

## PHIA INFORMATION SHEET

### Visitors on Business at St. Boniface General Hospital

The St. Boniface General Hospital, as a hospital, is bound by Manitoba's Personal Health Information Act (PHIA). It is the law. This Act obliges us to protect our patients' confidentiality and privacy.

While you are the St. Boniface General Hospital, we **require** that you adhere to the following:

1. Keep all patient personal health information confidential and private. Do not discuss any patient information you may hear or see with anyone who does not need to know this information to do their job.
2. Do not share any patient personal health information:
  - in the presence of someone who does NOT need to know this information.
  - in public place such as elevators, lobbies, cafeterias or outside the hospital in public places, or in your home.
3. If you are not sure what is the right thing to do in a specific situation, discuss it with staff at the hospital or call the Privacy Officer, Shirley Guinn at 237-2909.
4. The Confidentiality Policy and PHIA-related policies are available in the Administrative Policy binders.

#### IMPORTANT FACTS ABOUT PHIA ARE:

1. PHIA is about "Personal Health Information" (PHI) which includes all information that could **identify** an individual and includes:
  - name
  - health or health history
  - behavior from illness or treatment
  - type of care or treatment provided
  - numbers or symbols, i.e., PHIN
  - financial situation, home conditions or difficulties
  - other private matters such as age, sexual orientation
2. Patients have the right to privacy and confidentiality about their PHI.
3. Information that could identify someone and link it to their PHI is not to be shared with the exception of the following:
  - the person needs the information to do their job.
  - the patient gives permission to disclose the information.

4. PHI is not discussed in public places within the St. Boniface General Hospital **and PHI is not to be discussed by you outside the St. Boniface General Hospital.**
5. Everyone associated with the St. Boniface General Hospital is **governed by PHIA**, including you.

**I understand that I am required to keep all “personal health information” confidential.**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

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**Reason for visit to St. Boniface General Hospital**

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**Indicate unit(s) for this visit**

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**Date of visit to St. Boniface General Hospital**

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**Witness Name (print)**

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**Visitor's Name (print)**

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**Witness Signature**

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**Visitor's Signature**

**Please return signed form to Education Services, Room N2038.**