

COLLECTION, USE AND DISCLOSURE

The full title of the *Personal Health Information Act* is *An Act Respecting the Collection, Use, Disclosure and Retention of Personal Health Information*. The title underscores the primary activities sought to be regulated by the *Act*: collection, use, disclosure and retention of personal health information.

This chapter outlines a custodian's requirements under *PHIA* related to collection, use and disclosure. Retention (and destruction, disposal and de-identification) are covered in Chapter 3 – *Duties of a Custodian*.

See Chapter 4: *Consent, Capacity and Substitute Decision-Makers* for additional information on consent.

LIMITS ON COLLECTION, USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

There are two guiding principles that limit the collection, use and disclosure of personal health information. These are found in *PHIA* sections 24 and 25. In summary:

- a custodian cannot collect, use or disclose personal health information where other information will serve the custodian's purpose; and
- a custodian must collect, use and disclose the minimum amount of personal health information necessary to achieve the custodian's purpose.

EXAMPLE

Samantha is a dentist providing service to her new patient, Whitney. Samantha has requested a full medical history. Whitney would be justified in not disclosing the fact that she had broken her leg as a teenager, as it is not necessary information Samantha needs to provide dental services to her.

There are additional limiting principles in *PHIA*:

- a custodian may only collect, use or disclose personal health information if the individual consents and if it is reasonably necessary for a lawful purpose; or
- the collection, use or disclosure is permitted or required by the *Act* (section 11).

EXAMPLE

Steven has an appointment with Kevin, his new dietician. He has consented to his previous dietician's records being transferred to Kevin.

The Act also states the following:

- a custodian will limit the use of the personal health information to those agents requiring the information to carry out the purpose (section 25(2)(a)).

***Note:** The definition of “agent” includes employees and volunteers of the custodian.*

- a custodian will only disclose the information necessary to regulated health professionals that they need to carry out their duties and responsibilities (section 25(2)(b)).

EXAMPLE

Kathryn is a physician with privileges at the local hospital. Her patients include Gilles, who is being monitored by Kathryn for high blood pressure. The hospital does not need to disclose to Kathryn that Gilles had been treated for a sprained ankle ten years before, as it is not necessary information that she would need to provide treatment to him.

SOLICITOR-CLIENT PRIVILEGE

Solicitor-client privilege is protected under *PHIA* (section 5(3)). This means that a custodian is not required to disclose information where solicitor-client privilege is being claimed:

- to an individual requesting his/her own personal health information under sections 71 and 75; or
- to the Review Officer in a review of a decision regarding an access request, a request for correction, or a privacy complaint.¹

In respect of the individual, this protection is consistent with privilege provisions in the *Nova Scotia Freedom of Information and Protection of Privacy Act* and the federal *Personal Information Protection and Electronic Documents Act*. In respect of the Review Officer, the

¹ The Supreme Court of Canada has ruled that only a court can review the validity of a claim of solicitor-client privilege. See *Canada (Privacy Commissioner) v. Blood Tribe Department of Health*, [2008] 2 S.C.R. 574

protection is consistent with the privilege provision in the federal *Personal Information Protection and Electronic Documents Act*.

COLLECTION

PHIA defines “collect” in relation to personal health information as, “to gather, acquire, receive, gain access to or obtain the information by any means from any source” (section 3(c)).

Section 31 states that custodians must collect personal health information directly from the individual about whom the information is being collected.

INDIRECT COLLECTION

However, section 31 of the *Act* also sets out exceptions to direct collection. It allows a custodian to collect information indirectly in the following circumstances:

- the individual authorizes collection from another person;

Note: Authorization may be written or verbal. The other person does not have to be the individual’s substitute decision-maker.

- the collection is from the substitute decision-maker if the substitute decision-maker has the authority to act;

Note: See *PHIA* section 21 for details on the requirements for substitute decision-makers.

- the information to be collected is reasonably necessary for providing health care or assisting in the provision of health care to the individual and it is not reasonably possible to collect, directly from the individual:
 - personal health information that can reasonably be relied on as accurate, or
 - personal health information in a timely manner.

EXAMPLES

Personal health information that can be relied upon as accurate

David is experiencing chronic post-concussion dizziness but does not want to tell his physician. He is concerned that his physician may report it to the Registrar of Motor Vehicles, who could suspend David's license to drive.

