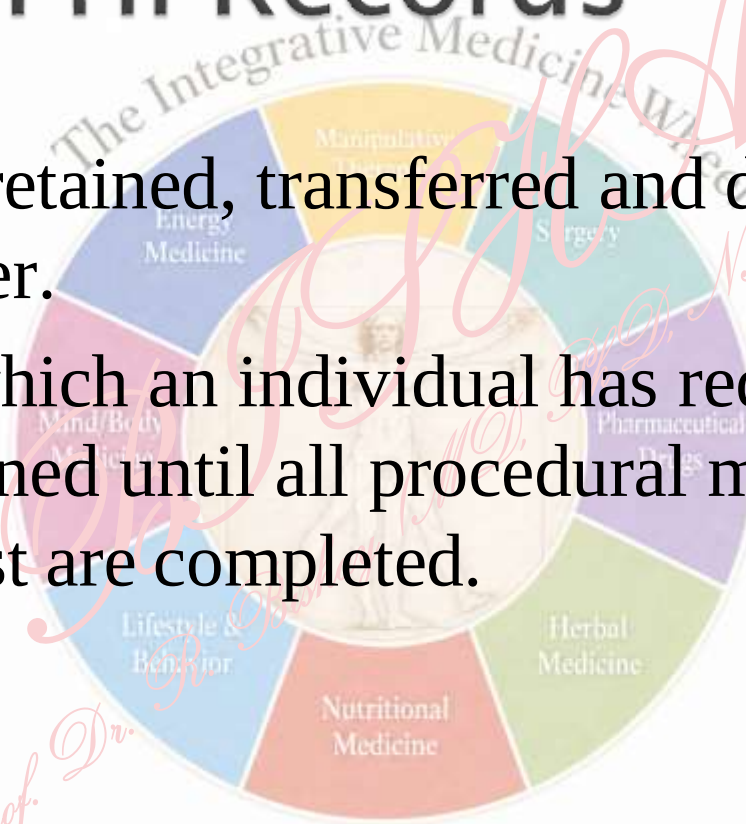
- **Note: the provision of *PHI* by a custodian to a service provider, is not considered to be a *disclosure* as long as the restrictions and conditions set out in the regulations are complied with.**





PHI Records

- *Records* are retained, transferred and disposed of in a secure manner.
- Records to which an individual has requested access must be retained until all procedural matters relating to that request are completed.



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PHIPA Consent

- Consent is required for the collection, use, disclosure of *PHI*
- Consent may be express or implied
 - If the purpose of the disclosure is not to provide health care, consent must be express
- Consent must
 - be a consent of the individual
 - be knowledgeable
 - relate to the information
 - not be obtained through deception or coercion





PHIPA Consent

➤ Two exceptions to the express consent

- A health care facility is collecting *PHI* about a patient or resident to a representative of a religious or other organization.
 - Before making this *disclosure*, the facility must provide the *individual* with an opportunity to withhold or withdraw the consent.
- A pharmacist is disclosing *PHI* to a third party who is being asked to provide payment for medication or related goods or services.

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Manipulative
Therapies

Phyto-
Medicine

Mind-Body
Medicine

Behavior

Nutritional
Medicine

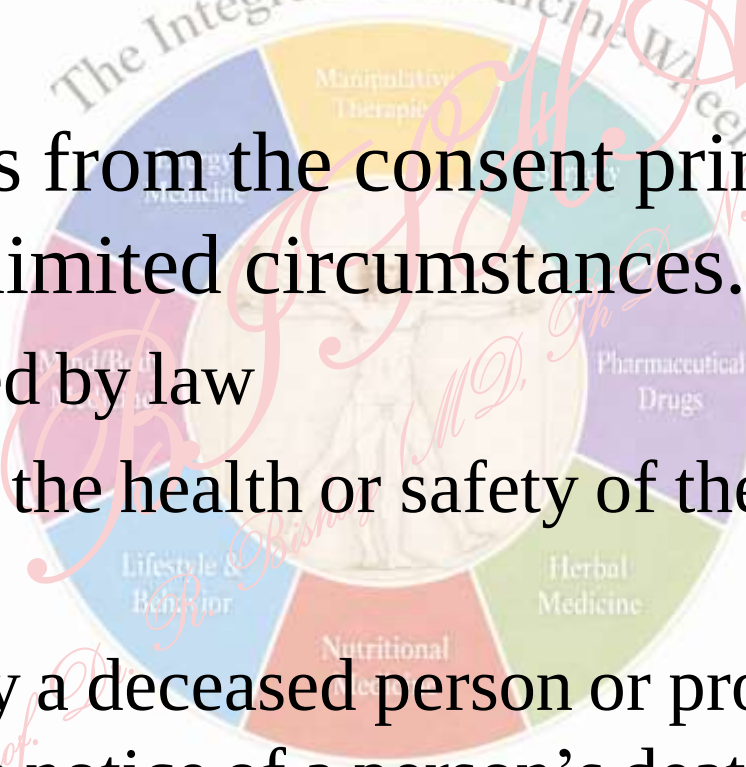
Medicine

Pharmaceutical
Drugs

Collection, Use and Disclosure Without Consent



- Derogations from the consent principle are allowed in limited circumstances.
- As required by law
 - To protect the health or safety of the individual or others
 - To identify a deceased person or provide reasonable notice of a person's death





Example

- A general practitioner has received abnormal test results for a patient and would like to refer the patient to a specialist.
- **Question:**
 - Does the general practitioner need the patient's express consent or can he rely on implied consent to schedule the appointment and forward the test results to the specialist?





Capacity

- A custodian may presume the *individual* is *capable*, unless there are **reasonable grounds** to believe that the *individual* is *incapable* of consenting.
- If a custodian determines an individual is *incapable* of consenting
 - Must provide to the individual information about the consequences of this determination





Substitute decision-making

- An *individual* who is *capable* may authorize another *person* to act on his or her behalf.
 - One exception: a *parent* may consent on behalf of a child who is less than 16 years of age.
- If the *individual* is *incapable*, an authorized *substitute decision-maker* may consent on his or her behalf
- If the *individual* is deceased, the estate trustee or *person* who is responsible for administration of the deceased's estate may provide consent.



