



Information and Agreement for Persons Associated with Southern Health-Santé Sud

Southern Health-Santé Sud, as a Trustee, is bound by Manitoba's *Personal Health Information Act* ("PHIA") and *The Freedom of Information and Protection of Privacy Act* ("FIPPA"). These Acts oblige us to protect the confidentiality and privacy of individual's (patients/clients/residents) personal and personal health information.

While you are associated with Southern Health-Santé Sud facility/sites, we require that you adhere to the following:

1. Keep all personal and personal health information confidential and private. Do not discuss any personal and personal health information you may hear or see with anyone who does not need to know this information to do their job.
2. Do not discuss personal and personal health information in public areas within the facility (i.e. lobby, cafeteria, elevators) or outside the facility.
3. If you are not sure of the right thing to do in a specific situation, discuss it with the Program Manager or Privacy Officer/Advisor at the site or call the Regional Privacy and Access Officer at: (204) 424-2320.
4. The PHIA and FIPPA related policies are available from the Privacy Officer/Advisor.

IMPORTANT FACTS ABOUT PHIA AND FIPPA YOU SHOULD KNOW:

PHIA is about "Personal Health Information". FIPPA is about "Personal Information". This includes all information that could *identify* any individual, but is not limited to:

- name, address, telephone number and email address;
- health or health history;
- behavior from illness or treatment;
- type of care or treatment provided;
- numbers or symbols, i.e., Personal Health Information Number (PHIN);
- financial symbols, home conditions or difficulties;
- other private matters such as age, sexual orientation.

Individuals have the right to confidentiality about their personal and personal health information.

Information that could identify an individual and link it to their personal or personal health information is not to be shared with the exception of the following:

- The information is required by another person to do their job
- Disclosure of the information is in accordance with the Southern Health-Santé Sud PHIA Policies.

Everyone associated with a Southern Health-Santé Sud site is required to comply with PHIA and FIPPA.

I understand that I am required to keep all "personal information" and "personal health information" confidential.

Individual's Name: _____

Individual's Signature: _____

Southern Health-Santé Sud Designate: _____

Southern Health-Santé Sud Designate Signature: _____

Specify Reason for Visit: _____

Dated this _____ day of _____, 20_____.