



Information and Privacy  
Commissioner/Ontario  
Commissaire à l'information  
et à la protection de la vie privée/Ontario

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*Personal Health Information Protection Act, 2004*

REPORT

FILE NO. HI-050017-1

A Health Unit

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# *Personal Health Information Protection Act, 2004*

## REPORT

**FILE NO.** HI-050017-1

**INVESTIGATOR:** Nancy Ferguson

### **SUMMARY OF INFORMATION GIVING RISE TO THIS REVIEW:**

Following immunization clinics at three public schools, staff of a health unit could not locate the consent to immunization forms signed by parents. The health unit reviewed its obligations under the *Personal Health Information Protection Act* (the *Act*) including the notification of the affected students. The loss was reported to the Office of the Information and Privacy Commissioner/Ontario (the IPC).

### **RESULTS OF REVIEW:**

The IPC conducted a review of this matter and obtained the following information.

The health unit advised that staff had conducted immunization clinics in three schools in a single day and for each school there was a separate file folder containing the immunization consent forms for the students at that school. The files for two of the schools could not be located several weeks following the clinic when the information contained in the files was scheduled to be entered into the computer. The staff believed that the three files had been returned to the office of the health unit following the clinic but somehow two of the files were misplaced and could not be found.

The lost consent forms contained information about the vaccinations students had received together with personal health information including health card numbers. There was no other record to confirm what vaccinations children had received.

After reviewing the circumstances of this incident the health unit reported the following to the IPC:

- to operate immunization clinics in schools the staff are required to transport a number of

materials and supplies including soft (electronic) and hard (paper) copy information to each clinic;

- it has been the practice of staff to carry the hard copy client consent forms in an unlocked portable canvas bag which, along with other needed supplies, is packed in a van and transported to each clinic;
- the van is always locked when unattended;
- materials and supplies are always attended by staff when in a school setting;
- the missing consent forms were discovered when the administrative staff member responsible for entering the data from the consent forms could not locate them;
- an extensive, but unsuccessful, search of the schools, transport van and health unit premises was conducted;
- the lost consent forms for each student included the student's name, address, postal code, date of birth, age, personal and/or parent's business telephone number and the student's health card number; and
- a meeting was held with key staff to review the facts surrounding the incident and a plan was established to retrieve the lost immunization information from students and to notify parents of the loss.

Staff from the health unit interviewed each student to ask what vaccines they had received at the clinic. This information was marked on a new form entitled "confirmation of vaccination" which was mailed to parents along with a letter notifying the parents of the loss and advising that each student had been interviewed.

The parents were asked to confirm if the information provided by the student was correct by filling out a form and returning it to the health unit in the enclosed stamped self-addressed return envelope. Parents were advised that a notice of vaccination was provided to each child after the clinic and that this may assist them in recalling what vaccinations were provided.

The letter to parents also advised them that the matter had been reported to the IPC and apologized for the incident and any inconvenience it caused. Contact information was also provided for the health unit in order to answer any questions.

The letter to parents was designed to provide notification of the loss of the personal health information contained on the immunization consent forms and to help the health unit confirm what immunizations had been provided to each student at the clinic.

The notification letter was provided to each student and was also mailed to each parent to ensure that it was received. Staff followed up with phone calls to any parents who did not initially respond to the notification letter to ensure they had the notice and to obtain confirmation of their recollection of the immunizations provided to their child.

The health unit advised that it will undertake an internal review of its privacy practices. In addition, the following corrective actions were reported to the IPC:

- copies of the IPC document entitled "Guidelines for Protecting the Privacy and

Confidentiality of Personal Information When Working Outside the Office” were distributed to the Director and Manager responsible for the staff conducting immunization clinics in schools;

- the Access and Privacy Coordinator recommended that the immunization team’s procedures for transporting client information whether electronic or hard copy be revised to require transport in a secure, locked cases;
- the Access and Privacy Coordinator recommended that the immunization team designate a person at the health unit’s office to coordinate the signing in and signing out of records which requires records to be returned within 48 to 72 hours;
- designating such a person to coordinate sign-in and sign-out would allow staff to take records home with them following a clinic close to their homes, but would ensure that someone is designated to check that the records are returned within a specified time period and to track them if they remain outstanding;
- the Access and Privacy Coordinator recommended that the immunization team also designate a locked cabinet for the files to be stored; and
- the overall policies of the health unit are under review and recommended policy changes will be presented to the senior leadership team 2006 to be followed by a comprehensive staff education session.

The Access and Privacy Coordinator advised that the rewriting of the operational procedures to reflect the recommendations was underway and the manager of the immunization team had purchased cases to be used by staff to secure patient information during transport.

On the basis of all of the above, it was determined that further review of this matter was not warranted and the file was closed.

Original signed by: \_\_\_\_\_

Ann Cavoukian, Ph.D.  
Commissioner

December 19, 2005 \_\_\_\_\_