



Electronic Communication of Personal and Personal Health Information

The Interlake-Eastern Regional Health Authority, as a Trustee, is bound by *The Personal Health Information Act* (hereinafter called PHIA). Pursuant to PHIA, the Interlake-Eastern RHA is required to protect the confidentiality and privacy of its patients' and clients' personal health information. As a result, the Interlake-Eastern RHA will not disclose personal health information except as may be allowed and required by PHIA. The Interlake-Eastern RHA requires that its employees, volunteers, students, and others associated with the Interlake-Eastern RHA act in this manner.

Communication of personal and personal health information for the provision of client care, using electronic systems or devices, must have required safeguards implemented, which ensure compliance with *The Personal Health Information Act* (hereafter called PHIA) and *The Freedom of Information and Protection of Privacy Act* (hereafter called FIPPA). Electronic systems or devices are inclusive of e-mailing, texting and attaching files of personal health information, both inside and outside the regional network.

WHAT IS PERSONAL HEALTH INFORMATION?

All information, whether recorded or exchanged verbally about an identifiable individual that relates to:

- The individual's name, health or health care history, including genetic information, about the individual or the individual's family;
- What is learned or observed, including conduct or behaviour, which may be a result of illness or the effect of treatment;
- The provision of health care to the individual. Individuals include co-workers or families of co-workers when they are patients/clients of the Interlake-Eastern RHA;

I, _____, agree that I understand the aforementioned methods of communication are not deemed as secure means of communication in compliance with PHIA and FIPPA and as such the Interlake-Eastern Regional Health Authority cannot guarantee the confidentiality and privacy of any information relayed as per these means.

Should I choose to communicate with _____ (Interlake-Eastern RHA employee) regarding information pertaining to _____ (client) by means of electronic systems or devices inclusive of e-mailing, texting and attaching files of personal health information, I am aware that the information cannot be certified as confidential or private.

_____	_____	_____
Client Name (please print)	Signature	Date
_____	_____	_____
Caregiver Name (please print)	Signature	Date
_____	_____	_____
Legal Guardian (if different from above)	Signature	Date
_____	_____	_____
Interlake-Eastern RHA Employee	Signature	Date