Substitute decision-making

- A *person* who is authorized or required by law to act on behalf of the *individual*, may provide consent.
- the *individual's* guardian of the person or guardian of property;
 - the *individual's* attorney for personal care or attorney for property;
 - the *individual's* representative appointed by the Consent and Capacity Board;
 - the *individual's* spouse or partner;
 - a child or parent of the *individual*;
 - a parent of the *individual* with only a right of access;
 - a brother or sister; or
 - any other *relative*.





Example

- A 14-year-old girl has been admitted to a hospital. She was accompanied by her father who does not have custody of his daughter, but has a right of access. The child appears to be suffering from a drug overdose and the father has confirmed that his daughter has a history of drug abuse. The father has demanded that the hospital contact a social worker who has been involved with the child and her family for several years. The child has objected to any *disclosure of personal health information* to the social worker.
- Question:
 - Can her father act as the *substitute decision-maker* for the child?





Collection, use and disclosure of PHI

➤ Limitations and requirements

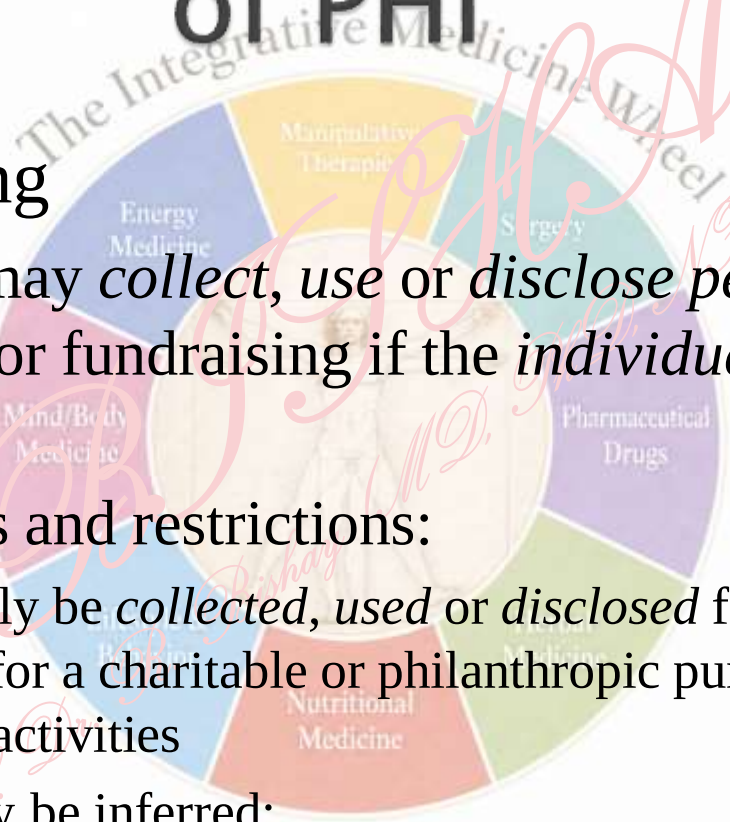
- a custodian may only *collect, use or disclose PHI* if the *individual* consents or the *collection, use or disclosure* is permitted or required by the *Act*;
- a custodian must not *collect, use or disclose PHI* if other information will serve the purpose;
- a custodian must not *collect, use or disclose* more *PHI* than is necessary to meet the purpose;
- express consent is required to *collect, use or disclose PHI* for marketing purposes.



Collection, use and disclosure of PHI

➤ For fund raising

- A custodian may *collect, use or disclose personal health information* for fundraising if the *individual* expressly consents
- Requirements and restrictions:
 - *PHI* may only be *collected, used or disclosed* for activities undertaken for a charitable or philanthropic purpose related to the custodian's activities
 - Consent may be inferred:
 - All solicitations must provide an easy way to opt-out;
 - Any communications must not include any information about the *individual's health care* or state of health.





Collection, use and disclosure of PHI

- *persons who are not custodians must not collect or use a health number, except:*
 - for purposes related to the provision of *provincially funded health resources*;
 - for the purposes for which a custodian has disclosed the number to the person;
 - for purposes related to regulating health professionals; or
 - for purposes relating to health administration, health planning, health research or epidemiological studies.
- *persons who are not custodians must not disclose a health number, except as required by law.*





Example

- A charitable foundation for a children's hospital has been asked to raise money to support a large *research* project on a specific childhood genetic disorder. To make the campaign for funds as effective as possible, the foundation has decided to solicit funds only from families affected by this particular disorder. The foundation has asked the hospital for the contact information of the parents of children who have been identified as having this genetic disorder.
- Questions:
 - Is the parents' contact information considered to be personal health information?
 - Is the hospital permitted under the *Act* to provide this information to the foundation?



Collection of PHI

- Custodians should *collect PHI* directly from *Individuals*
- A custodian may collect information indirectly if:
 - the *individual* consents;
 - the information is necessary for the provision of *health care* and direct collection is not **reasonably** possible;



Collection of PHI

- A custodian may collect information indirectly if:
- the custodian is a provincial or municipal government institution and the information is needed for an investigation, *proceeding* or statutory function of the custodian;
 - the custodian collects the information from a person who is not a custodian for *research* purposes;

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Collection of PHI

- A custodian may collect information indirectly if:
- the custodian collects the information from a *person* who is not a custodian for planning and management of the health system;
 - the *Commissioner* authorizes the indirect *collection*;
 - the custodian *collects* the information from a *person* who is permitted or required by law to *disclose* it to the custodian; or
 - the custodian is permitted by law to *collect* the information indirectly





Example

- A man comes into a physician's office seeking treatment for a skin irritation. The attending physician is the principal investigator for a *research* project examining the relationship between certain genetic factors and diabetes. The physician routinely *collects* and analyzes blood samples from all of his patients for the purposes of the *research* project.
- Question:
 - Is this type of *collection* of personal health information permitted under the *Act*?