The physician would be justified in collecting the information from David's wife, as the information collected from David cannot reasonably be relied upon as accurate.

Personal health information in a timely manner

Mary is unconscious upon admission to the hospital. The admission staff would be justified asking the person accompanying Mary to the hospital for any relevant health information.

- the custodian believes, on reasonable grounds, that collection from the individual who is the subject of the information would prejudice the safety of any individual;
- for the purpose of assembling a history of family-health issues potentially relating to or also affecting the individual.

EXAMPLE

Tim is admitted to a hospital with chest pain, but doesn't know if he has any family history of heart disease. A nurse may collect personal health information from Tim's family to determine whether there is a relevant family history of heart disease.

- collection is for:
 - determining the eligibility of an individual to participate in a program of, or to receive a benefit, product or health service from, a custodian, and the information is collected in the course of processing an application made by or for the individual who is the subject of the information, or
 - verifying the eligibility of an individual who is participating in a program of, or receiving a benefit, product or health service from, a custodian to participate in the program or to receive the benefit, product or service.

- the custodian is a public body within the meaning of the *Freedom of Information and Protection of Privacy Act* or is acting as part of such a public body, and the custodian is collecting the information for a purpose related to:
 - investigating a breach of an agreement or a contravention or an alleged contravention of the laws of the Province or Canada;
 - the conduct of a proceeding or a possible proceeding, or;
 - the statutory function of the custodian.
- the custodian collects the information from a person who is not a custodian for the purpose of carrying out a research project that has been approved by the research ethics board or a research ethics body, except if the person is prohibited by law from disclosing the information to the custodian;
- the custodian is a prescribed entity mentioned in clause 38(1)(j) and the custodian is collecting personal health information from a person who is not a custodian for the purpose of that clause;²
- the custodian collects the information from a person who is permitted or required by law or by a treaty, agreement, or arrangement made under this *Act* or another *Act* of the Province or of the Parliament of Canada to disclose it to the custodian;
- subject to the requirements and restrictions, if any, that are prescribed, the custodian is permitted or required by law or by a treaty, agreement, or arrangement made under this *Act* or another *Act* of the Province or of the Parliament of Canada to collect the information indirectly;
- the custodian is the Minister of Health and Wellness and the collection of the personal health information is for the purpose of planning and management of the health system;

Note: Only the Minister has the authority to collect personal health information for the purpose of planning and management of the health system.³

² See page 19 for further information on prescribed entities

³ The only exception to this would be the prescribing of a “prescribed entity” in the regulations. At the time of the proclamation of *PHIA*, no entities had been designated as “prescribed entities” under the legislation.

- the collection is for the purpose of ensuring quality or standards of care within a quality review program within the custodian's organization;
- the collection is reasonably necessary for the administration of payments in connection with the provision of health care to the individual or for contractual or legal requirements in that connection; or
- the custodian is the Minister of Health and Wellness and the collection of personal health information is from another custodian for the purpose of creating or maintaining an electronic health record.

EXPRESS CONSENT FOR COLLECTION

Express consent is required for collection of personal health information for the purposes of fund-raising activities, market research, or marketing any service for a commercial purpose (section 32).

Express consent may be written or oral (section 16).

See Chapter 4 – *Consent, Capacity and Substitute Decision-Making* for further detail on express consent for collection, use and disclosure.

USE

PHIA defines “use” in relation to personal health information in the custody or control of the custodian as to handle or deal with the information (section 3(ab)). It does not include disclosure of the information.

USE WITH CONSENT

Where the *Act* permits a custodian to collect personal health information, section 33 also permits the custodian to use the information for:

- the purpose for which the information was collected or created and for all the functions reasonably necessary for carrying out that purpose;

EXAMPLE

If a nursing home collects personal health information about a resident, the home may also use the information to develop case and service plans to assist the resident while in the facility.

- a purpose for which this *Act*, another *Act* of the Province or of the Parliament of Canada permits or requires a person to disclose it to the custodian;

EXAMPLE

Section 31 of the *Health Protection Act* requires physicians, nurses, and medical laboratory technicians who have reasonable and probable grounds to believe that a person has a notifiable disease or condition, to report the information to a medical officer.

- educating agents to provide health care.

EXAMPLE

A hospital may use personal health information collected about a patient to teach interns, residents, and other health profession students.

