



Information and Privacy
Commissioner/Ontario

Commissaire à l'information
et à la protection de la vie privée/Ontario

Personal Health Information Protection Act

REPORT

FILE NO. HR06-36

A Hospital in a Rural Setting



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INVESTIGATOR:

Cathy Hamilton

HEALTH INFORMATION CUSTODIAN:

A Hospital in a Rural Setting

SUMMARY OF INFORMATION GIVING RISE TO REVIEW:

A member of the public contacted the Office of the Information and Privacy Commissioner/Ontario (the IPC) to advise that he was a patient in the hospital and had inadvertently received personal health information relating to seven other patients. The IPC notified the hospital of the incident, opened a file and worked with the hospital to fulfill its obligations under the *Personal Health Information Protection Act* (the Act).

RESULTS OF REVIEW:

The Chief Privacy Officer (CPO) of the hospital conducted an internal investigation upon learning of the incident, and provided the following information to the IPC.

Due to the inappropriate disposal of personal health information, there was a privacy breach at the hospital's mental health unit. Specifically, a patient who was in the hospital's mental health unit requested a piece of scrap paper from a staff member at the nursing station. The piece of paper given to the patient contained personal health information on it that listed the names and diagnoses of seven other patients who had previously been admitted to the unit in 2005. The patient notified the IPC, gave the original list to the CPO, and provided a copy of the list, which he had transcribed in his own handwriting, to his attending physician. The staff obtained the patient's consent to search his room and, in doing so, found and confiscated three more handwritten copies of the list.

As a result of the incident, the hospital took immediate action to respond to the privacy breach. The CPO and the Charge Nurse on the unit personally searched the supply of scrap paper on the unit to ensure there were no other pieces of paper containing personal health information. The

CPO sent a priority e-mail to all managers advising them of the breach and instructing them to reinforce with their staff the importance of appropriately disposing of confidential waste. Additionally, all units were requested to review their scrap paper supply to ensure it did not contain personal health information. Management staff on the mental health unit confirmed with the CPO that they had reviewed with all staff the process for disposing of confidential waste.

The hospital then conducted a review of the process for disposing of confidential waste on the mental health unit and throughout the organization. The Privacy Committee, which is a frontline staff committee chaired by the CPO, conducted a survey and compiled an inventory. Throughout the organization, including the mental health unit, there are locked bins, labelled “confidential paper,” where staff place paper with confidential information to be held until it is shredded. The unit, as well as other areas of the hospital, also has a regular recycling bin where non-confidential paper is cut up for use as scrap paper by volunteers.

As a result of the above referenced review, the hospital is planning to introduce a confidential waste bin that is visually and easily distinguishable from the regular recycling bin. The hospital has discontinued the practice of generating scrap paper pads from previously used/good one side paper. The hospital has now implemented the process of purchasing blank on both sides paper from a manufacturer, which the volunteers then cut into scrap paper pads. In addition, the hospital is currently revising its policy on the destruction of personal health information, using the IPC’s Fact Sheet entitled “*Secure Destruction of Personal Information*” as a guide. The orientation program for new staff has been updated to emphasize the management of confidential waste and this incident is used to illustrate the importance of proper disposal and destruction. Lastly, the mental health unit is currently investigating options for improving the privacy around the open concept nursing station, such as a Plexiglas enclosure.

With respect to the notification requirements under section 12(2) of the *Act*, the IPC worked with the CPO to assist the hospital in fulfilling its obligations. The individuals to whom the personal health information relates were no longer inpatients at the hospital. However, two of the individuals are outpatients at the hospital. The CPO advised the IPC that the two outpatients would be personally notified by the treatment team of the privacy breach at their next outpatient appointment. The CPO’s name and contact information would be provided to those individuals in the event they have any questions or concerns. The CPO attempted unsuccessfully, on numerous occasions, to provide notification by telephone to the other former patients. Because these former patients could not be contacted by telephone, a note was placed in their health records so that, in the event they are re-admitted to the hospital, notification of the breach will take place at that time.

On the basis of all of the above, it was determined that further review of this matter was not warranted and the file was closed.

Original signed by:

Brian Beamish
Assistant Commissioner

January 26, 2007