Use of PHI

- Custodians should *use PHI* only with the consent of *individuals*
- The *Act* allows custodians to *use* information without consent:
 - for the purpose for which it was collected or created;
 - for a purpose for which a person is permitted or required by law to *disclose* it to the custodian;
 - for planning or delivering programs or services that the custodian provides or funds





Use of PHI

➤ The Act allows custodians to use information without consent:

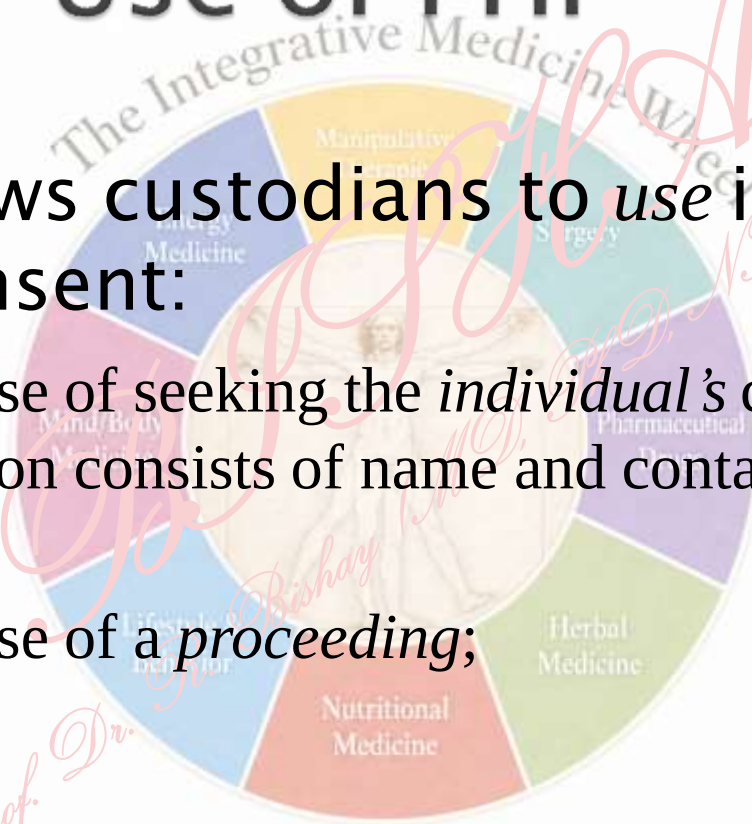
- for the purposes of risk management, error management or improving the quality of care;
- for educating *agents* who provide *health care*;
- for the purpose of disposing of the information or modifying the information to conceal the identity of the *individual*;





Use of PHI

- The Act allows custodians to use information without consent:
- for the purpose of seeking the *individual's* consent, as long as the information consists of name and contact information only;
 - for the purpose of a *proceeding*;



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- Prof. Dr.



Example

- A psychologist operates a private practice in a small town. A new hospital has opened in the town and the hospital's board of directors is seeking input from the community on the programs and services that should be provided. The town has asked the psychologist to survey her clients to find out what type of psychological services her clients would like the hospital to provide. The psychologist routinely conducts quality improvement surveys of her clients. The hospital has offered to pay for the next survey, if the psychologist is willing to use the survey as an opportunity to obtain the additional information necessary to plan and deliver psychological services at the hospital. The psychologist has been assured that she will not be required to *disclose any personal health information*, but the hospital has asked for the feedback of her clients to be aggregated by the type of psychological disorder with which they have been diagnosed.
- Question:
 - **Would the Act permit the use of her clients' *PHI* for this purposes?**





Disclosure of PHI

- Custodians should only *disclose PHI* with the consent of *individuals*.
- The *Act* provides for disclosure without consent in a number of situations as follows:
 - *disclosures* relating to providing *health care*;
 - the *disclosure* is **reasonably** necessary for the provision of *health care*.
 - the *individual* has not instructed the custodian not to make the *disclosure*.





Disclosure of PHI

➤ The Act provides for disclosure without consent in a number of situations as follows:

- *disclosures* by a facility that provides *health care*;
 - confirmation that an *individual* is a patient or resident;
 - the *individual*'s general health status; and
 - the location of the *individual* in the facility.
- *disclosures* relating to a deceased *individual*;

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Disclosure of PHI

➤ The *Act* provides for disclosure without consent in a number of situations as follows:

- *disclosures* for health or other programs;
 - for the purpose of determining or verifying eligibility to receive *health care* or related goods, services or benefits;
 - to a *person* conducting an audit, reviewing an application for accreditation or reviewing an accreditation; or
 - to a *person* who maintains a registry of *PHI* for the purpose of improving the provision of *health care* or that relates to the storage or donation of body parts or bodily substances.





Disclosure of PHI

- The Act provides for disclosure without consent in a number of situations as follows:
- *disclosures* related to risks;
 - if there are **reasonable grounds** to believe that the *disclosure* is necessary to eliminate or reduce a **significant risk** of serious bodily harm to a *person* or a group of *persons*
 - *disclosures* related to care and custody;

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Example

- A student has been receiving psychological treatment at the university's counselling centre. The student's counsellor has noted that the student is severely depressed and also suspects a dependency on prescription drugs. The counsellor believes that there is a risk of suicide and would like to involve the student's family physician and immediate family members in the student's therapy. However, the student has specifically instructed the counsellor not to *disclose* any *personal health information* to any third parties. Over a weeklong break in the academic year, the student calls the counsellor from out of town. The student's speech is slurred and he is talking about ending his own life.
- Question:
 - **Would the counsellor be permitted to *disclose* personal health information to third parties that may be able to intervene in the crisis situation?**





Disclosure of PHI

- The Act provides for disclosure without consent in a number of situations as follows:
- *disclosures for proceedings;*
 - if the custodian or an *agent* of the custodian is a party or witness
 - to comply with a summons, order or similar requirement issued in a *proceeding*.
 - *disclosures to a successor;*
 - custodian makes **reasonable** efforts to notify the *individual* before the transfer,
 - if notification before the transfer is not reasonably possible, it should be done ASAP after the transfer





Example

- A dentist is moving to a location outside of Ontario and has put his private practice up for sale. Another dentist has indicated that she is interested in taking over the practice, but she would first like to review all of the dental *records* of each patient to assess and evaluate the business. The current custodian of the information and his potential successor have agreed that the dental *records* will be transferred to the potential successor dentist and, provided that the assessment shows the business to be profitable, the transfer of *records* to the successor will be considered to be



Disclosure of PHI

- The Act provides for disclosure without consent in a number of situations as follows:
- *disclosures* related to this or other Acts;
 - *disclosures* for *research*;
 - The custodian must enter into an agreement with the *researcher* before *disclosing personal health information*.
 - specific requirements for *research ethics boards* and *research plans*.
 - *disclosures* for planning and management of health system;
 - only be made to entities that are specified in the regulations
 - The *Commissioner* must approve these practices and procedures every three years.