However, if an individual determines that they do not want their personal health information used for a specific purpose (e.g. educating students) they have the right under *PHIA* section 17 to request that it not be used for that purpose. However, an individual cannot request that a custodian not use information that is required by law to be disclosed to the custodian.

EXAMPLE

Section 31 of the *Health Protection Act* requires physicians, nurses and medical laboratory technicians who have reasonable and probable grounds to believe that a person has a notifiable disease or condition report the information to a medical officer.

A patient cannot request the information related to their notifiable condition not be used by the medical officer.

USE WITHOUT CONSENT

Section 35(1) states that a custodian may use personal health information about an individual without the individual's consent in the following circumstances:

- for planning or delivering programs or services that the custodian provides or that the custodian funds in whole or in part, allocating resources to any of them and evaluating or monitoring any of them;
- for detecting, monitoring, or preventing fraud or any unauthorized receipt of services or benefits related to any of them;
- for the purpose of ensuring quality or standards of care within a quality review program within the custodian's organization;

***Note:** The use of personal health information in this circumstance must be part of a quality review program. It cannot be a review initiated by an individual employee of the custodian.*

- for the purpose of disposing of the information or modifying the information in order to conceal the identity of the individual;
- for the purpose of seeking the individual's consent, when the personal health information used by the custodian for this purpose is limited to the individual's name and contact information;

EXAMPLE

A physician may contact his/her patients to ask if they would consent to the physician's disclosure of the individual's personal health information to a researcher.

- for the purpose of a proceeding or a contemplated proceeding in which the custodian or an agent or former agent of the custodian is, or is expected to be, a party or witness, if the information relates to or is a matter in issue in the proceeding or contemplated proceeding;

EXAMPLE

A nursing home is being sued by a former resident. The nursing home may use personal health information collected about the resident if the information relates to the legal case.

- for the purpose of obtaining payment or processing, monitoring, verifying or reimbursing claims for payment for the provision of health care or related goods and services;
- for research conducted by the custodian, in accordance with sections 52 to 60 ;
- Subject to requirements and restrictions, if any, that are prescribed, if permitted or required by law or by a treaty, agreement or arrangement made under this *Act* or another *Act* of the Province or of the Parliament of Canada;

or

- for the purpose of risk management or patient safety within the custodian's organization.

A custodian may provide personal health information to an agent to use for any of the above purposes (section 35(2)). Agents include employees, volunteers, or the custodian's lawyer.

USE WITH EXPRESS CONSENT

Express consent is required for use of personal health information for the purposes of fund-raising activities, market research, or marketing any service for a commercial purpose (section 34).

Express consent may be written or oral (section 16).

DISCLOSURE

Under *PHIA* “disclose” in relation to personal health information in the custody or control of a custodian is defined as making the information available or releasing it to another custodian or to another person (section 3(h)).

KNOWLEDGEABLE IMPLIED CONSENT WITHIN THE “CIRCLE OF CARE”

A custodian may disclose personal health information about an individual to another custodian(s) involved in the individual’s health care if:

- the information is reasonably necessary for the provision of health care to the individual; and
- the individual has not limited or revoked consent to disclosure under *PHIA* section 17.

See Chapter 4 - *Consent, Capacity and Substitute Decision-Maker* for more information on the “circle of care,” an individual’s rights, and a custodian’s obligations under section 17.

DISCLOSURE WITHOUT CONSENT

Section 38 of the *Act* permits a custodian to disclose personal health information without the individual’s consent in the following circumstances:

- to another custodian if the custodian disclosing the information has a reasonable expectation that the disclosure will prevent or assist an investigation of fraud, limit abuse in the use of health services or prevent the commission of an offence under an enactment of a province or the Parliament of Canada;
- to persons acting on behalf of the individual including:
 - a person who is legally entitled to make a health-care decision on behalf of the individual;
 - a legal guardian, or
 - the administrator of an estate, if the use or disclosure is for the purpose of the estate.
- to a regulated health profession body or a prescribed professional body that requires the information for the purpose of carrying out its duties in the Province under an *Act* of the Province or in another province of Canada under an *Act* of that province regulating the profession;

EXAMPLE

The College of Registered Nurses of Nova Scotia carrying out its duties under the *Registered Nurses Act*.

- to any person if the custodian believes, on reasonable grounds, that the disclosure will avert or minimize an imminent and significant danger to the health or safety of any person or class of persons;

EXAMPLE

Robert arrives at the hospital emergency room seriously intoxicated. He is admitted, but leaves before being treated and states that he is going to drive himself home.

