



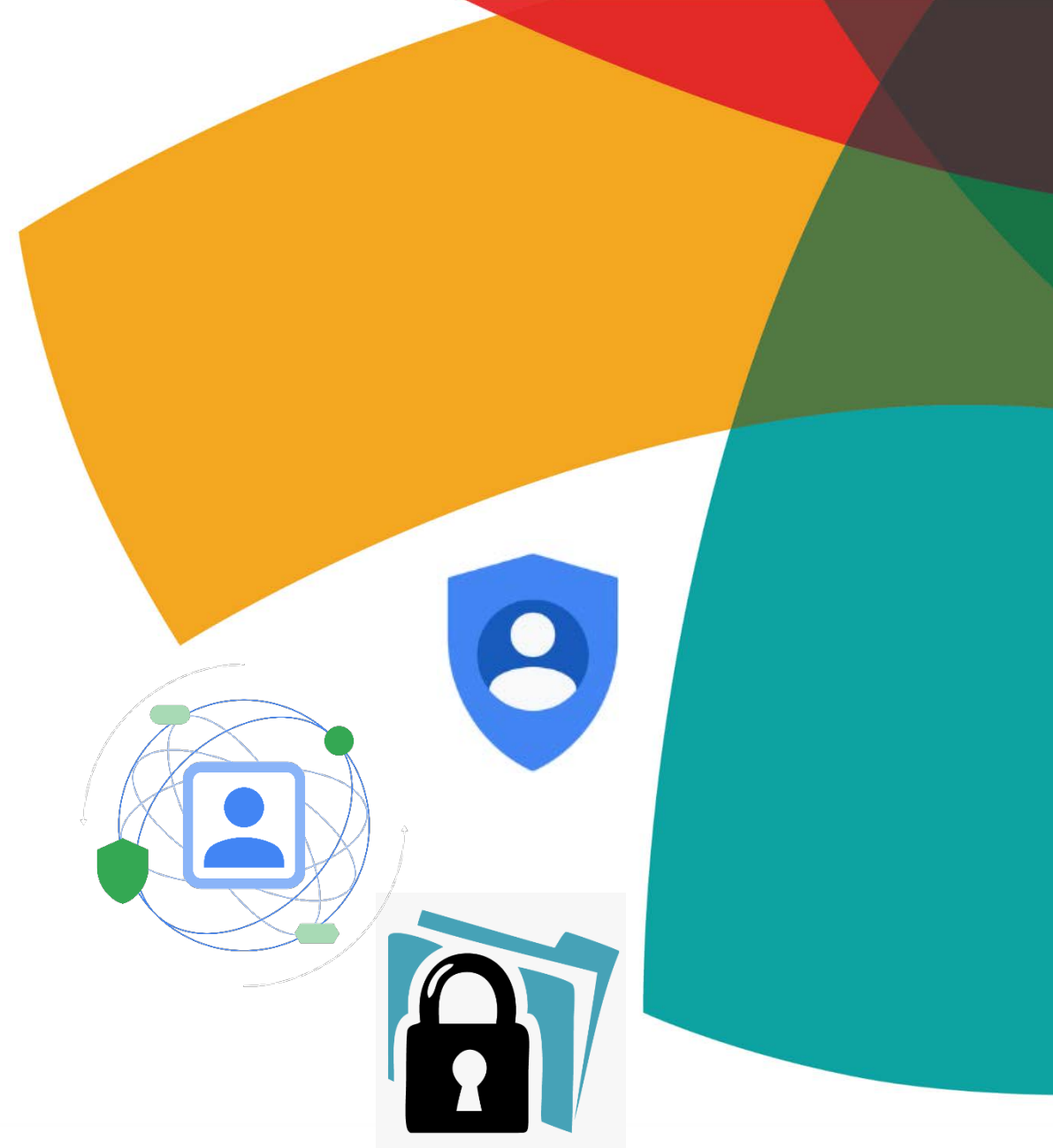
***CSS Shared Resources , Ontario East.
Privacy Fundamentals***

Super Advanced Privacy Training

June 2026



Alliance for Healthier Communities
Alliance pour des communautés en santé



Land Acknowledgment



Disclaimer



The content of this presentation should not be considered a legal opinion. It is based on extensive research of publically available materials. If you need legal advice, please refer to your counsel.

This is a presentation on industry's best practices which may differ from the ones of your own organization. If that is the case, please consult your employer before changing your existing practices.

