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**House of Commons Standing Committee on  
Industry, Science and Technology**

***Bill S-4***

***An Act to Amend the Personal Information  
Protection and Electronic Documents Act (PIPEDA)***

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**CPhA WITNESS**

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Good morning. My name is Janet Cooper and I am the Vice-President of Professional Affairs with the Canadian Pharmacists Association. I am pleased to be here to discuss Bill S-4, An Act to Amend the Personal Information Protection and Electronic Documents Act, otherwise known as PIPEDA.

CPhA is the national voice for Canada's 39,000 pharmacists. Pharmacists practice in a range of settings, including community pharmacy, hospitals, academia, industry and government.

CPhA and the pharmacy profession have a long history of speaking out for the interests of patient privacy and confidentiality. As far back as 2001, CPhA was involved with a Privacy Working Group of health provider organizations that provided advice to Health Canada on privacy matters related specifically to health care. Since then, we have appeared before Parliamentary Committees on numerous occasions to offer our perspective on PIPEDA changes.

Today, pharmacists' commitment to privacy is reflected in the professional codes of ethics and standards of practice that guide our profession, as well as CPhA's own Privacy Code for Pharmacists. Given that pharmacists routinely dispense over 11 million prescriptions each week, and are conducting a range of new, expanded services for patients in almost all jurisdictions, the need for ensuring confidentiality of patients' personal information has never been greater.

Community pharmacists were very early adopters of digital records, having maintained computerized medication profiles for over three decades. Most of the 600 million prescriptions dispensed each year, close to \$30 billion in spending, are electronically sent for claims adjudication by public drug plans or private insurers.

Increasingly, Canadians' medical records are maintained electronically by other health care professionals as well, including physician's records, lab test results and diagnostic images. The goal of electronic health records is to increase accessibility and sharing of patient information by those providers who need access to inform patient care and support interprofessional collaboration. For example, in several jurisdictions Drug Information Systems, or DIS, are in place to allow access to a complete medication profile regardless of which pharmacy the prescription was dispensed. This improves safety and efficacy of medications, supporting improved prescribing, detection of adverse drug events, and deters prescription drug abuse. We hope that in the near future, all prescriptions will be electronically created and then transmitted to the patient's pharmacy of choice. With this change to electronic health records comes increased need to ensure Canadians' private health and medication records are protected.

Let me state upfront that CPhA supports the amendments in Bill S-4 as they relate to protecting personal health information. There are two amendments in particular that we want to address.

First, CPhA supports the amendment in the bill in which personal information may be obtained without consent for the purposes of communicating with the next of kin or authorized representative of an injured, ill or deceased individual.

Pharmacists, as well as any health care provider, may find themselves in the difficult situation of having to deal with a patient who may be severely ill, unconscious or incapacitated for any number of reasons. In such a circumstance, it may be imperative for the pharmacist or other health professional to immediately contact a family member or next of kin to inform them of the patient's condition, or to seek valuable information on the patient's medical history, but whereby seeking permission or consent to contact those individuals in advance may simply not be reasonable, nor in some cases possible. This clause will provide pharmacists and other health care providers with the comfort and knowledge that in the case of a severe health emergency, they will not be in contravention of PIPEDA for acting in the best interests of the patients by contacting next of kin or an authorized representative.

Second, CPhA also supports the amendment in Bill S-4 requiring organizations that have encountered a privacy breach to report that breach to the Privacy Commissioner and notify individuals if it is reasonable in the circumstances to believe that a breach creates a real risk of significant harm to an individual.

For pharmacists, who access a significant amount of sensitive medication and health-related information on their patients every day, a breach or disclosure of this information has the potential to put the patient at risk. As defined in the legislation, this risk could include threats to employment, reputation or relationships. As a result, CPhA believes that should a privacy breach occur, reporting this breach to the individual concerned, and the Privacy Commissioner, are reasonable steps to take in order to mitigate any risk that may occur. It is also reasonable for the organization in question to maintain proper records of these occurrences, as stated in the bill.

Although not related to this bill, I also want to thank Health Canada for introducing a regulatory change this past summer that will better enable pharmacies to protect privacy. There is a requirement in the Food and Drug Act that requires pharmacies to maintain up to 2 years worth of prescription records. Until last summer, the regulation had required prescriptions to be maintained in hard copy form, even though more prescription records are now retained in an electronic format. In July 2014, Health Canada re-interpreted that regulation to allow for electronic retention of prescriptions. In addition to being more efficient for pharmacies, electronic retention is safer and more secure from a privacy standpoint.

Thank-you Mr. Chair and committee members, for the opportunity to meet with you today to discuss Bill S-4. I would be pleased to respond to your questions.