

Privacy and Confidentiality for All Research Personnel

Introduction

Researchers are responsible for maintaining the confidentiality and protecting the privacy and security of personal health information for study participants in compliance with applicable institutional policy, legislation, and regulatory requirements.

Please tick the boxes below indicating you have reviewed the policies and completed the training materials listed. Upon completion, sign and date this form as a record of training, and provide a copy to your Manager of Research Operations.

For questions concerning sections A and B, please contact the Bruyère Continuing Care Privacy and Access to Information Officer. Contact information is available under InfoNet/ Home/ Departments/ Privacy & Access to Information/ Contact Us. For all other questions, please contact your Manager of Research Operations.

A. Legislation

Researchers are responsible for complying with applicable sections of the *Personal Health Information Protection Act* (PHIPA), and the *Freedom of Information and Protection of Privacy Act* (FIPPA).

<input type="checkbox"/>	PHIPA	Section 44 https://www.ontario.ca/laws/statute/04p03
<input type="checkbox"/>	FIPPA*	Section 65 (8.1)(c),(9),(10), and 49(c.1)(i) http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90f31_e.htm

* All requests under FIPPA should be forwarded immediately upon receipt to the Privacy and Access to Information Officer.

B. Policies

The following policies describe researcher responsibilities with reference to privacy and confidentiality at the Bruyère Research Institute and Bruyère Continuing Care. The Policy and Procedure Manuals are available under "Policies" on the InfoNet. Search policies here: https://infonet.bruyere.org/bins/Policies_default.aspx.

<input type="checkbox"/>	PHIL 04	Privacy and Confidentiality
<input type="checkbox"/>	PHIL 02	Privacy Breach
<input type="checkbox"/>	ADMIN 05	Information Security
<input type="checkbox"/>	ADMIN 07	Destruction of Confidential Information
<input type="checkbox"/>	ADMIN 09	Computers: Access to Computer Systems and Data
<input type="checkbox"/>	ADMIN 29	E-Mail
<input type="checkbox"/>	ADMIN 38	Cell Phones and Other Portable Electronic Communication Devices
<input type="checkbox"/>	CONSENT 02	Consent for Photograph and other Audio Visual Material

<input type="checkbox"/>	COMM 05	Social Media
<input type="checkbox"/>	DOC 03	Disclosure (Release) of Personal Health Information
<input type="checkbox"/>	DOC 12	Access to the Health Record for Quality Review, Case Reporting, Decision Support, and Research

C. Other Training Materials and Requirements

Other training and requirements for conducting studies are listed below.

<input type="checkbox"/>	For all studies/trials: Sign the form entitled <i>Pledge of Confidentiality Regarding the Protection of Research Data</i> <u>for each project</u> in which you are involved before you access patient information for research purposes*. The form is available on the Research Ethics Board website, under Ethics Application Forms > Confidentiality Pledge: https://www.bruyere.org/en/REB-Application-Process <i>*For more information, refer to the Research Ethics Board Administrative Policies & Procedures Manual</i>
<input type="checkbox"/>	For all studies/trials: Complete a course on the 2nd edition of Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2). This online course is available through the Government of Canada at http://tcps2core.ca/welcome
<input type="checkbox"/>	For Clinical Trials/Interventional trials employees, students, and volunteers only: Complete a course on the International Conference on Harmonisation Good Clinical Practice (ICH GCP). Though not directly related to Privacy and Confidentiality, researchers conducting interventional trials must also receive training in Health Canada’s Division 5 Regulations.

STATEMENT OF RESEARCHER:

I hereby confirm that:

- I have read and understood the information provided in the resources listed above
- All of my questions have been answered to my satisfaction
- I am personally responsible for using this information in practice

Name (print): _____	Signature: _____	Date (DD/MM/YYYY): _____
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PLEASE KEEP THE ORIGINAL COPY OF THIS LIST FOR YOUR FILES.