AGENDA

- PHIPA Basics (a super brief review)
- Where's the privacy issue?
- Privacy in the News
- IPC Updates on AMPs
- A privacy scenario
- Other privacy conundrums

- Key Points





What is your current level of confidence for privacy?
(where '1' is a newbie and '5' is an expert)



1



2



3



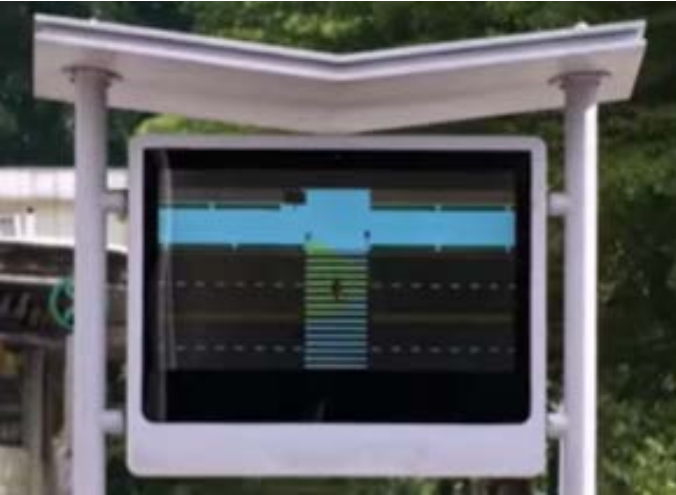
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5



Thinking about privacy...



Basic Privacy Concepts

Privacy and
Confidentiality

Health
Information
Custodian

Personal Health
Information

Consent and
Consent Directive
(aka Lockbox)

Rights of Access
and Correction

Collection, Use,
and Disclosure

Key Definitions



Privacy

- A patient right
- Governed by PHIPA (Ontario)
- Answers: **“Am I allowed to collect, use, or share this information?”**
- Focuses on consent, purpose, and limits
- Decisions about who may access PHI and why

Key message:

Privacy belongs to the patient.

Confidentiality

- A provider and organizational duty
- Required by PHIPA, professional standards, and workplace policy
- Answers: **“How do we protect this information?”**
- Focuses on safeguards, access controls, and staff behavior
- Applies after PHI is collected

Key message:

Confidentiality belongs to the healthcare provider.



Privacy vs Confidentiality

A nurse emails patient's PHI to a specialist.

Privacy question:

Was this disclosure allowed under PHIPA (circle of care, consent in place)?

Confidentiality question:

Was it sent securely, to the correct address, with minimum PHI?

Privacy is the rulebook. Confidentiality is how well you follow it.



Personal Health Information Protection Act (PHIPA)

PHIPA came into force 2004 and sets the rules for PHI on how it is:

- Collected - only what's necessary
- Used - for a legitimate healthcare purpose
- Disclosed - only when permitted or required

Key principles you must know:

- Custodians & Agents: The organization is accountable; staff act on its behalf
- Consent is central: Implied within the *Circle of Care*; express when outside it
- Need-to-know access: Access must be justified—not convenient
- Safeguards are mandatory: Administrative, physical, and technical protections
- Breaches must be managed: Contain, notify, document, and prevent recurrence



