



# COMMUNITY THERAPY SERVICES INC.

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## PHIA-SECURITY AND DESTRUCTION OF PERSONAL HEALTH INFORMATION

When staff are using a password protected flash drive (and/or password protected personal computer) to complete and store active client reports or any other documentation that pertains to that client's care (e.g. exercise programs, equipment forms, letters, etc) that **all** client information is deleted from the flash drive and/or computer once the client's file has been closed. It is a breach of PHIA for staff to keep client records of any kind once the client has been discharged from their care. See below for more details:

- Trustees must take precautions to ensure that your personal health information remains confidential and secure. Personal health information must be kept in a designated area and safeguards must be in place to ensure that only those who require your information for a legitimate reason can access it.
- PHIA requires trustees to keep personal health information in a designated area where access to the documents is restricted. No one, not even an employee of a health care facility, can go into your file unless they have a legitimate reason for doing so.

### C. SECURITY AND DESTRUCTION OF PERSONAL HEALTH INFORMATION

#### What security precautions must be taken with respect to personal health information?

The Act requires trustees to store personal health information in such a way that only those who need to obtain the information will have access to it. Personal health information should not be disclosed outside the trustee organization unless such a disclosure has been assessed to determine whether it is permitted by the Act. Personal health information must not be accessed even by people within the trustee organization unless it is determined that they need to have that access. **See s. 20(3) of the Act.** All trustees must establish administrative, technical and physical safeguards to ensure the confidentiality and accuracy of personal health information.

Among other things, these safeguards must include procedures to limit access to the information to authorized people and ensure that the electronic transmission of personal health information is not intercepted. For more information about security safeguards, **see. s. 18 of the Act and the Regulation**