



POLICY:  <b>Privacy and Access to Information</b>		POLICY NUMBER: Pending
		PREVIOUS/REPLACES: <b>New</b>
APPROVED BY: <b>Executive Council</b>	EFFECTIVE DATE AS OF: <b>November 23, 2016</b>	PRIOR VERSIONS: <b>New</b>

## 1. Policy Statement

The Manitoba Institute of Trades and Technology (to be referred to as MITT) is committed to protecting the privacy of Personal Information and Personal Health Information and to comply with requests to access information within specified parameters as dictated by legislation. MITT affirms the importance of conducting its operations in a transparent manner and, as far as possible, in ways that are open to the public. The purpose of this policy is to ensure that MITT meets its obligations under *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA) including all regulatory requirements.

### 1.1 DEFINITIONS

- (a) **Access and Privacy Coordinator** means the MITT employee that is responsible for receiving applications for access to Records and is responsible for the day-to-day administration of requests under both FIPPA and PHIA.
- (b) **Access and Privacy Officer** is the designated head of MITT for the purposes of FIPPA and PHIA and shall be the Director of Human Resources. The Access and Privacy Officer is responsible for the overall direction of access to information and protection of privacy matters within the Institute.
- (c) **Access to information** means the viewing or copying of a Record held in the custody or under the control of MITT subject to the limited and specific exceptions set out in FIPPA and PHIA.
- (d) **Personal Health Information** means recorded information about an identifiable individual that relates to that individual's health or health care history, the provision of health care to that individual or payment for health care provided to the individual. Personal Health Information includes the individual's personal health identification number and any other identifying information about that individual that is collected in the course of, and is incidental, to the provision of health care or payment for health care.



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- (e) **Personal Information** means recorded information about an identifiable individual including the following:
- i. name;
  - ii. home address, home telephone, facsimile or email;
  - iii. age, sex, sexual orientation, marital or family status;
  - iv. ancestry, race, colour, nationality, or national or ethnic origin;
  - v. religion or creed, or religious belief, association or activity;
  - vi. personal health information;
  - vii. blood type, fingerprints or other hereditary characteristics;
  - viii. political belief, association or activity;
  - ix. education, employment or occupation, or educational, employment or occupational history;
  - x. source of income of financial circumstances, activities or history;
  - xi. criminal history, including regulatory offences;
  - xii. individual's own personal views or opinions, except if they are about another person;
  - xiii. views or opinions expressed about the individual by another person; and
  - xiv. identifying number (e.g. SIN, student number), symbol or other particular assigned to the individual.
- (f) **Record** means a Record of information in any form, and includes information that is written, photographed, recorded or stored in any manner, on any storage medium or by any means including by graphic, electronic or mechanical means, but does not include electronic software or any mechanism that produces Records.
- (g) **Third Party** in relation to a request for to access or correct information means a person, group of persons or an organization other than the applicant or a public body.

## 1.2 PRINCIPLES

- (a) MITT is committed to the principles of FIPPA and PHIA including:
- **Privacy:** to protect the privacy of individuals Personal Information and Personal Health Information held by MITT and to provide a right of access by individuals to their own Personal Information.
  - **Access:** to provide the public with a right of access to information in the custody or under the control of MITT within prescribed legislative limitations.



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- (b) All MITT employees shall be required to sign a Pledge of Confidentiality acknowledging that they are bound by the policies and procedures established by MITT in accordance with the acts and that they are aware that a consequence of breaching them which may include prosecution under the Act, and/or disciplinary action.
- (c) No person at MITT shall collect, use, or disclose Personal Information or Personal Health Information in the course of their work except in accordance with the law and provisions of this Policy.
- (d) MITT shall use Personal Information and Personal Health Information only for the purpose for which that information was obtained, for a use consistent with that purpose, or with the consent of the individual.
- (e) MITT will assist individuals in obtaining access to information that is in the custody of the Institute including Records that contain their own Personal Information and Personal Health Information, according to Section 7(1) of FIPPA and Section 5(1) of PHIA. The right of access does not extend to information that may be considered exempt from disclosure under Sections 17 to 32 of FIPPA and Section 11 of PHIA. If such information can reasonably be severed from the Record then the applicant may have access to the remainder of the Record.
- (f) MITT shall not disclose Personal Information and Personal Health Information to any third party, unless it is otherwise provided for under Section 44 to 48 of FIPPA and Section 22 of PHIA.
- (g) FIPPA and PHIA apply to all Records in the custody or under the control of the Institute, but do not include teaching materials or questions that are to be used on an examination or test.
- (h) An applicant may make a complaint the Ombudsman if he/she believes that the Institute is not fulfilling its obligations under FIPPA or PHIA.
- (i) Should any of the Institute's policies conflict with FIPPA or PHIA, the provisions of FIPAA or PHIA shall prevail unless otherwise expressly provided for by law.

## **2. Scope**

This Policy applies to all employees of MITT who deal with Personal Information or Personal Health Information in any manner.