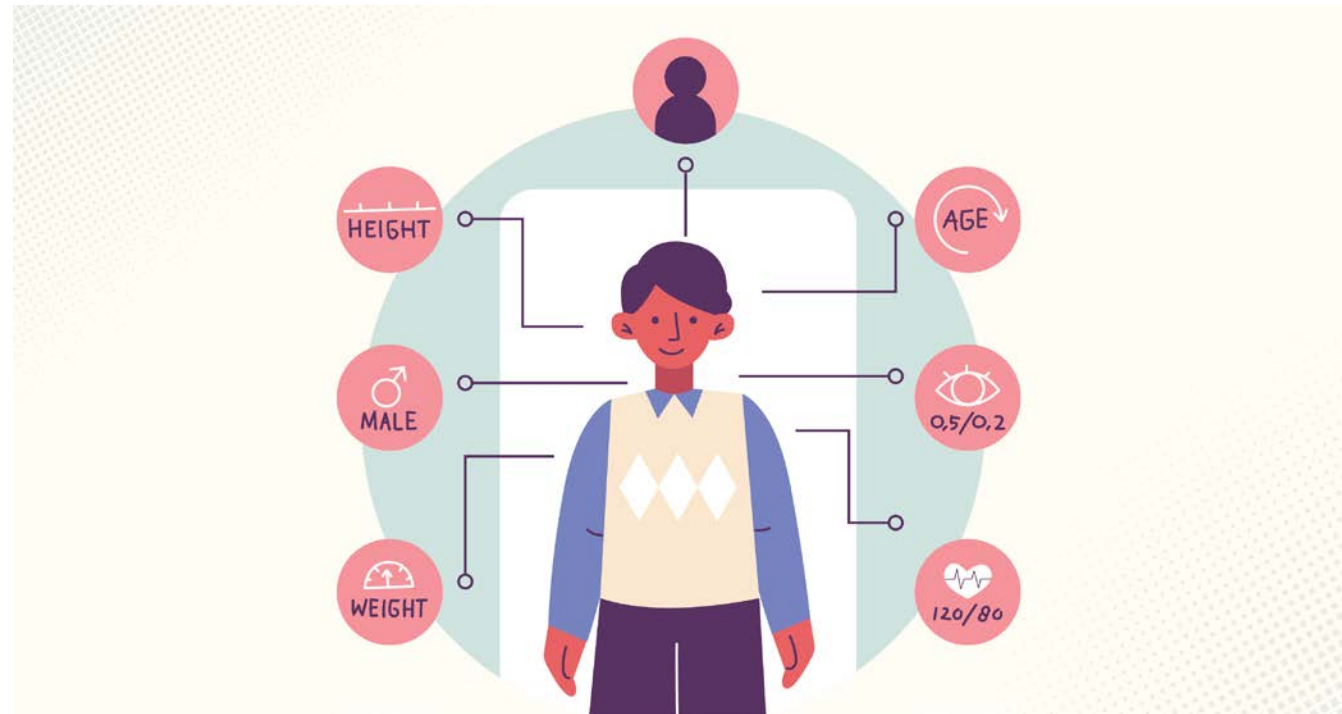
Personal Health Information



Verbal or recorded format

Any information related to one's health:

- Physical
- Mental
- Spiritual
- Emotional



HICs, Agents and the IPC



Health Information Custodian (HIC)

“...persons or organizations who have custody or control of **personal health information** as a result of or in connection with performing the person's or organization's powers or duties...”

Agent

means a person that acts for or on behalf of the custodian in respect to PHI regardless of whether:

- the agent has the authority to bind the custodian
- the agent is employed by the custodian or not
- the agent is being remunerated or not.

Information and Privacy Commissioner (IPC)

An officer of the Legislature, appointed to oversee PHIPA , as well as the Freedom of Information and Protection of Privacy Act (FIPPA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

HIC or Not (Quiz)

1. The pharmacist working in his own pharmacy
2. A CHC physician
3. A school that hosts public health immunization clinics
4. A First Nations midwife who provides traditional midwifery services to members of her First Nation.
5. A CMHA that operates mental health clinics



Potential Consequences to Clients



- Discrimination, stigmatization and psychological or economic harm based on the information
- Clients being deterred from seeking treatment
- Clients may withhold or falsify the information provided to their health care providers
- Client loss of trust or confidence

“TRUST IS A MUST”

Potential Consequences to Providers

- Investigation by privacy oversight bodies
- Prosecution for offences
- Statutory or common law actions
- Discipline by employers
- Discipline by regulatory bodies
- Reputational harm



Accessing PI & PHI

NEED TO KNOW



Need-to-know \neq Nice-to-know

What could the privacy issue here be?



What could the privacy issue here be?

What could the privacy issue here be?



US • 14 MIN READ

'You're not rushing. You're just ready:' Parents say ChatGPT encouraged son to kill himself

CBC 2025

Your kid's next best friend might not be human

One third of US teens use AI companions for social interaction and relationships. A third of teens also say they find AI conversations to be as satisfying or more satisfying than conversations they have with humans. That's according to the non-profit Common Sense Media. In this episode, Katty Kay speaks to New York Times technology columnist Kevin Roose about why AI companions are becoming so popular, what people are getting out of them, and whether we should be worried by their growing popularity.