Disclosure of PHI

- The Act provides for disclosure without consent in a number of situations as follows:
- *disclosures* for monitoring of health care payments;
 - *disclosures* for analysis of the health system; and
 - *disclosures* with the *Commissioner's* approval.
 - Before making such a request, the minister must submit a proposal to the *Commissioner* for review and comment
 - The *Commissioner* must approve, every three years





Restrictions on recipients

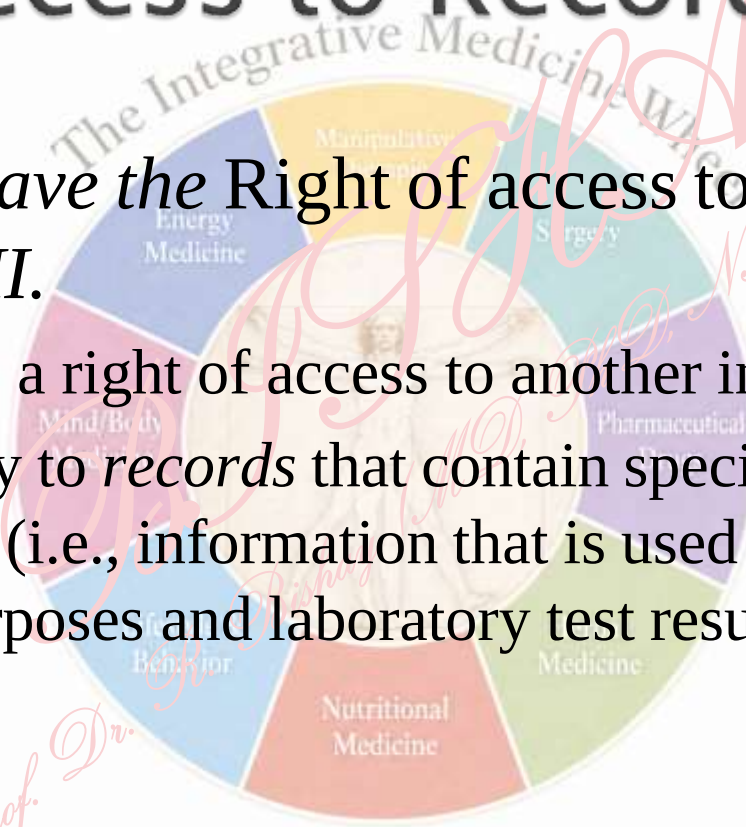
- A person who receives *personal health information* from a custodian must not *use* or *disclose* the information for any purpose other than the purpose for which it was *disclosed*.
- The recipient must not *use* or *disclose* more information than is **reasonably** necessary to meet the purpose.
- Do not apply to the *individual* or the *individual's substitute decision-maker*.
- Do not prevent a *person* from *using* or *disclosing* information received from a custodian for a purpose for which the *individual* has provided consent.





Access to Records

- *Individuals have the Right of access to records of their own PHI.*
- Do not have a right of access to another individual's *PHI*.
 - Do not apply to *records* that contain specified types of information (i.e., information that is used solely for research purposes and laboratory test results)





Access to Records

➤ *Exceptions:*

- a legal privilege restricting *disclosure* applies;
- another law prohibits the *disclosure*;
- the information was collected or created for a *proceeding*;
- the information was collected or created during an inspection, investigation or similar procedure;
- access could result in serious harm to any *person* or the identification of a *person* who was required to provide information or who has provided the information in confidence; or
- the custodian is a government institution and the *disclosure* may be refused under certain provisions contained in access and privacy legislation that applies to government organizations.



Access to Records

- Requests for access should be in writing and must provide enough information to allow the custodian to identify and locate the *record*.
- The custodian has 30 days to respond to a request for access.
 - A 30-day time extension is allowed
- An *individual* who is not satisfied with a decision of the custodian with regards to access to a record is entitled to complain to the *Commissioner*.



Example

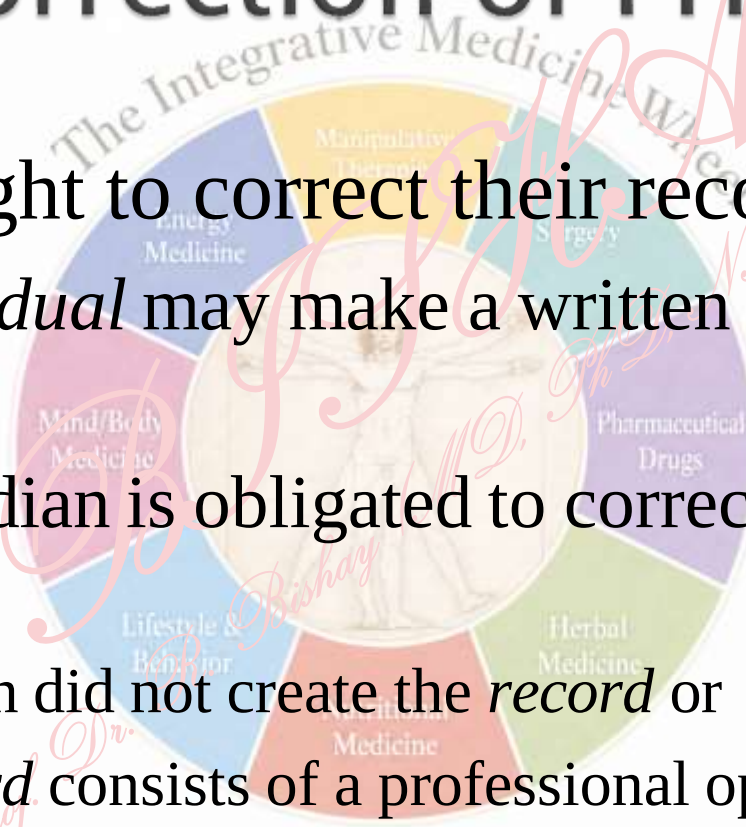
- An *individual* was subjected to a psychological assessment prior to receiving treatment in a rehabilitation clinic. During the course of treatment, the *individual* became involved in a dispute with his insurance company over payment for services. On the basis of *personal health information* obtained from the clinic, the insurance company had concluded that the *individual* had sufficiently recovered from his disability and terminated payment for further treatment. To assess the validity of the insurance company's claim, the *individual* requested access to all of his *records of personal*