The staff of the hospital is permitted by this provision to call the local police and provide relevant information to them.

- to an official of a correctional facility, as defined in the *Correctional Services Act*, or to an official of a penitentiary, as defined in the *Corrections and Conditional Release Act (Canada)* in which the individual is being lawfully detained if the purpose of the disclosure is to allow the provision of health care to the individual or to assist the correctional facility or penitentiary in making a decision concerning correctional services as defined in the *Correctional Services Act* or services provided under in the *Corrections and Conditional Release Act (Canada)*;

EXAMPLE

The provincial *Correctional Services Act* includes a provision requiring a correctional facility to make reasonable accommodation for an offender in custody who is unable to participate in programs or work due to illness, disability, or injury. If Jason has multiple sclerosis and cannot work for prolonged periods of time, information to support Jason's request for accommodation could be disclosed from his health record.

- to another custodian for the purpose of ensuring quality or standards of care within a quality review program within the custodian's organization;
- to the Minister of Health and Wellness for the purpose of planning and management of the health system;

- to the Nova Scotia Prescription Monitoring Board for monitoring prescriptions pursuant to the *Prescription Monitoring Act*;
- to the Canadian Institute for Health Information to assist in the planning and management of the health system in accordance with the terms of an agreement between the Canadian Institute for Health Information and the Province;
- to a prescribed entity for the planning and management of the health system for all or part of the health system, including the delivery of services, if the entity meets the requirements under subsection (2) ⁴;
- from the Province to another provincial or territorial government or the Government of Canada to assist in the planning and management of the health system;
- subject to the requirements and restrictions, if any, that are prescribed, if the disclosure is required or permitted by law or a treaty, agreement or arrangement made pursuant to this *Act* or another *Act* of the Province or the Parliament of Canada;

Note: Provincial legislation requiring mandatory disclosure of health information includes the Adult Protection Act, the Health Protection Act, the Gunshot Wounds Mandatory Reporting Act, and the Children and Family Services Act.

- to another custodian for the purpose of determining or verifying an individual's eligibility for insured services;
- subject to the requirements and restrictions, if any, that are prescribed, to a person carrying out an inspection, investigation or similar procedure that is authorized by a warrant or by or under this *Act* or another *Act* of the Province or an *Act* of the Parliament of Canada for the purpose of complying with the warrant or for the purpose of facilitating the inspection, investigation or similar procedure;
- to a proposed litigation guardian or legal representative of the individual for the purpose of having the person appointed as such;

Note: A “litigation guardian” is a person appointed by the court to act on behalf of an individual who is not capable of managing his/her own affairs. It may include a minor child or a person who lacks capacity to make decisions.

⁴ See page 19 for further information on prescribed entities.

- to a litigation guardian or legal representative who is authorized under the Civil Procedure Rules, or by a court order, to commence, defend or continue a proceeding on behalf of the individual or to represent the individual in a proceeding;
- for the purpose of complying with:
 - a summons, order or similar requirement issued in a proceeding by a person having jurisdiction to compel the production of information, or
 - a procedural rule that relates to the production of information in a proceeding.
- the disclosure is reasonably necessary for the administration of payments in connection with the provision of health care to the individual or for contractual or legal requirements in that connection;
- for the purpose of a proceeding or a contemplated proceeding in which the custodian or an agent or former agent of the custodian is, or is expected to be, a party or witness, if the information relates to or is a matter in issue in the proceeding or contemplated proceeding;
- for the purpose of risk management or patient safety within the custodian's organization; or
- to the Minister of Health and Wellness for the purpose of creating or maintaining an electronic health record.

DOCUMENTING DISCLOSURE WITHOUT CONSENT

A disclosure of personal health information without the individual's consent must be documented (section 42). The documentation must include:

- a description or copy of the personal health information disclosed;
- the name of the person or organization to whom the personal health information was disclosed;
- the date of the disclosure; and
- the authority for the disclosure.

***Note:** The authority for the disclosure would either be a provision of this Act or another Act. If the disclosure is authorized by an agreement referenced in this Act or another Act, it would helpful to note details of the agreement (e.g.name of the agreement, parties to the agreement).*

DISCLOSURE TO NON-CUSTODIANS – ASSESSMENT, CARE AND TREATMENT SERVICES

Under section 39, a custodian may disclose an individual’s personal health information to a non-custodian without the individual’s consent at the request of any custodian for the purposes of facilitating assessment, care and treatment services for the individual. Before the information may be disclosed:

- the custodian must make a request to the Minister in writing detailing the reasons why the non-custodian requires the personal health information on an ongoing basis; and
- the Minister of Health and Wellness must have authorized the non-custodian to receive the information.