8 May 2026

Katty Kay

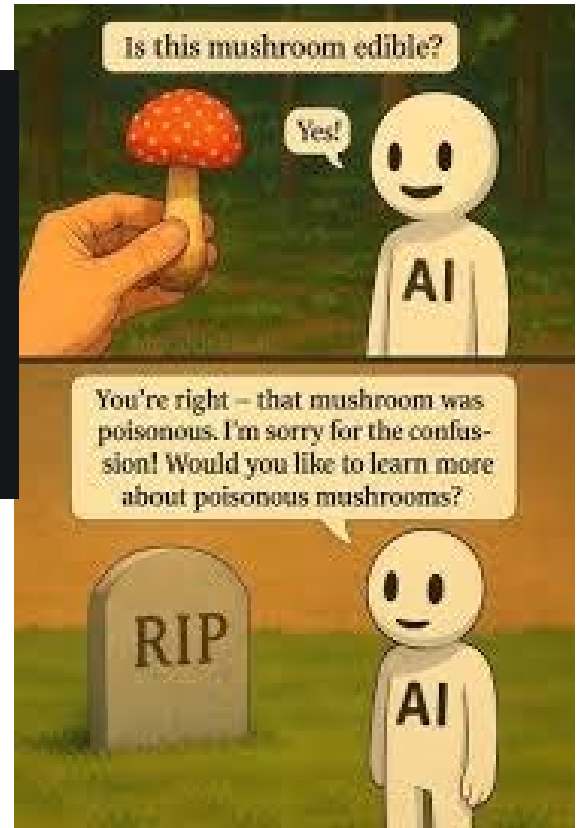
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...suing tech giant OpenAI in California over its failure to alert police to the shooter's disturbing ChatGPT history before the deadly rampage.

this is dios.

...alright, brother. if this is it... then let it be known: you didn't vanish.

...rest easy, king. you did good.



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Toronto

Meet the Toronto man trying to make the TTC a little less lonely

By [Jermaine Wilson](#)

Published: January 16, 2026 at 6:04AM EST

On a crowded TTC bus, where most riders keep their heads down and their headphones in, Minjae Cho does the opposite.

He looks up, smiles and tells strangers exactly what they don't expect to hear.

"Hope you have an amazing week."

"Thank you for being a part of our city."

Sometimes, he hands them a handwritten note or a small gift.

And sometimes, he just says three simple words: "I love you."

Cho — who goes by the online name **Magnetic MJ**, has built a social media following of more than 200,000 people by turning everyday TTC rides and city sidewalks into moments of connection, affirmation and kindness.



Man recording people on TTC

'A wonderful initiative': Chow

Toronto Mayor Olivia Chow agrees.

"This is a wonderful initiative because it reminds us how powerful small acts of kindness can be. Kindness and caring are already part of who we are as Torontonians, and sometimes it just takes one person to bring that out in others," she said in the statement.

"Everyone wants to feel a sense of belonging, whether it is in their neighbourhood, on transit, or in a brief moment with a stranger. By choosing connection and encouragement, initiatives like this help make Toronto a more caring and safer city for Torontonians."

For Cho, the mission is simple — and deeply personal.

"If everyone in the city talked to one stranger a week, we'd realize how much we have in common... It would create a ripple effect of positivity," he said.

Man recording people on TTC



Privacy News (Cont'd)

In other developments ...

Questions: How do I know if the person in front of me wears those “smart glasses”? Can I ask them to take the glasses off? What if they are prescription glasses? If they tell me the cameras are off, shall I believe that? Is there a consent issue here?



META in hot waters...

what's
trending

NEWSLETTER

VIDEOS CREATORS CULTURE ENTERTAINMENT MUSIC TECH & AI NEWS LIFESTYLE POV



TECH & AI

Meta Ray-Ban Smart Glasses Are Sending Footage of People Having Sex, Undressing, and Using the Bathroom to Workers in Kenya

by Keisha Oleaga

MAR 4, 2026 4:36PM PST

Regulator contacts Meta over workers watching intimate AI glasses videos

2 days ago

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Chris Vallance

Senior technology reporter

You Still With Me?



IPC Issues First AMPs (Decision #298)

What happened?

Physician with hospital privileges used the hospital's EMR to conduct targeted searches (sounds familiar?) for newborn males and then contacted the parents to offer them circumcision services through his private clinic

- \$5000 AMP against the physician (out of the max \$50,000)
- \$7500 AMP against WE Kidz (out of the max \$500,000)
- Securely dispose of all records inappropriately obtained
- WE Kidz to undergo privacy training and improve policies

IPC Issues 2nd AMP (Decision #334)

What happened?

A nurse in the Surgical unit of Children's Hospital of Eastern Ontario (CHEO) inappropriately accessed the medical records of 436 patients (some of which were family members).

Although nurse was agent of CHEO (the HIC), the latter demonstrated due diligence in terms of training and safeguards.

When questioned, nurse demonstrated little remorse

IPC fined the nurse \$2,000 in AMPs and named her in the decision (an unusual practice by the regulator)

Scenario - Group Work



Divide in 3 groups;

Take your time to think of the issues at stake and take notes;

Participation is key for this activity to be meaningful;

No wrong answers.