Correction of PHI

- Provides right to correct their records of *PHI*.
- The *individual* may make a written request to the custodian.
 - The custodian is obligated to correct a *record*, except:
 - custodian did not create the *record* or
 - the *record* consists of a professional opinion made in good faith





Correction of PHI

- Provides right to correct their records of *PHI*.
 - Record the correct information in the *record*.
 - Struck out incorrect information without obliterating the original record, or
 - by labelling the information as incorrect, severing it from the record, and storing in separately but linked to the record.

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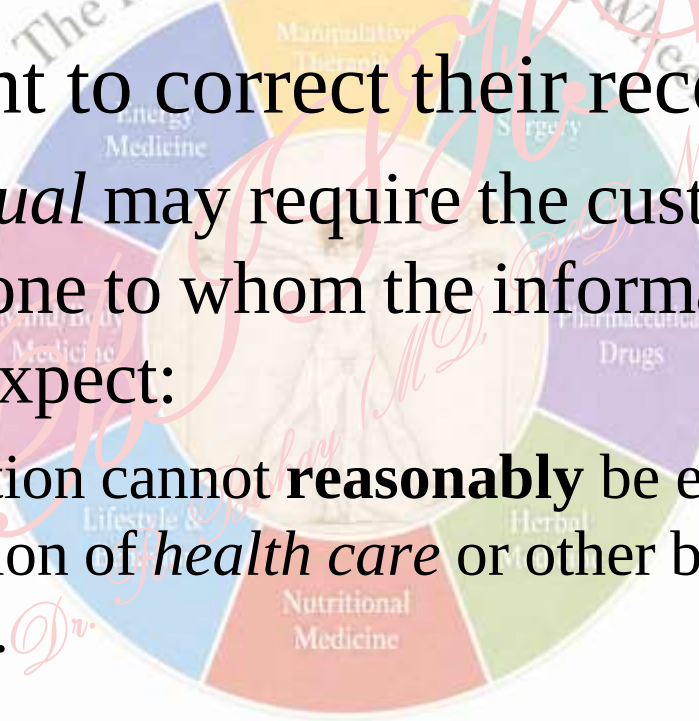




Correction of PHI

- Provides right to correct their records of *PHI*.
 - The *individual* may require the custodian, to inform anyone to whom the information has been *disclosed*, expect:
 - the correction cannot **reasonably** be expected to affect the provision of *health care* or other benefits to the *individual*.

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Correction of PHI

- Provides right to correct their records of *PHI*.
 - If the custodian refuses the correction request,
 - the *individual* may prepare a statement of disagreement and require the custodian to attach it to the *record*.
 - If an *individual* is not satisfied with a decision of the custodian with regard to the correction of a *record*
 - is entitled to complain to the *Commissioner*.





Example

- A woman sought treatment from a physician for a broad range of unusual symptoms. After a series of tests, the physician was unable to determine any physical cause for the symptoms and concluded that the cause was psychological. The woman decided to seek a second opinion, but was dissatisfied with the outcome when the second physician seemed to dismiss her symptoms without any medical tests. Finally, after seeking help from a series of physicians, the woman was diagnosed with a rare disease that was likely to be the cause of her symptoms. After recovering from her illness, the woman sought access to her *record of personal health information* from her current physician, who had diagnosed the rare disease. When access was granted, the woman was shocked to find that the physician whom she originally sought treatment from had made numerous remarks about her state of mental health and had diagnosed her as having a psychiatric disorder that caused her to seek treatment for made-up symptoms. The woman immediately made a request to her current physician to have the information in the *record* corrected. Although the current physician suspects that the information that was recorded was incorrect, he is not certain that the information was not correct at the time that it was recorded.
- Question:
 - **Would the current custodian of the *record* be obliged to make the correction?**





Role of the IPC

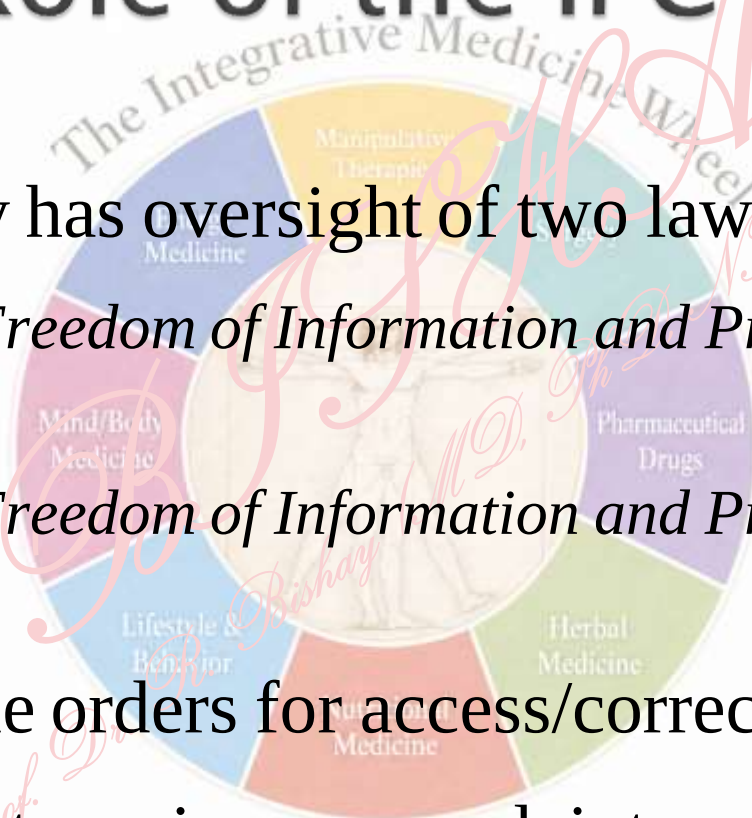
- Office of the Information and Privacy Commissioner (IPC) is the oversight body
- IPC may investigate where:
 - A complaint has been received
 - Commissioner has reasonable grounds to believe that a person has contravened or is about to contravene the Act
- IPC has powers to enter and inspect premises, require access to *PHI* and compel testimony