This provision was included to continue authority for assessment, care and treatment services that may include a non-custodian.

EXAMPLE

A mental health crises team operates as a partnership of two district health authorities, the Department of Health and Wellness, and the local police. Prior to *PHIA*, this would be authorized by the Minister of Health in a Ministerial Authorization under the *Hospitals Act* (see below) and may be continued under *PHIA* if a request is made and approved under section 39.

MINISTERIAL AUTHORIZATIONS UNDER THE *HOSPITALS ACT*

Under the *Hospitals Act* section 71(5) (e), the Minister of Health and Wellness could authorize a hospital to disclose personal health information to a “person or agency designated or authorized by the Minister.” These designations became known as “Ministerial Authorizations.”

Ministerial authorizations were generally requested to allow district health authorities to disclose information to health care providers or others outside of the relatively strict guidelines of the *Hospitals Act*. The *Act* only allowed information to be disclosed within the hospital or to the patient’s physician. This prevented personal health information from being disclosed to a patient’s nursing home or other health care providers outside of the hospital.

Section 71 of the *Hospitals Act* will be repealed by section 113 of *PHIA*. Without section 71 of the *Hospitals Act*, there can be no requests for Ministerial Authorizations.

The provisions of *PHIA* will make the Ministerial Authorizations unnecessary. For example, *PHIA* will include the ability to assume knowledgeable implied consent for disclosure of personal health information within the circle of care; exceptions in section 38 to allow for disclosure of

personal health information without individual consent, and section 39, which allows for disclosure to non-custodians for assessment, care, and treatment of an individual.

DISCLOSURE TO FAMILY MEMBERS OR OTHERS

Under section 37, a custodian has the discretion to disclose personal health information related to the presence, location and general condition of an individual on the day that the information is requested to:

- family members of the individual; or
- another person if the custodian has a reasonable belief that the person has a close personal relationship with the individual.

A custodian may not disclose this information if it is contrary to the express request of the individual.

EXAMPLE #1

Janet calls the hospital and identifies herself as the mother of a person she understands has been admitted to the hospital. She gives her son's name, and asks for his location and general condition. The patient has not indicated that he does not wish to be contacted or visited by family.

The hospital would be justified in disclosing the information to Janet.

EXAMPLE #2

Janet calls the hospital and identifies herself as the mother of a person she understands has been admitted to the hospital. She gives her son's name, and asks for his location and general condition. The patient, who was conscious when admitted, specifically told the nurse that he did not want his family to know that he was in hospital.

The hospital would be justified in withholding information from Janet.

If a caller or visitor has indicated that they are not family, the custodian may make further inquiries to determine if the person has a "close personal relationship" with the individual. Each circumstance would be separately assessed by the custodian based on information provided by family or the individual him/herself.

Note: This section permits the disclosure without consent, but disclosure is not required (unless *PHIA* or another *Act* requires the disclosure).

When a custodian discloses personal health information to a non-custodian under the *Act*, the non-custodian may only use that information for the purpose which the custodian was authorized to disclose that information (section 45(2)).

See following section for information on disclosure of information to family members related to a deceased person.

DISCLOSURE OF PERSONAL HEALTH INFORMATION RELATED TO A DECEASED PERSON

Under section 40(1), a custodian may release information about an individual who is deceased, or believed to be deceased, for the following purposes:

- for the purpose of identifying the individual;
- for the purpose of informing any person whom it is reasonable to inform that the individual is deceased or believed to be deceased;
- to a spouse, parent, sibling, or child of the individual if the recipient of the information reasonably requires the information to make decisions about the recipient's own health care or the recipient's children's health care and it is not contrary to a prior express request of the individual;

EXAMPLE

Terry dies from Huntington's disease, a hereditary brain disorder. She has not requested that this information be kept private if her family makes inquiries about her cause of death.

Biological family members may need this information to determine their own risk of developing the disease. Terry's care providers in the hospital would be justified in providing this information to her family.

- for carrying out the deceased person's wishes for the purpose of tissue or organ donation.

