

VCH-PHC Data and Research Access Terms and Conditions

These Terms and Conditions govern access by a principal investigator to data, patients/clients/residents/staff and/or facilities belonging to Vancouver Coastal Health (VCH) and/or Providence Health Care (PHC), the (“**Health Organizations**”), for the purpose of conducting research as described in an approved Research Ethics Board application (the “**Research Project**”).

Upon receiving approval to conduct research by the Health Organizations, the principal investigator agrees to be bound by these Terms and Conditions and understands and agrees that these Terms and Conditions will apply to the principal investigator for each and every subsequent approved Research Project.

For clarity, the principal investigator will be referred to in these Terms and Conditions as “**you**” and “**your**” as the context requires.

1.0 DEFINITIONS

“**Authorized Person**” is a member of the principal investigator’s research team who will be accessing Health Organization Data containing Personal Information, who has signed a Confidentiality Undertaking *and* is named in the approved Research Ethics Board application.

“**Confidentiality Undertaking**” means the “VCH-PHC Confidentiality Undertaking for Research” (available online through the PHSA Learning Hub).

“**Data**” means Data in the custody and control of the Health Organizations, which may include Personal Information.

“**De-identified Data**” means Data that has been modified so that the identity of the individual or group cannot be determined by a reasonably foreseeable method. De-identification methods include removing personal identifiers (e.g., names and personal health numbers); providing age groups instead of date of birth; and providing the fiscal period of admission instead of admission date. While the data may undergo de-identification methods, it may include preserving identifying information which could only be re-linked by a trusted party in certain situations.

“**FIPPA**” means the *Freedom of Information and Protection of Privacy Act* (British Columbia), and regulations thereto, as amended from time to time.

“**Personal Identifiers**” means any recorded information that could, either by itself or in combination with other information, be used to link or associate Personal Information to a particular individual (including but not limited to name, birth date, photograph, Personal Health Number (PHN), Medical Records Number (MRN), home address, postal code, personal telephone number, social insurance

number (SIN), driver's license number, employee ID and other identity numbers).

“Personal Information” means any recorded information about an identifiable individual (including but not limited to name, PHN, MRN, age, race, home address, personal telephone number, employee ID and other identity numbers).

“Research Ethics Board” means a committee recognized by the Health Organizations that is composed in accordance with the TCPS-2 and that is responsible for assuring the Research Project meets current ethical, regulatory and scientific standards for the protection of human research participants.

“TCPS-2” means the Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, December 2010.

2.0 CORE RESEARCH PRINCIPLES

- 2.1 You acknowledge that your primary responsibility as a principal investigator is to safeguard the rights and welfare of each research participant involved in the Research Project.
- 2.2 You recognize that research participants include, as applicable, persons directly involved in the Research Project such as a participant in a clinical trial, as well as persons whose data or human biological materials are used to conduct research.
- 2.3 You shall conduct the Research Project in accordance with the research principles set out in the TCPS-2, and comply with any other relevant federal or provincial laws or guidelines for the protection of human research participants.

3.0 ACCESS, USE, DISCLOSURE, RETENTION AND DESTRUCTION OF DATA

Health Organization Data is subject to FIPPA. You are responsible for complying with FIPPA by accessing, using, retaining and destroying Data in accordance with the following terms:

- 3.1 You shall ensure that Data will only be used in connection with the Research Project as described in the approved Research Ethics Board application, and for no other purpose, unless as approved by the Health Organization(s).
- 3.2 You shall agree to take reasonable security precautions to protect any Data against unauthorized collection, access, use, disclosure or disposal.

