**[Clinic Name] Privacy and Protection of Personal Information Policy for Employees**

**Effective Date:** [Insert Date]

**PURPOSE**

At [Clinic Name], we are dedicated to safeguarding the privacy and confidentiality of the personal information of both our employees and patients. As a healthcare provider in British Columbia, we are governed by the ***Personal Information Protection Act* (PIPA)**, which regulates the collection, use, and disclosure of personal information.

This Privacy and Protection of Personal Information Policy outlines our practices for handling personal information and the responsibilities of all employees in protecting the privacy, security and confidentiality of personal information.

**SCOPE**

This policy applies to all employees, contractors, and third-party service providers working with [Clinic Name] who may have access to personal information as part of their duties. It covers both personal information about employees (e.g., payroll, and contact information) and personal health information about patients (e.g., medical records, and health history).

**KEY DEFINITIONS**

**Personal Information:** Refers to any information about an identifiable individual that is collected, used, or stored by [Clinic Name] in connection with our services, operations or administration. (i.e. Name, home address, personal phone numbers, personal email addresses, SIN, PHN, Driver’s license, financial information, date of birth, employee records, IP addresses, etc.)

**Personal Health Information:** Any personal information related to an individual’s health, healthcare treatment, or payment for healthcare services.

**Employee Information:** Information collected from employees as part of their employment, such as payroll data, emergency contacts, and performance reviews.

**Confidential Information:** Any information, whether personal or obtained through employment with [Clinic Name] that is not intended for public disclosure.

**COLLECTION OF PERSONAL INFORMATION**

We collect only the personal information necessary to carry out our services, including:

**As an Employer:** We may collect personal information such as name, address, telephone number, social insurance number, emergency contact details, tax forms, and payroll information without consent to the extent reasonably required to establish, manage or end the employment relationship and for other purposes that are permitted under *PIPA* and applicable laws. This data is collected for employment purposes, including payment, benefits, and communication.

If [Clinic Name] seeks to use your information for purposes unrelated to your employment, we will ask for your consent before doing so unless otherwise permitted under *PIPA*.

Consent can be withdrawn at any time on reasonable notice after you have provided consent for the collection, use or disclosure of your employment-related personal information. Withdrawing consent may impact the benefits, programs or other services that we are able to provide to you.

**As a service provider to patients:** We collect personal health information, such as medical history, treatment plans, diagnoses, prescriptions, and payment details. This information is used to provide medical services, including improving the services we offer and for billing purposes.

If [Clinic Name] seeks to use patient information for purposes unrelated to the purposes above, we will ask for the patient’s consent before doing so unless otherwise permitted under PIPA. Consent from the patient can be implied, that is, they give us the information in an appointment, or explicit, that is, we ask them for their consent before sharing.

Consent can be withdrawn at any time on reasonable notice after the patient has provided consent for the collection, use or disclosure of your personal information. Withdrawing consent may impact the benefits, programs or other services that we are able to provide to you.

**USE OF PERSONAL INFORMATION**

[Clinic Name] will communicate the purpose for which personal information is collected at or before the time the information is collected, including:

**For Employees:** Recruitment and hiring, improving employee programs and services, staffing, scheduling and service delivery, performance evaluation, changes in employment status, investigating workplace incidents, payroll and benefits administration, ensuring safety in the workplace, and complying with our legal and regulatory obligations.

The personal information we may collect about employees for these purposes includes:

* Name, social insurance number (SIN) and contact information.
* Employment history, education and qualifications.
* Financial and banking information needed for payroll and benefits administration.
* Information about workplace performance, conduct and attendance.
* Information related to investigations into workplace incidents.
* Information needed to respond to complaints or concerns.
* Information about health and medical status if needed to manage the terms and conditions of your employment or administer benefits for you and your dependents.
* Other information that we are required by law to maintain to manage our relationship with you or comply with our legal obligations.
* Other information about you that you voluntarily disclose.

**For Patients:** providing medical treatment, ensuring continuity of care, communicating with patients, billing and insurance, referrals to specialists, appointment scheduling, patient identification, emergency care and complying with healthcare regulations.

The personal information we may collect about patients for these purposes includes:

* Name, social insurance number (SIN), contact information and other demographics.
* Emergency contact information.
* Employment status and occupation, living situation and current social supports.
* Medical history including but not limited to previous and current medical conditions, family medical history, medications, laboratory and imaging test results, previous travel and lifestyle habits, and previous and current interventions.
* Health insurance information.
* Appointments both internal and external from the clinic.
* Payment history.
* Other information that we are required by law to maintain to manage our relationship with you or comply with our legal obligations.
* Other information about you that you voluntarily disclose.