Role of the IPC

- IPC currently has oversight of two laws
 - Provincial *Freedom of Information and Protection of Privacy Act*
 - Municipal *Freedom of Information and Protection of Privacy Act*
- IPC may issue orders for access/correction appeals
- IPC investigates privacy complaints and may issue report with recommendations but not orders



Role of IPC under PHIPA



- Use of mediation and alternate dispute resolution always stressed
- Order-making power used as a last resort
- Conducting public and stakeholder education programs
 - Education is key
- Comment on an organization's information practices

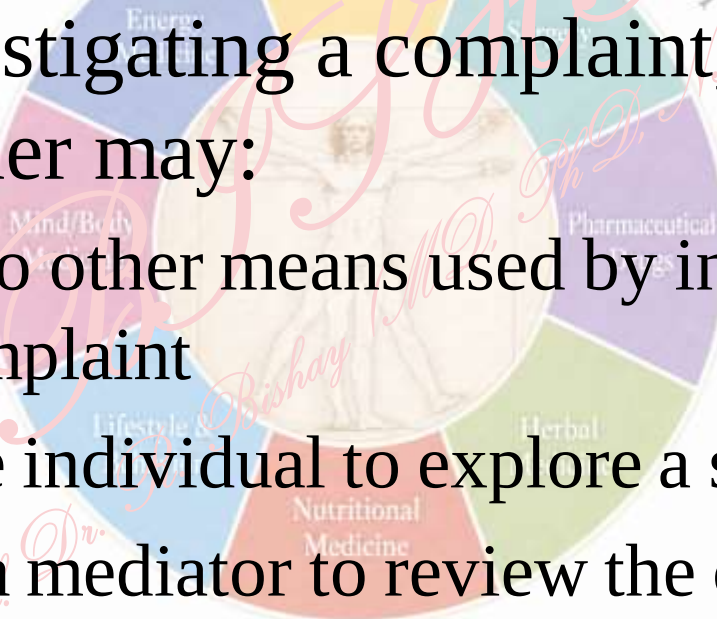




Alternatives to Investigation

- Prior to investigating a complaint, the Commissioner may:
- Inquire as to other means used by individual to resolve complaint
 - Require the individual to explore a settlement
 - Authorize a mediator to review the complaint and try to settle the issue

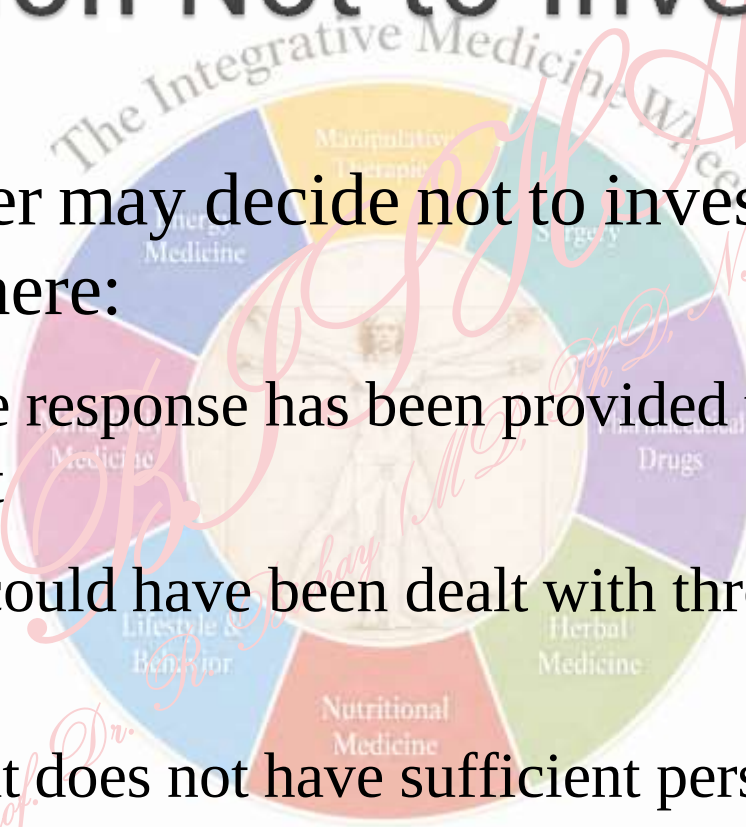
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Decision Not to Investigate

- Commissioner may decide not to investigate a complaint where:
- An adequate response has been provided to the complainant
 - Complaint could have been dealt with through another procedure
 - Complainant does not have sufficient personal interest in issue
 - Complaint is frivolous, vexatious or made in bad faith





Conduct an investigation

- In conducting a review, the Commissioner may:
- enter any premises associated with the review;
 - demand to review or copy any records, documents, and other material relevant to the review;
 - summons the appearance of *persons* before the *Commissioner* and require them to provide evidence under oath;
 - inquire into *records* of *PHI*, under specified circumstances;





Issue an order

- After conducting an investigation, the Commissioner may issue an order
 - To provide access to, or correction of, personal health information
 - To cease collecting, using or disclosing personal health information in contravention of the Act
 - To dispose of records collected in contravention of the Act
 - To change, cease or implement an information practice
- Orders, other than for access or correction, may be appealed on questions of law





