



Step 3 – Obtain Consent

Under PIPA, consent for the collection, use, and disclosure of personal information for direct health care purposes in BC operates primarily on an “[implied consent](#)” model. Implied consent usually extends to parties who provide care to a patient and form part of a patient’s “[circle of care](#)” (e.g., specialists, referring physicians, lab technologists).

There are two types of implied consent: “[deemed](#)” consent or “[opt-out](#)” consent. Deemed consent may be relied upon if the information was voluntarily provided by the patient for purposes that are obvious to a reasonable person (e.g., for the purposes of ongoing care and treatment by the physician). Opt-out consent requires the physician to provide the patient with notice regarding the purpose for the collection, use or disclosure and provide the patient with a reasonable amount of time to decline (e.g., notification that the patient’s personal information will be disclosed to a public body for the practice’s billing purposes). Consent must always be voluntary and informed.

Express consent from a patient is required when personal information is intended to be collected, used, or disclosed outside of the circle of care by individuals who do not have implied consent or for secondary purposes such as research (see [Guidelines for Secondary Use of Personal Health Information for Research](#)). Express consent is signified by the individual willingly agreeing to the collection, use, and disclosure of personal information for a defined purpose (also known as the “[opt-in](#)” model). Express consent can be given verbally or in writing, but consent in writing may provide stronger evidence that it was given if consent is later challenged. The individual has the right to expressly withhold or withdraw consent at any time without retribution.