United Way of Bruce Grey

Privacy Policy
Including PHIPA Compliance
Accepted and approved April 15, 2026

Review and Approval

This policy will be reviewed annually and approved by the Board.

1. Policy Statement
United Way of Bruce Grey (UWBG) is committed to protecting the privacy, confidentiality, and security of personal information and personal health information (PHI). UWBG complies with the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Health Information Protection Act (PHIPA). Appendix A speaks to PHIPA specific protocols.

Where multiple privacy laws, regulations, or professional obligations apply, UWBG will adhere to the most stringent requirement to ensure the highest level of privacy protection.

2. Purpose
This policy establishes how UWBG collects, uses, discloses, stores, and protects personal information and PHI in the course of its operations, including outreach and partnerships with healthcare providers.

3. Scope
This policy applies to all employees, volunteers, contractors, and all UWBG programs and services.

4. Definitions
Personal Information: Information about an identifiable individual.
Personal Health Information (PHI): Identifying information related to an individual's health, as defined under PHIPA.

5. Legislative Framework
UWBG operates in compliance with:
- PIPEDA
- PHIPA (Ontario)
- Other applicable laws

6. Roles and Responsibilities

The Executive Director is responsible for the implementation and oversight of this policy. All staff, volunteers, contractors and partners must comply with privacy obligations and safeguard information in their care.

7. Collection of Information

UWBG collects only the information necessary to deliver services, coordinate care, process donations, and meet legal requirements.

8. Consent

Consent is obtained prior to the collection, use, or disclosure of information. Express consent is required for sensitive information and disclosures outside the circle of care.

9. Use of Information

Information is used only for the purposes for which it was collected and in accordance with UWBG's mandate.

10. Disclosure of Information

Information is disclosed only with consent, for service coordination, or where required by law. PHI may be shared within the circle of care as permitted under PHIPA.

11. Safeguards

UWBG implements administrative, physical, and technical safeguards to protect information, including secure storage, access controls, and staff training.

12. Mobile and Outreach Practices

Staff must secure devices used in outreach. Personal information should not be stored unnecessarily on mobile devices.

13. Client Device Privacy

Staff are not permitted to handle client phones. They may guide clients verbally.

14. Retention and Disposal

Information is retained only as long as necessary and disposed of securely through shredding or secure deletion as per the Data Protection and Cybersecurity Framework.

15. Accuracy

UWBG takes reasonable steps to ensure information is accurate, complete, and up to date.

16. Access and Correction

Individuals have the right to access and request correction of their information.

17. Privacy Breach Management

All privacy breaches must be reported immediately. PHI breaches will be managed in accordance with PHIPA requirements.

Appendix A: PHIPA-Specific Protocols

A1. Application

This appendix applies where UWBG collects, uses, or discloses Personal Health Information (PHI), particularly in partnerships with healthcare providers.

A2. Role Under PHIPA

UWBG may act as a Health Information Custodian (HIC) or as an agent of a HIC depending on the program context.

A3. Consent and Capacity

Consent must be knowledgeable, relate to the information, and not be obtained through deception. Substitute decision-makers may provide consent where applicable.

A4. Circle of Care

PHI may be shared among providers involved in a client's care where consent is implied and the client has not objected.

A5. Limits on Use and Disclosure

PHI will not be used or disclosed beyond what is necessary for care or authorized purposes.

A6. Safeguards for PHI

Enhanced safeguards apply to PHI, including stricter access controls, secure transmission, and minimized data collection.

A7. Breach Notification (PHIPA)

Where PHI is breached, UWBG will notify affected individuals and, where required, the Information and Privacy Commissioner of Ontario.

A8. Documentation

All PHI-related disclosures and breaches will be documented in accordance with PHIPA requirements.