Offences and Penalties

- Creates offences for contravention of the legislation, including:
 - wilfully collecting, using or disclosing *PHI* in contravention of the Act;
 - once access request made, disposing of a record of personal information in an attempt to evade the request
 - wilfully failing to comply with an order of the IPC
- Maximum penalty of \$50,000 for an individual and \$250,000 for a corporation
- Only the Attorney General may commence a prosecution of an offence





Action for Damages

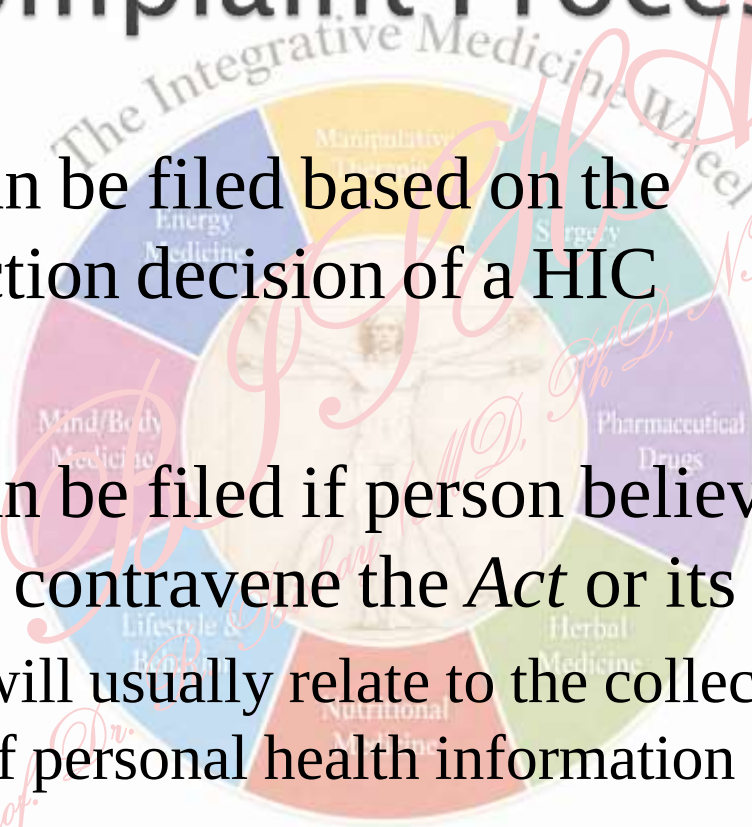
- An individual affected by an IPC order may bring an action for damages for actual harm suffered
- Where the harm suffered was caused by a willful or reckless breach, the compensation may include an award not exceeding \$10,000 for mental anguish
- No action for damages may be instituted against a HIC for anything done in good faith or any alleged neglect or default that was reasonable in the circumstances





Complaint Process

- Complaint can be filed based on the access/correction decision of a HIC
- Complaint can be filed if person believes the HIC has or is about to contravene the *Act* or its regulations
 - Complaint will usually relate to the collection, use or disclosure of personal health information