### 3. Procedures

#### 3.1 *Collection of Information*

- (a) MITT collects information for a variety of purposes that enables the Institute to carry out its mandate and provision of services.
- (b) MITT personnel shall only collect Personal Information and Personal Health Information about an individual that relates directly and is necessary for an existing service, an authorized program or activity of the Institute.
- (c) MITT will only collect as much Personal Information and Personal Health Information that is required to accomplish the purpose for what it is collected. Wherever possible the information will be collected directly from the individual that the information is about.
- (d) Where Personal Information and Personal Health Information are collected directly, MITT shall notify the individual of the purpose for collection and with whom the information may be shared. MITT shall provide the individual contact information of an MITT employee where additional information may be obtained if requested regarding the collection of information.
- (e) Personal Information and Personal Health Information shall be collected in a manner and location that ensures it is secure and confidential to the greatest extent possible.

#### 3.2 *Access to Information*

##### **Access to Personal Information (excludes Personal Health Information)**

- (a) FIPPA provides for an individual to have a right of access to any Record that is under the control of MITT subject to limitations prescribed in legislation.
- (b) Formal requests to access Personal Information must be made on the Institute's prescribed form. This form can be found on MITT's website or may be obtained from MITT's Access and Privacy Coordinator. An applicant may make an oral request if he/she is unable to complete the form due to language barriers or has a disability that impairs his/her ability to complete the form.



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- (c) All requests will be immediately directed to the Access and Privacy Coordinator. All applications shall be date stamped on the day received.
- (d) MITT shall assist all individuals in obtaining access to the information requested and shall make every reasonable effort to respond to the request within 30 days. Additional time to respond may be required in certain circumstances as provided for in FIPPA, in which case the applicant shall be notified for the reason of the extension.
- (e) The response to the applicant will indicate whether the Record may be released, how access will be provided, or provide reasons if the information cannot be released.

**Access to Personal Health Information**

- (a) PHIA provides the right to an individual to request and receive a copy of his or her Personal Health Information subject to limitations as prescribed in the Act.
- (b) The applicant must make the request in writing using the prescribed form which can be found on MITT's website or may be obtained from MITT's Access and Privacy Coordinator. An applicant may make an oral request if he/she is unable to complete the form due to language barriers or has a disability that impairs his/her ability to complete the form.
- (c) All requests will be immediately directed to the Access and Privacy Coordinator. All applications shall be date stamped on the day received.
- (d) MITT shall ensure the identity of the individual making the request and that the Personal Health Information intended for an individual is received only by that individual prior to releasing any Information.
- (e) MITT shall respond to all requests within 30 days after receiving the request unless the request is transferred to another trustee as provided for under Section 8 of the Act.

**3.3 Fees**

- (a) If MITT anticipates that the search and preparation of the requested Records will take more than 2 hours, the applicant may be required to pay a fee subject to the discretion of the Access and Privacy Officer. Any fees charged will be in compliance with FIPPA and PHIA.



### ***3.4 Use and Disclosure***

- (a) Every use and disclosure of Personal Information and Personal Health Information by MITT shall be limited to the minimum amount of information necessary to accomplish the purpose for which it is used or disclosed.
- (b) Every use and disclosure shall be limited to the fewest employees possible that are required to achieve the purpose of obtaining the information.
- (c) The disclosure of Personal Information and Personal Health Information must be only for the purpose for which it was collected unless provided for in legislation under FIPPA and PHIA.
- (d) Personal Information and Personal Health Information should not be disclosed to a third party unless the person who the Personal Information or Personal Health Information is about has consented to the disclosure, or unless the third party otherwise has a legal right under either FIPPA or PHIA.

### ***3.5 Correction of Information***

- (a) MITT shall make all reasonable efforts to ensure that information collected is as accurate and complete as possible. In the event that a discrepancy or error is identified MITT will ensure that individuals have the right to request and to make corrections to either their Personal Information or Personal Health Information in accordance with FIPPA and PHIA provisions.
- (b) All requests must be made in writing and are to be submitted to the Institute's Access and Privacy Coordinator.
- (c) No fees will be charged for the correction of information.

### ***3.6 Security of Information***

- (a) MITT shall take all reasonable efforts to protect Personal Information and Personal Health Information against unauthorized access or disclosure, theft, loss, use or modification, copying, transmission, destruction and any other potential security violation.
- (b) All MITT staff shall be mindful of the security of Personal Information and Personal Health Information.