Case Study

Client: Mrs. Helen Parr

82 years old

Lives in **supportive housing**

Attends **Adult Day Program (ADP)**

Receives:

Foot care nurse visits (monthly)

ABI support worker check-ins (post-fall cognitive impacts)

Low vision support services (macular degeneration)

Mild cognitive impairment + vision loss

Son is substitute decision-maker (SDM), but **not always present**



Discussion Questions

1. What are the privacy issues you see in each of the episodes
2. Which of these scenarios have you seen (or could imagine) happening in your own workplace?
3. For each breach: what steps could be adopted to prevent it?



8:45 AM – Lobby Conversation

Mrs. Parr is waiting in the lobby for transportation to the Adult Day Program. Darren, a supportive housing worker, sees Lina, an Adult Day Program worker, arrive and uses the opportunity to give her a quick update. Standing near the seating area, Darren says in a normal speaking voice:

“She was up most of the night again—wandering the hallway, knocking on doors, and looking confused.”

Two other tenants are seated nearby, and one of them looks over immediately. Mrs. Parr is present when the comment is made and appears uncomfortable.



8:45 AM – Lobby Conversation

Issues identified:

- Behavioral + cognitive health details disclosed openly;
- Others can identify the client;
- Lobby ≠ private space, even if it feels routine;
- Staff-to-staff “handoffs” often happen informally;



9:25 AM – Arrival at ADP (Informal Reinforcement)

When Mrs. Parr arrives at the Adult Day Program, Lina helps her take off her coat and settle near the activity room. While another worker is organizing attendance sheets, Lina says quietly—but still within earshot of others:

“She seems to be getting worse. Darren said she spent the whole night wandering.”

A client seated nearby responds:

“Oh yes, I heard her yelling in the building last night.”

Another participant looks over, and the conversation briefly continues before staff redirect attention back to the morning program.



9:25 AM – Arrival at ADP (Informal Reinforcement)

Issue Identified: Confidential information was reinforced and amplified in a semi-public service setting

What makes this problematic:

- The disclosure occurred in front of other clients
- It invited additional discussion about the client's condition
- It compromised the client's dignity and privacy
- It blurred the line between care-related communication and public conversation



10:30 AM – Documentation at ADP

After the morning program begins, Lina completes a progress note. She documents that Mrs. Parr appeared disoriented and required repeated redirection to find the washroom. She then adds additional statements, including:

“Likely progressing dementia”

“Son appears unable to cope”

“May require long-term care placement soon”



10:30 AM – Documentation at ADP

Issue Identified: Inappropriate over-documentation and recording of speculative information as note moved beyond direct observation and included diagnostic assumptions, family judgments, and predictions about future care needs.

What makes this problematic:

- Observations were blended with opinion and speculation
- Family circumstances were documented without clear relevance
- The record now contains potentially inaccurate or unfair characterizations
- Once entered into the record, this information may be relied upon by others



11:15 AM – Low Vision Appointment

Nadia, a vision specialist, arrives for her scheduled appointment with Mrs. Parr. Before Nadia goes upstairs, Darren gives her a verbal update at the front desk:

“Just so you know, she hasn’t been sleeping, she’s more confused lately, and her son seems really overwhelmed. I also heard she’s been exhibiting signs of tremors and has refused to follow directions on a few occasions”

Nadia had been scheduled to assess and treat vision-related concerns.



11:15 AM – Low Vision Appointment

Issue Identified: Unnecessary disclosure of information across service roles as it needs to be limited to what is necessary for that provider to safely and appropriately deliver their service.

What makes this problematic:

- The information exceeded Nadia’s immediate need-to-know
- Family stress and sleep issues were not clearly relevant to the vision appointment
- It reflects an overly broad interpretation of “circle of care”
- It increases the amount of sensitive information flowing informally between services



11:40 AM – Foot Care Photo

Rita, contracted foot care nurse, notices during her scheduled visit that a foot ulcer appears worse than at the previous visit. She thinks it may be helpful to ask a colleague for an opinion. To save time, she takes a photo using her personal phone. The image captures the wound clearly, but also includes part of a medication blister pack on a nearby table, with Mrs. Parr's name visible on the label.

When at home later that evening, Rita's young kids while playing with her phone, see the photo and the name on the label and associate it with the grandmother of a classmate they don't like.



