



COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA

Practice Guideline

Confidentiality

Revised: January 7, 2020



This document is linked to legislation:

[Health Information Act](#)

[Personal Information Protection Act](#)

This document is linked to other documents that direct expectations of professional behaviour or requirements for practice:

[Standards of Practice](#)

[Code of Ethics](#)

[Standards of Practice on Boundary Violations](#)

[Professional Responsibility and Accountability](#)

[Documentation](#)

This document is linked to related supportive documents:

[Confidentiality](#)

[Practice Guideline: Professional Boundaries](#)

[Professionalism on Social Media](#)

[Duty to Report](#)

[Independent Practice](#)

[Mobile Devices](#)

REVISIONS and UPDATES

Editorial Update December 2019

Practice Guideline: *The legislative mandate of the College of Licensed Practical Nurses of Alberta (CLPNA) is to serve and protect the public by ensuring its members deliver safe, competent and ethical nursing care. A Practice Guideline is an evidence informed document designed to assist membership with making decisions about appropriate practices. These documents support professional judgment and permit flexibility in practice.*

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INTRODUCTION Licensed Practical Nurses (LPNs) have legal and ethical obligations to protect the privacy and confidentiality of clients' information.¹ The terms privacy and confidentiality are often used interchangeably; however, they mean slightly different things. **Privacy** applies to the person and refers to a person's right to not share information about themselves with others and to make decisions about how their personal information is shared. **Confidentiality** applies to the information and refers to the ethical duty of healthcare professionals to safeguard the personal information about a person that they can access or that has been disclosed to them.

A healthcare professional's commitment to protecting a client's right to privacy must be balanced against the need to disclose health information (e.g. for quality care, or due to legal requirements). This document is meant to help LPNs navigate between these obligations.

PURPOSE The purpose of this practice guideline is to support LPNs in respecting client privacy and maintaining the confidentiality of client information in their practice.

CURRENT EVIDENCE TO INFORM PRACTICE Upholding clients' privacy and keeping their information confidential is a foundational part of being a healthcare professional and is essential to maintaining trust within a nurse-client relationship.² The *Standards of Practice for Licensed Practical Nurses in Canada* and the *Code of Ethics for Licensed Practical Nurses in Canada* outline key expectations related to privacy and confidentiality.³

Standards of Practice

3.8 Practice within relevant laws governing privacy and confidentiality of personal health information.

4.5 Advocate for the protection and promotion of clients' right to autonomy, respect, privacy, confidentiality, dignity and access to information.

Code of Ethics

2.3 Respect and protect client privacy and hold in confidence information disclosed except in certain narrowly defined exceptions.

2.3.1 Safeguard health and personal information by collecting, storing, using and disclosing it in compliance with relevant legislation and employer policies.

2.3.2 Report any situation where private or confidential information is accessed or disclosed without appropriate consent or legal authority, whether deliberately or through error.

2.3.3 Ensure that any discussion/communication (verbal, written or electronic) is respectful and does not identify the client unless appropriate.

2.3.4 Maintain professional boundaries in the use of electronic media.

The *Entry to Practice Competencies* and the *Competency Profile for Licensed Practical Nurses* further define aspects of privacy and confidentiality that are expected of practicing LPNs.⁴ It is also the LPNs' responsibility to be aware of and follow any employer privacy and confidentiality policies and procedures.⁵

BEST PRACTICE This guideline outlines some key considerations that will help LPNs uphold privacy and confidentiality in their practice.

LPNs will need to work in collaboration with their employers to meet legislated requirements related to the collection, use, and disclosure of health and personal information. Employers who are considered to be custodians under the *Health Information Act* (HIA) are responsible for establishing policy and procedures to enable implementation of requirements under the Act. A complete list of health professions that are custodians can be found in [section 2\(2\) of the HIA Regulation](#).

Practice within Relevant Laws

LPNs are responsible to be aware of the relevant laws respecting privacy and access to personal and health information that apply to their practice and to follow those requirements.⁶ LPNs can refer to the CLPNA's



document on Privacy Legislation in Alberta for more information.

There are legal obligations to disclose or report otherwise confidential information to an appropriate authority in certain circumstances. LPNs can refer to the CLPNA's document on the duty to report for more information.

LPNs working in independent practice are responsible to develop consent procedures related to appropriate disclosure of health information to others. LPNs can refer to the CLPNA document(s) on independent or self-employed practice for more information.

