

RA0700 – CONFIDENTIALITY OF INFORMATION

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka’pamux, Secwépemc, St’át’imc, Syilx, and T̓silhqot’in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To describe the duties of the Interior Health (IH) Research Ethics Board (REB) members and staff in the protection of personal information disclosed to the IH REB:

- For the purpose of ethical review;
- During the review and approval processes; or
- Related to the operation of the REB itself.

2.0 DEFINITIONS

TERM	DEFINITION
<i>Confidentiality</i>	<i>The duty to ensure that personal information is kept private and is accessible only to authorized persons.</i>
<i>FIPPA</i>	<i>Freedom of Information and Protection of Privacy Act (FIPPA) [RSBC 1996] C. 165, as amended from time to time, is the BC legislation that prescribes obligation that all public bodies are required to meet related to the collection, use, disclosure, protection and retention of personal information.</i>
<i>Personal Information</i>	<i>Includes any information which may be associated with or identifies an individual except business contact information. Personally identifiable information includes things such as a person’s name, social insurance number, account number, health care number, employment history or medical information.</i>

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Policy Steward: Chief Nursing and Allied Health Officer & Professional Practice Leader		
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	<i>Personal Information does not include business contact information, such as a person’s title, business telephone number, business address, email or facsimile number. References to “Personal Information” within this policy apply to any documents or records (whether in hard copy or electronic form) on which Personal Information is recorded and all verbal comments or conversations in which Personal Information is mentioned or discussed.</i>
<i>Privacy</i>	<i>The right of an individual to determine what information about themselves may be collected, used, and shared with others.</i>

3.0 POLICY

- 3.1 Individuals should be protected from any harm that may be caused by the unauthorized use of their Personal Information. They should expect that their rights to Privacy and Confidentiality are respected.
- 3.2 REB members and staff will use and disclose Personal Information in a manner that respects an individual’s rights to Privacy, and in accordance with federal and provincial Privacy regulations and applicable laws including FIPPA.
- 3.3 REB members and staff will adopt reasonable safeguards to ensure that members and staff protect Personal Information from unauthorized access and maintain Confidentiality of the information. REB members and staff will not share Personal Information for ethical review activity, including any other member of the REB that does not require such Personal Information for such activity.
- 3.4 The researcher is responsible for submitting information to the REB and to the participant regarding the use of Personal Information, including personal health information that will be collected for research. This includes disclosing the manner in which the information is identified, collected, accessed, used, disclosed, retained, disposed of and protected.
- 3.5 REB members and staff will receive only the amount of Personal Information reasonably necessary to provide services for ethical review on behalf of IH.
- 3.6 The REB Chair or delegate shall refer queries or concerns about the protection of Privacy to the IH Information Privacy Office as required.

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4.0 PROCEDURES

4.1 REB Review of Privacy Concerns

4.1.1 The REB shall review the research submitted to determine if the researcher has access to and/or is using Personal Information; and whether the researcher is adhering to appropriate Privacy legislation.

4.1.2 In reviewing the research, the REB will include such Privacy considerations as:

- The type of Personal Information to be collected;
- The research objectives and justification for the requested Personal Information needed to fulfill these objectives;
- The purpose for which the Personal Information will be used;
- How the Personal Information will be controlled, accessed, disclosed, and de-identified;
- Limits on the use, disclosure and retention of the Personal Information;
- Any anticipated secondary uses of Personal Information from the research;
- Any anticipated linkage of Personal Information gathered in the research with other data about research participants, whether those data are contained in public or in personal records;
- Whether consent for access to, or the collection of Personal Information from participants is required;
- How consent is managed and documented;
- If and how prospective research participants will be informed of the research;
- How prospective research participants will be recruited;
- The administrative, technical and physical safeguards and practices in place to protect the Personal Information including de-identification strategies and managed linkages to identifiable data; and
- How the researcher will ensure accountability and transparency in the management of Personal Information.

4.1.3 The REB must find that there are adequate provisions to protect the Privacy interests of participants before approving the research.

4.2 REB members and staff

4.2.1 REB members and staff are permitted to receive Personal Information from researchers and use or disclose such Personal Information for

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purposes necessary for the review, approval, ongoing monitoring and auditing of research projects submitted for ethical review.

4.2.2 REB members and staff will treat all information received from researchers as confidential, and will secure and store such information according to policy [RA0500 Records Management](#).

4.2.3 The REB Coordinator will distribute research project documents and REB records to authorized persons only.

4.2.4 The REB Coordinator will ensure confidential destruction of records that have been kept beyond the required retention limits as well as confidential documents that are not covered under these retention requirements. Records will be destroyed according to IH policy *AL0700 Records – Retention, Storage and Destruction Of*.

4.2.5 If any Personal Information is received inadvertently by the REB (e.g. disclosed by a researcher), or there is an internal breach involving the use of Personal Information, the REB member or Coordinator will notify the IH Information Privacy Office and the Chief Nursing and Allied Health Officer and Professional Practice Leader. The IH Information Privacy Office will indicate any corrective action that is required. The REB Chair or Designee will document the facts surrounding the breach, the appropriate steps taken to manage the breach, remedial activities to address the breach and the outcome. The REB Coordinator will destroy the Personal Information in a secure manner as per IH policies and procedures.

4.2.6 REB members and staff shall review and abide by all IH information Privacy and security policies.

4.2.7 REB Members who are also IH employees, medical staff, or contractors have obligations under the terms of their employment, medical staff appointment or contract to maintain Confidentiality.

4.2.8 REB members who are not IH employees or affiliates will sign the Visitors Confidentiality Acknowledgment form annually.

4.3 REB Chair or Designee

4.3.1 Will ensure that reports to researchers on REB decisions do not contain personal identifiers of individual reviewers.

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- 4.3.2 In the event that a researcher is invited to attend a REB meeting to address questions about his/her research application, the Chair will ensure that the researcher attends only that portion of the meeting necessary to address his/her concerns. A researcher cannot attend the reviewer’s presentation, the vote or the discussion of the any project including his/her own.
- 4.3.3 In collaboration with the REB Coordinator and the Freedom of Information Advisor, manages all requests for the release of document(s) that are under the custody and/or control of the REB.
- 4.3.4 Manages any internal breach involving the use or dissemination of confidential, Personal Information by researchers, REB members or staff. Notifies and consults with an IH Privacy Advisor for IH and determines an appropriate corrective action plan.

5.0 REFERENCES

1. Canadian Association of Research Ethics Board and N2 Network of Networks. (2023) Standard Operating Procedure 107.003 *Use and Disclosure of Personal Information*.
2. Freedom of Information and Protection of Privacy Act (FIPPA). RSBC 1996, c. 165.
3. Interior Health. (2020). Administrative Policy Manual: [AR0200 Information Security](#).
4. Interior Health. (2023). Administrative Policy Manual: [AR0400 Privacy and Management of Confidential Information](#).
5. Interior Health (2023). Administrative Policy Manual: *AU0100 Standards of Conduct for Interior Health Employees*.
6. Interior Health. (2022). Administrative Policy Manual: [AL0700 Records - Retention, Storage and Destruction of](#).
7. Interior Health. (2021). Research Policy Manual: [RA0500 Research Ethics Board Records Management](#).

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