



Regional Health Authority
Central Manitoba Inc.

PHIA INFORMATION SHEET FOR JOB SHADOWING

Office régional de la santé
du Centre du Manitoba inc.

The Regional Health Authority – Central Manitoba Inc. (RHA Central), as a trustee, is bound by Manitoba’s *Personal Health Information Act* (PHIA). It is the law. This Act obliges us to protect our clients’ confidentiality and privacy.

During your job shadowing experience with _____, we **require** that you adhere
(Facility, Program, Service, Discipline)

to the following:

1. Keep all client personal health information confidential and private. Do not discuss any client information you may hear or see with anyone other than the staff/physician you are job shadowing.
2. Do not discuss personal health information with the staff or Medical Staff member being job shadowed in public places within the site, and personal health information is not to be discussed by you outside the site.
3. Observers are not permitted to share or disclose any personal health information.
4. If you are not sure what the right thing to do is in a specific situation, discuss it with staff at the site or contact the Privacy Officer at _____.
5. The Confidentiality Policy and PHIA-related policies are available in the RHA Central Administrative Policy Manual.

IMPORTANT PHIA FACTS:

1. This legislation is about “Personal Health Information”, which includes all information that could **identify** an individual and includes:
 - name
 - health or health history
 - behavior from illness or treatment
 - type of care or treatment provided
 - numbers or symbols, i.e., PHIN
 - financial situation, home conditions or difficulties
 - other private matters such as age, sexual orientation
2. Clients have the right to confidentiality about their personal health information.

Everyone associated with the **RHA Central** is **required to obey PHIA**, including you.

I understand that I am required to keep all “personal health information” confidential.

DATED this _____ day of _____ year _____

WITNESS NAME (print)	OBSERVER’S NAME (print)
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WITNESS SIGNATURE	OBSERVER’S SIGNATURE
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A parent or legal guardian must assume signing responsibility if the Observer is a Minor (under the age of 18).

PARENT/LEGAL GUARDIAN’S NAME (print)	PARENT/LEGAL GUARDIAN’S SIGNATURE
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