

Personal Health Information Protection Act, 2004

REPORT

FILE NO. HI-050031-1

A Hospital in an Urban Setting



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INVESTIGATOR:

Gillian Judkins

HEALTH INFORMATION CUSTODIAN:

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SUMMARY OF INFORMATION GIVING RISE TO REVIEW:

A hospital in an urban setting (the hospital) wrote to the Office of the Information and Privacy Commissioner/Ontario (the IPC) to advise of a theft in which three laptop computers were stolen from one of its offices. The IPC opened a file and proceeded to conduct a review of this matter under the *Personal Health and Information Protection Act, 2004* (the *Act*).

RESULTS OF REVIEW:

The IPC contacted the hospital's Chief Privacy Officer and the Privacy Coordinator who provided the following information.

The hospital advised that on the weekend of August 27, 2005, three laptops were stolen from an office adjacent to the rehabilitation gym within the facility. The staff members who used the laptops had securely locked them in their desks when they left the office on Friday evening. In addition, the gym itself is secured during non-operating hours.

The hospital advised that they had begun an investigation into the matter and determined that the staff who had been using the laptops were physiotherapists at the facility. Only one of the physiotherapists had information stored on the hard drive of the computer that possibly contained the personal health information of five patients. The information would have included the patients' names, diagnosis and treatment plans. The hospital determined that each of the laptops was password protected and that in order to access the laptop or network, a user would require a unique pass code.

The hospital confirmed that they had notified the individuals in writing whose personal health information may have been on the laptops that were stolen. The patients were provided with details of the incident as well as the steps that have been taken to ensure that an incident such as this does not occur in the future. Patients were invited to contact the facility's Privacy Coordinator with any questions they may have. The patients were also informed that they could contact the IPC if they had any further concerns.

The hospital also confirmed that it had circulated a centre-wide communiqué outlining the details of this incident and appropriate physical security measures for computers as a reminder to all staff. The hospital indicated that policies and procedures relevant to privacy were reviewed in order to prevent future occurrences of this nature. The hospital's security office conducted a security audit that involved a review of all the offices that do not have locks and the data and equipment that are stored within them. In addition, managers have been asked to conduct an inventory of their respective areas and to advise where appropriate physical security is currently not available. In these cases, additional door and cabinet locks will be provided.

The hospital advised that as a standing item during orientation, all new staff at the facility receive a half-hour privacy training session and a second round of education is scheduled to begin in January 2006. The training will focus on compliance with privacy policies and learnings garnered from case studies. Privacy issues and case studies have also become a standing item on management agendas and are regularly reported to Management Forum, Senior Management and the Board of Directors.

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: Ann Cavoukian, Ph.D. Commissioner January 23, 2006