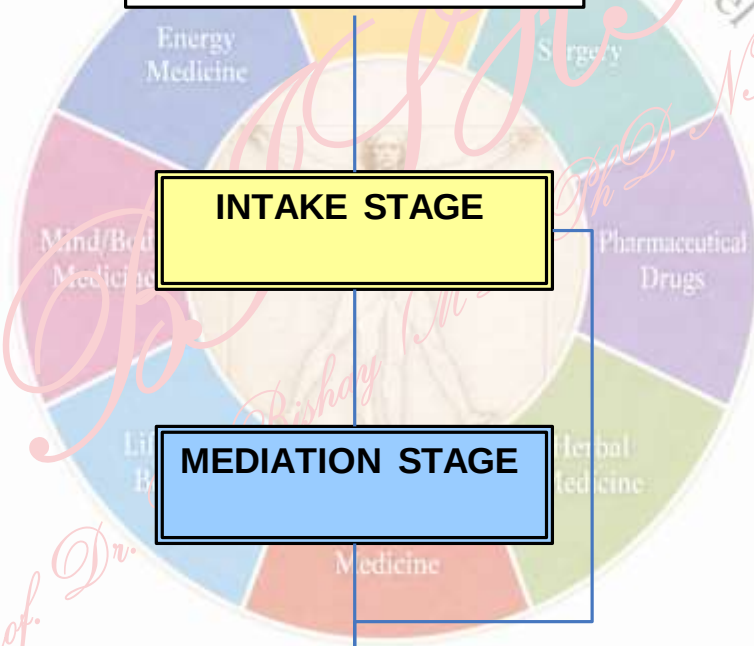


COMPLAINT PROCESS

INTAKE STAGE

MEDIATION STAGE

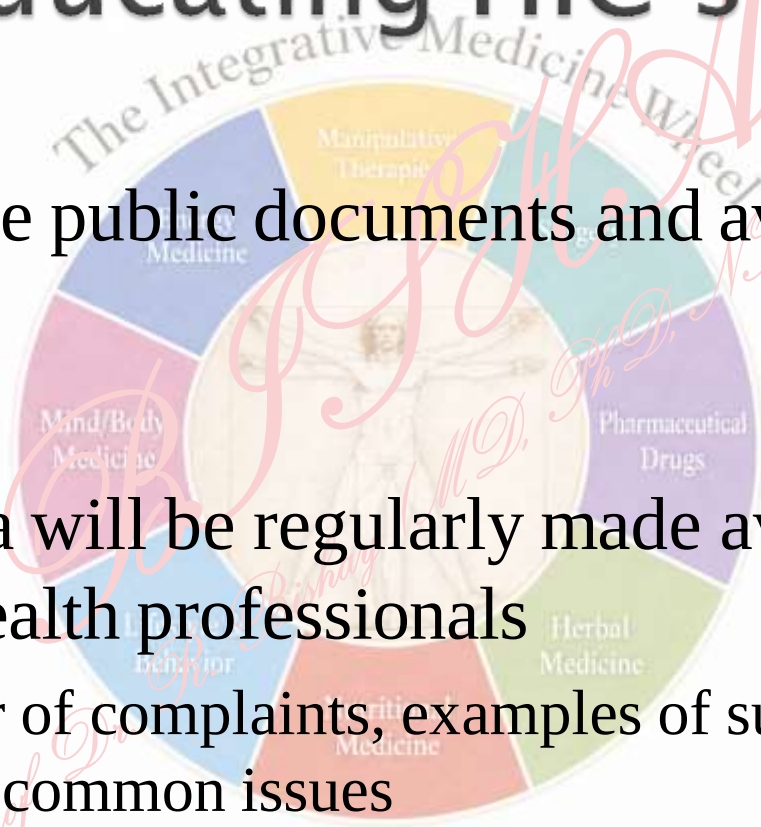
REVIEW STAGE





Educating HIC's

- Orders will be public documents and available on our Web site
- Relevant data will be regularly made available to the public and health professionals
 - E.g. number of complaints, examples of successful mediations, common issues





Naming Names

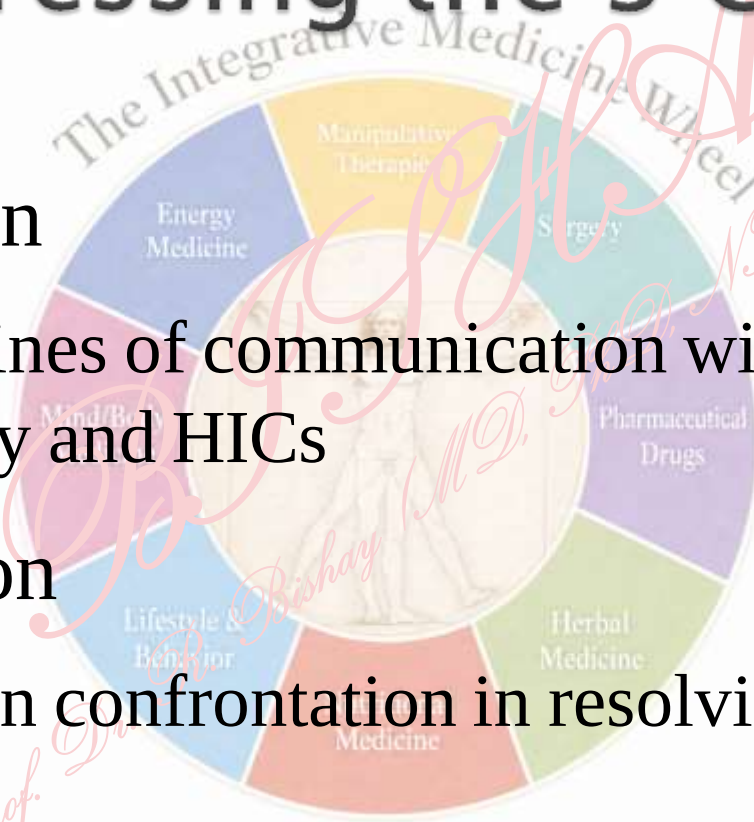
- IPC will be issuing orders and investigation reports and making them public
- A two-step process for identifying health custodians will be instituted:
 - Not identifying custodians for a one-year phase-in period
 - After one year, publicly identifying custodians
- If identification of custodian would reveal identity of complainant, the option exists of anonymizing order/report.





Stressing the 3 C's

- Consultation
 - Opening lines of communication with health community and HICs
- Co-operation
 - Rather than confrontation in resolving complaints
- Collaboration
 - Working together to find solutions

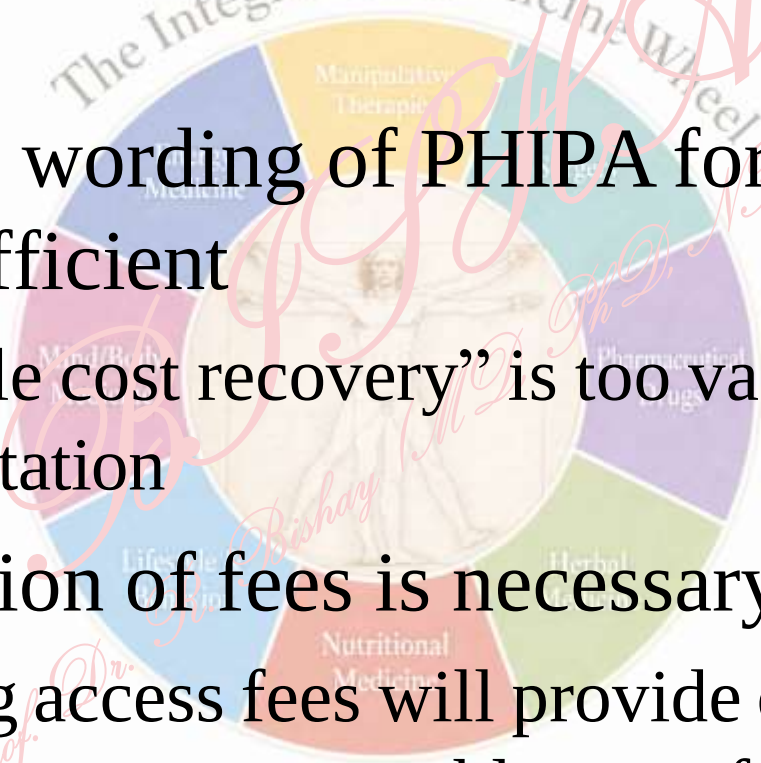




Fees for Access to PHI

- The current wording of PHIPA for charging fees is insufficient
 - “reasonable cost recovery” is too vague and open to interpretation
- The regulation of fees is necessary
 - Regulating access fees will provide certainty to HIC’s and ensure reasonable costs for patients

The Integrative Medicine Wheel



Strengths of PHIPA



- Implied consent for sharing of PHI within circle of care
- Creation of health data institute to address criticism of “directed disclosures”
- Open regulation-making process to bring public scrutiny to future regulations
- Adequate powers of investigation to ensure that complaints are properly reviewed