Under section 40(2), a custodian may disclose personal health information about a deceased individual to:

- a family member of the individual; or
- another person if the custodian has a reasonable belief that the person has a close personal relationship with the individual

if the information relates to circumstances surrounding the death of the individual or to health care recently received by the individual and the disclosure is not contrary to a prior express request of the individual.

EXAMPLE

Aziz sustains injuries in a car accident, and is pronounced dead in the emergency room of a hospital. The hospital may provide information related to the treatment received by Aziz to his wife, unless Aziz had specifically requested that the hospital not release the information to anyone.

DISCLOSURE WITH EXPRESS CONSENT

Section 43 provides that express consent is required for disclosure of the information:

- by a custodian to a non-custodian unless required or authorized by law;
- by a custodian to another custodian if it is not for the purpose of providing health care unless required or authorized by law;
- for fund-raising activities;
- for market research or marketing any service for a commercial purpose;
- to the media; or
- to a person or organization for the purpose of research unless provided for in section 57.

Express consent may be written or oral (section 16).

HEALTH CARD NUMBERS

PHIA defines “*health card number*” as a unique identification number assigned by the Minister of Health and Wellness to individuals insured under the *Health Services and Insurance Act* (section 3(j)). The Medical Services Insurance Programs are administered by Medavie Blue Cross on behalf of the Nova Scotia government. Every eligible resident is assigned a unique 10-digit health card number as evidence of his/her eligibility to receive insured services.

Section 3(r)(v) defines personal health information and includes the individual’s health card number in the definition.

COLLECTION AND USE OF HEALTH CARD NUMBERS

The health card number is intended for use in health care only. *PHIA* stipulates that only:

- custodians; or
- persons authorized through regulation

may collect or use an individual's health card number (section 27).

Examples of organizations that may be considered for authorization to collect the health card number include a school where a staff member may have to take a child to receive health care.

See www.novascotia.ca/DHW/PHIA for current regulations on individuals or organizations designated to collect and use health card numbers.

HEALTH CARD NUMBER DATABASE/COMMON CLIENT REGISTRY

In addition to providing protection for the collection and use of an individual's health card number, *PHIA* also restricts the authority for determining who may have access to the health card number database, the Common Client Registry, or any successor client information system related to the health card number.⁵ Under section 46, only the Minister of Health and Wellness may decide who may have access to these databases and registries.

The only exceptions are two legislative provisions that pre-date *PHIA*:

1. the *Juries Act* regulation (N.S. Reg. 126/2000) stipulates that the Department of Health and Wellness' Health Insurance list is a prescribed list from where the pool of prospective jurors may be selected; and
2. pursuant to the *Elections Act* section 43(5), which requires a public body under the *Freedom of Information and Protection of Privacy Act* (including the Department of Health and Wellness) to provide to the Chief Electoral Officer any personal information held by the public body for creating, revising or updating the Register of Electors.

⁵ *PHIA* section 3(d) defines "Common Client Registry" as a provincial database that is a master index for all residents eligible to receive insured services and all non-residents who have received insured services in the Province. It is a component of the provincial Electronic Health Record.

PRESCRIBED ENTITIES

There are several references to a “prescribed entity” in *PHIA*, including:

- section 3(n) definition of information practices, including practices of a “prescribed entity”;
- section 31(i) authorizing a “prescribed entity” to indirectly collect personal health information in certain circumstances;
- section 38(1)(j) authorizing a custodian to disclose personal health information to a “prescribed entity” for the purposes of planning and management of the health system if the entity meets the requirements in section 38(2);
- section 38(2) - (6) requirements to be recognized as a “prescribed entity” under the legislation;
- section 110(1)(j) enabling the Governor in Council to make regulations prescribing a “prescribed entity.”

The concept of a “prescribed entity” was included in *PHIA* to recognize that in the future, there may be an organization that would participate in the planning and management of the health system, working with and supplementing the work of the Department of Health and Wellness.

The model originated in the Ontario *Personal Health Information Protection Act*. The Ontario Ministry of Health and Long-Term Care have designated “prescribed planning entities” by regulation, including Cancer Care Ontario, the Canadian Institute for Health Information, the Institute for Clinical Evaluative Studies, and the Pediatric Oncology Group of Ontario.

At the time of the proclamation of *PHIA*, no organizations in Nova Scotia had been designated as a “prescribed entity.”