- 3.3 You are responsible for ensuring that every member of your research team completes a Confidentiality Undertaking, including new research team members not listed on the original Research Ethics Board application, and you shall inform the relevant research institutes and Research Ethics Boards about changes to your research team for the duration of the Research Project.
- 3.4 You shall not disclose any Data containing Personal Information, to anyone other than an Authorized Person, unless the relevant Health Organization provides written consent.
- 3.5 You shall ensure that no Data containing Personal Information is accessed from or stored outside of Canada, except in accordance with the exemptions described in section 33.1 of FIPPA.
- 3.6 You shall either remove or destroy all Personal Identifiers within the Data at the earliest possible time and limit access to the Personal Identifiers to only those of the Authorized Persons whose role in the Research Project requires access to those Personal Identifiers, as outlined in the approved Research Ethics Board application.
- 3.7 Where De-identified Data has been provided to you, you shall not use the Data to re-identify any patients/clients/residents/staff, except as approved by the relevant Health Organization.
- 3.8 You shall not use the Data to contact the individuals to whom the Data is about in order to participate in any research, including research related to the Research Project, unless the individuals have provided consent or the relevant Health Organization has provided approval.
- 3.9 You agree to destroy the Data as specified in the approved Research Ethics Board application, subject to any applicable data retention policies or laws or written approval from the relevant Health Organization to do otherwise. If requested by any one of the Health Organizations, you shall provide a written statement, in a form satisfactory to the Health Organization, which confirms the details of the destruction or return of the Data.
- 3.10 You acknowledge that as between each Health Organization and you, the Data remains at all time the property of and within the control of that Health Organization, unless that Health Organization agrees otherwise under a separate contract or agreement.
- 3.11 If a request is made to you for access to Data, for example by law enforcement, court order or subpoena, you shall not respond to the request. You shall immediately advise the relevant Information Privacy Office(s) of the request and you will collaborate and assist those Information Privacy Office(s) in responding to the request.
- 3.12 You shall ensure that Data is utilized, transferred or stored in accordance with the approved Research Ethics Board application and any other terms imposed by a Health Organization.

4.0 DATA SECURITY AND PROTECTION OF PRIVACY

- 4.1 You shall be responsible for the confidentiality and security of the Data while it is in your or your research team's custody, and you will use reasonable measures to maintain the confidentiality and security of the Data against such risks as unauthorized collection, access, use, modification of use, disclosure or disposal.
- 4.2 Where the research activity will be conducted on Health Organization premises or using Health Organization information technology or systems, you shall comply with these Terms and Conditions, the Confidentiality Undertaking, applicable systems terms of use and any Health Organization policies.
- 4.3 You are required to immediately notify the Information Privacy Office of the Lead Health Authority, as outlined in Section 7 of this agreement about, and provide a detailed written report of the circumstances of any unauthorized collection, access, use, disclosure or modification of the Data, or breach of confidentiality or security breach of a computer or network (the "**Breach**") and any remedial actions taken.
- 4.4 In the case of a Breach, as defined above, if any Health Organization considers the remedial actions taken by you are not sufficient, that Health Organization may suspend the provision of data to you or require the return or destruction of the relevant Data provided to you, in addition to other measures.

5.0 ACCURACY AND USE OF INFORMATION

- 5.1 The Data is provided on an "as is" and "as available" basis and the Health Organization makes no warranties or representations regarding the accuracy, completeness, reliability or fitness for use of the Data.
- 5.2 The Health Organizations assume no liability for any losses or damages arising out of your use, misuse or inability to use the Data.

6.0 PUBLICATIONS

- 6.1 If you intend to publish findings or reports based on research conducted using Data or involving Health Organization patients/clients/residents/staff, you agree to only use De-identified Data in a publication.
- 6.2 You agree to acknowledge the contribution of the Health Organization in all reports or publications resulting from your use of the Data and, where required, to provide to the Health Organization a copy of such reports or publications.

7.0 GENERAL

- 7.1 You agree to explain the requirements described herein to all members of your research team.
- 7.2 You acknowledge and agree that your obligation to maintain the privacy, security and confidentiality of the Data provided to you will survive these Terms and Conditions.
- 7.3 You acknowledge and understand that you are responsible for your conduct and that of your research team while performing research using Data or at a Health Organization' facility, and that you may be legally liable for harms or expenses caused by you or your research team's negligence, omissions or failure to comply with these Terms and Conditions.
- 7.5 You will immediately notify the Lead Health Organization's Information Privacy Office, as identified in Section 8 of any non-compliance with these Terms and Conditions.

8.0 HEALTH ORGANIZATION CONTACT INFORMATION

Vancouver Coastal Health Information Privacy Office

E-mail: privacy@vch.ca

Tel: (604) 875-5568

Fax: (604) 875-5374

Providence Health Care Information Access and Privacy Office

Email: privacy@providencehealth.bc.ca

Tel: 604-806-8336