**DISCLOSURE OF PERSONAL INFORMATION**

Personal information will not be disclosed to third parties except in the following circumstances:

* Where required or authorized by law, such as under PIPA or theHealth Professions Act.
* To provide medical care to other healthcare professionals involved in the patient’s care, with patient consent.
* For internal administrative purposes, third-party service providers who assist with clinic operations (e.g., payroll providers, IT support, billing services) provided they comply with the privacy and confidentiality requirements of this policy.

[Clinic Name] strives to limit the collection of personal information to what is necessary for the purposes for which it is collected, and we retain personal information for only as long as it is needed for the employment relationship or legal purposes.

Medical records must be retained for a minimum period of sixteen years from either the date of the last entry or from the age of majority, whichever is later, except as otherwise required by law (as per BC’s *Limitation Act*).

**SECURITY OF PERSONAL INFORMATION**

[Clinic Name] takes reasonable steps to protect personal and health information from unauthorized access, disclosure, alteration, and destruction. Security measures include:

* Encryption of electronic records.
* Secure physical storage of paper records.
* Access controls to ensure only authorized personnel have access to sensitive information.
* Ongoing employee training on privacy and data security.

**EMPLOYEE RESPONSIBILITIES**

The privacy of our employees and patients is important, and we rely on our employees to uphold and comply with their obligations under this Policy and PIPA. Violations of these requirements may be subject to disciplinary action, up to and including termination. As an employee of [Clinic Name], you are required to:

**Protect Confidentiality:** Always maintain the confidentiality of personal and health information, both during and after your employment with the clinic.

**Limit Access:** Access only the personal information necessary for your job duties. Do not share or discuss confidential information with unauthorized individuals.

**Limit Collection**: Limit the collection, use and disclosure of personal information of co-workers, patients and other individuals to what is required to carry out their authorized employment duties.

**Report Concerns:** Immediately report any potential data breaches or suspicious activity to the Privacy Officer.

**Data Integrity:** Ensure the accuracy of the information you handle by verifying it when appropriate.

**Compliance:** Adhere to all privacy and data protection policies, as well as applicable laws and regulations, including PIPA and relevant healthcare legislation.

**PRIVACY OFFICER**

The designated Privacy Officer at [Clinic Name] is responsible for overseeing the privacy and data protection practices within the clinic. Employees should contact the Privacy Officer with any questions or concerns regarding personal information, or if they believe there has been a breach of this policy.

**Privacy Officer Contact Information:** Name: [Privacy Officer Name]  
Phone: [Privacy Officer Phone Number]  
Email: [Privacy Officer Email Address]

**ACCESSING YOUR PERSONAL INFORMATION**

Employees and patients have the right to access and request correction of their personal information held by [Clinic Name]. If you would like to review or update your personal information, please contact the Privacy Officer.

**BREACH NOTIFICATIONS**

A privacy breach is defined as any unauthorized collection, access, use, disclosure, or loss of personal or confidential information. In such instances, all employees are required to promptly report the breach to their immediate supervisor and the Privacy Officer.

In the event of a privacy breach, [Clinic Name] will promptly investigate and, if necessary, notify affected individuals as required by law. Employees are required to assist in any investigations related to data breaches and to cooperate with necessary remedial actions.

**CHANGES TO THIS POLICY**

[Clinic Name] reserves the right to update this Privacy and Data Protection Policy as necessary to comply with applicable laws and regulations. Any significant changes to the policy will be communicated to employees.

**EMPLOYEE AGREEMENT**

During my employment with [Clinic Name], I acknowledge that I will be given access to employee and patient information that is deemed sensitive and/or confidential. In addition to the protections mentioned above, I agree that:

* I shall not share confidential information with anyone within or outside of the clinic who are not authorized to have this information.
* I shall not communicate confidential information without the permission of the clinic.
* I shall not use or disclose any confidential information for anything other than authorized, official purposes as laid out in the policy above.
* I shall not remove or erase any confidential information without the permission of the clinic.
* I shall not remove any confidential information from the clinic premises without the permission of the clinic.
* I accept full responsibility to ensure the confidentiality, accuracy and safekeeping of confidential information in the clinic.
* I shall observe and comply with all policies and procedures of the clinic with respect to privacy, confidentiality, and security of information during and after my term of employment.

**ACKNOWLEDGEMENT OF RECEIPT**

By signing below, you acknowledge that you have read, understood, and agree to comply with this Privacy and Data Protection Policy.

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| --- | --- | --- |
| **Employee** | **Name:**  (please print) |  |
|  |  |  |
|  | **Signature:** |  |
|  |  |  |
|  | **Date:**  (dd/mm/yy) |  |

|  |  |  |
| --- | --- | --- |
| **Privacy Officer** | **Name:** |  |
|  |  |  |
|  | **Signature:** |  |
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