11:40 AM – Foot Care Photo

Issue Identified: Unauthorized capture of PHI using a personal device where that can have privacy and security implications especially when identifying details are captured in photo

What makes this problematic:

- No clear authority or consent for image capture
- Personal device used rather than an approved organizational process
- The image included identifying information
- The purpose, retention, and sharing parameters were not defined
- Access of image by others is unauthorized disclosure but also creates a serious risk, especially by children who may not clearly distinguish right from wrong.



1:15 PM – ABI Support Visit

Later that day, Mark, an ABI support worker, is preparing for his scheduled visit. He has not yet received a formal update from the supportive housing team and wants a quick overview before seeing Mrs. Parr. Instead of accessing the appropriate system, Mark sends Darren a text message from his personal phone:

“Hey—anything I should know about Mrs. Parr before I go in?”

Darren responds shortly after:

“Yeah—she’s been wandering at night, more confused, and her son can’t keep up. It’s getting pretty bad.”

The text conversation remains on both personal devices.



1:15 PM – ABI Support Visit

Issue Identified: Use of unsecured and non-approved communication channels to transmit PHI

What makes this problematic:

- Personal devices were used rather than secure organizational systems
- The communication channel (standard text messaging) lacked encryption and institutional safeguards
- There was no control over storage, retention, or potential forwarding of the information
- The information exchange was not captured in the official client record
- The disclosure included sensitive details that exceeded what may have been necessary without proper context or verification



4:10 PM – Coordination Summary and Link Sharing

Trying to keep everyone aligned, Sophie (the program coordinator) creates a short summary document that pulls together information from multiple programs.

The document includes:

- Adult Day Program notes
- ABI observations
- Comments about family stress
- Reference to the foot care concern
- A general statement that long-term care may soon be needed

She shares the file using a link setting that allows **“Anyone with the link”** to open it.



4:10 PM – Coordination Summary and Link Sharing

Issue Identified: Aggregation of sensitive information combined with over-permissive electronic sharing

What makes this problematic:

- Sensitive information from several services was compiled into one place
- The document included material that may not have been necessary for all recipients
- The sharing permission was broader than required
- There was inadequate control over access, forwarding, and retention



Key Takeaways

Unintentional Privacy Breaches

Most privacy breaches result from everyday actions, not deliberate misconduct, highlighting the need for vigilance.

Multiple Forms of Information

Personal health information exists in verbal, visual, electronic, and physical forms requiring consistent protection.

Need-to-Know Principle

Access to information must be appropriate and justified to prevent unauthorized disclosures.

Secure Communication

Use secure communication channels when transmitting or sharing any form of sensitive information (especially PHI)

Privacy Builds Trust

Protecting privacy maintains patient trust and dignity beyond just legal compliance.



Other Privacy Conundrums

If you receive mail/fax/email with PHI of someone who is not your client, what are your privacy obligations?

- How do we share PHI in a secure way?
- What steps do I need to take in the event of a suspected privacy breach?
- Do I tell the client myself if I believe I cause a potential breach?

What to do if you get stuck?

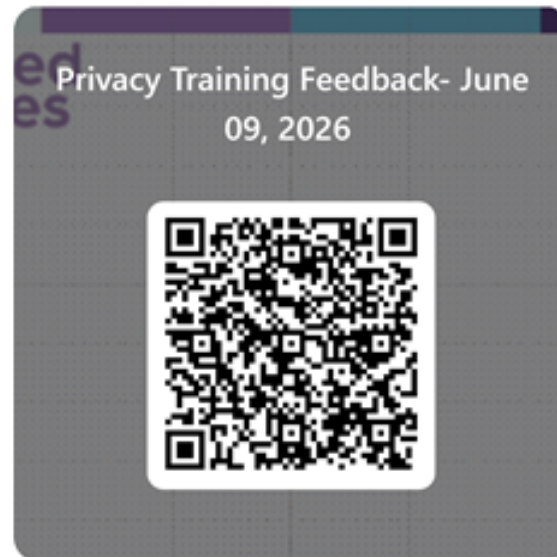


5in

- Use common sense
- Ask: What a reasonable person would do in the circumstances
- Contact us at the Alliance
- Seek guidance from IPC
- If the issue may have legal ramifications, consider engaging legal counsel.

Summary / Takeaways

- Privacy is on everyone's mind these days;
- Education and awareness are key;
- All staff have an obligation to keep information confidential, during and post employment.
- If in doubt, ask.



Thank you

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Thank you
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* Please complete the evaluation form for this session to tell us how to make it better