- (c) Reasonable security measures shall be undertaken by the Institute to ensure the confidentiality and integrity of Personal Information and Personal Health Information including but not limited to the following:
- i. Physical measures including the storage of Personal Information and Personal Health Information in locked filing cabinets and restricting access to certain records, offices, or areas;
  - ii. Organizational measures including controlling access to databases and limiting access to Personal Information and Personal Health Information based on a need to know basis.
  - iii. Electronic safeguards including the use of passwords and firewalls;
  - iv. Training of all MITT staff regarding the importance of security measures and Personal Information and Personal Health Information.
- (d) Personal Information and Personal Health Information should not be discussed in the presence of those who are not entitled to such information or in public places such as cafeterias, elevators, lobbies, hallways, classrooms, unsecured or open offices.
- (e) MITT shall provide additional safeguards for the protection of Personal Health Information that is maintained electronically and shall generate a Record of User Activity except as provided for in the Personal Health Information Regulation Section 4(3). The Record of User Activity shall identify the following:
- i. Individuals whose Personal Health Information has been accessed;
  - ii. Persons who accessed the Personal Health Information;
  - iii. When the Personal Health Information was accessed;
  - iv. The electronic information system or component of the system in which the Personal Health Information was accessed; and
  - v. Whether the Personal Health Information that has been accessed has been disclosed.
- (f) A Record of User Activity shall be maintained for 3 years. MITT shall ensure that at least one audit is conducted before the Record of User Activity is destroyed.



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- (g) Personal Information and Personal Health Information shall only be removed from the premises of MITT if absolutely necessary and must be for an approved and authorized purpose. All employees must use the utmost of care when removing Records from the premises of MITT and must ensure that the paper and/or digital file is with them at all times or stored in a secure place. As soon as the employee has completed his/her use of the Records they must be returned to the premises of MITT immediately.
- (h) Any security breach regardless of how minor must be reported immediately to the Access and Privacy Officer. The Access and Privacy Officer will determine whether the breach requires an investigation taking into account the following:
  - i. The length of time that has elapsed since the alleged privacy breach;
  - ii. Whether the alleged breach is trivial, or the complaint is otherwise not in good faith or frivolous; and
  - iii. If the circumstances of the alleged breach warrants an investigation.
- (i) If it has been determined that an investigation is required, it will be conducted as soon as reasonably practical by the Access and Privacy Officer and/or designate. The President of MITT shall be notified immediately of the security breach. All individuals impacted directly by the security breach shall be notified. Corrective measures will be developed, implemented, and monitored to ensure adequate security measures are in place. Depending on the circumstances, individuals responsible for the breach may be subject to disciplinary action.

### **3.7 Retention and Destruction**

(a) Information Manager

MITT may enter into a written agreement and periodically transfer Records to an external Information Manager for the purpose of processing, storing, destroying, or providing MITT information management services. The written agreement will require that the external Information Manager be subject to all the same requirements concerning the protection of Personal Information and Personal Health Information as stipulated in FIPPA and PHIA.





(b) Retention and Destruction of Personal Information and Personal Health Information

- i. Personal Information and Personal Health Information must be retained for a period of time such that the individual the information is about has a reasonable opportunity to obtain access to it.
- ii. MITT shall retain all student files for a period of 60 years and personnel files for 10 years after termination and/or retirement at which time they will be destroyed. For all other records that contain Personal Information or Personal Health Information, guidelines on the Retention and Disposition of School Division Records as published by the Government of Manitoba shall be adhered to. For additional information the Access and Privacy Coordinator should be contacted.
- iii. All Records pertaining to Personal Information and Personal Health Information shall be considered confidential information for the purposes of disposal and/or destruction.
- iv. When disposing of Personal Information and Personal Health Information the Institute shall take reasonable steps to ensure information cannot be reconstructed or retrieved.
- v. All confidential information in the form of paper records must be separated and disposed of by secure shredding.
- vi. All confidential information stored in any form of electronic media such hard drives, USB flash drives, and CDs must be completely and effectively removed or destroyed by overwriting deleted information, reformatting the electronic storage medium, or physically destroying the electronic storage medium. If an employee of MITT has any concerns on how to permanently destroy electronic records, he/she should contact the IT department.

### 3.8 Complaint Procedure

- (a) MITT shall investigate all complaints pertaining to compliance with this Policy. All complaints must be forwarded to the Access and Privacy Officer who will investigate the issue. If a complaint is found to be justified, MITT will take appropriate measures to resolve the complaint. An individual will be informed of the outcome of the investigation regarding his or her complaint.
- (b) At any time, any person who has requested access to a Record under FIPPA or PHIA and is not satisfied about the decision, process or actions undertaken by the Institute may make a complaint to the Ombudsman.



### **3.9 Audit of Personal Health Information**

- (a) The Institute shall conduct a review of its security safeguards to protect Personal Health Information under its control every two years from the inception of this Policy. This will include an overall audit that encompasses electronic, administrative, technical and physical safeguards. If any deficiencies are identified, the Access and Privacy Officer shall take corrective action as soon as reasonably practical to correct the deficiencies.

### **4. Administration:**

The Director of Human Resources is responsible for ensuring that this Policy is adhered to.

### **5. Review:**

The Institute shall review this Policy in accordance with the requirements of *The Freedom of Information and Protection of Privacy Act and Personal Health Information Act* and regulations as amended from time to time.

The full Policy will be reviewed one year after its origin and then at a minimum every 5 years by Executive Council.

### **6. References:**

*The Freedom of Information and Protection of Privacy Act and Regulations*

*The Personal Health Information Act and Regulations*

*The Public Schools Act*

Government of Manitoba - Guidelines on the Retention and Disposition of School Division/District  
Records

Progressive Discipline Policy