Respect and Protect Client Privacy and Confidentiality

Client information obtained from a nurse-client relationship is confidential and needs to remain confidential during and after client assignment. It is important to be mindful of the potential for unintentional or unauthorized disclosure of clients' information to colleagues, healthcare providers and family or friends of the client.

Client information should only be shared between colleagues or other healthcare providers if they are involved in the provision of care for that particular client. The information being shared must be necessary and related to the provision of care.

Ensure that confidential information is only shared with the intended recipients by being aware of who you are talking to and where the discussion is taking place. The amount of information disclosed should also be appropriate to the recipients of the message.

- For example, a hallway is likely not a good environment to be discussing a client's health information between colleagues or the client's family. It is important to be aware of the appropriate use of technology to avoid confidentiality breaches. Specific strategies related to the appropriate use of technology can be found in the CLPNA's documents on professionalism in social media and mobile devices.

Accessing Information

Accessing the information or records of family members, friends, or unassigned clients is a breach of privacy. The access of information should be in accordance with job responsibilities.

Unauthorized access of information can be investigated by The Office of the Information and Privacy Commissioner of Alberta (OIPC). The OIPC has authority to investigate the unauthorized access of information which may lead to prosecution and a fine of up to \$50,000.

Disclosing Information

As a general rule, confidential information can only be shared with people outside a client's healthcare team (this includes family and friends) after the client gives their consent. The consent should be documented in writing or electronically and state, among other things, the purpose for which the information may be disclosed and who it may be disclosed to.

However, there are exceptions where consent may not be required, such as where client information is being disclosed:

- to another healthcare professional;
- to a person who is responsible for providing continuing treatment and care to the client;
- to family or close friends if the information is given in general terms and concerns the client on the day on which the information is disclosed;
- to family or close friends if the client is deceased and the information relates to the circumstances surrounding their death;
- to any person if the disclosure can, on reasonable grounds, be believed to minimize a risk of harm to health or safety of a minor or an imminent danger to the health or safety of any person;
- if the client lacks the mental capacity to provide consent and the LPN believes that disclosure is in the client's best interests; or
- if the disclosure is authorized or required by another statute.

As healthcare professionals, when it comes to collecting, accessing, using, and disclosing



information, LPNs should also keep some other considerations in mind:

- In some circumstances, LPNs may be legally obligated to disclose or report certain information without the client's consent.
- In urgent or emergency situations (and in accordance with organizational policy) consent may be waived and/or collected from the client after the information is disclosed.
- Generally speaking, a minor cannot give their own consent and the consent of their parent or guardian is required. However, under the mature minor doctrine, a minor may be able to give their own consent. A mature minor is a minor who has a certain level of intelligence, understanding and awareness. Age alone will not determine if a minor is a mature minor, but a mature minor will typically be 15 years old or older. A mature minor will have to give their consent before their information can be shared with people outside the healthcare team, including their parent or guardian.

A breach in privacy and confidentiality may be considered unprofessional conduct and may lead to legal and/or disciplinary action.

COMMON QUESTIONS

What are the confidentiality considerations when journaling?

Journaling refers to “a record of experiences, ideas, or reflections kept regularly for private use”.⁷ For LPNs that keep journals, it is important to keep the focus on self-reflection and avoid writing down any information that could be client-identifying (e.g. name, room number, address, etc.).

What about using personal assessment notes or client assignment sheets?

The use of any personal assessment notes or client assignment sheets can be very helpful in LPN practice. It is important to ensure that these documents are handled confidentially and properly disposed of in the confidential waste receptacle upon completion of a work shift.

Is anonymization enough to maintain confidentiality?

It is not recommended that LPNs share client information even if information has been anonymized (i.e. the client's name has been removed). It is becoming increasingly difficult to maintain clients' anonymity, particularly with the use of technology. A small amount of client-identifying information may be sufficient to uncover a client's identity and health information.

What about sharing information over email/fax?

The sharing of client information over email/fax raises privacy and confidentiality concerns related to the unintentional or unauthorized disclosure of health information – even if the client may be requesting the information. There are security risks when using technology such as email/fax to share information.

LPNs must be aware of any employer policy related to email/fax use and ensure compliance with the requirements. If it is necessary to share client personal health information over email/fax with colleagues and/or other healthcare providers, LPNs should be aware of the risks and take appropriate precautions (e.g. have email encryption).

How do we deal with confidential information after a client's death?

Client information is confidential during care and this continues even after care provision has ended. LPNs are still obligated to maintain confidentiality of information after a client's death. A deceased client's personal health information should only be disclosed to others when there is a legal responsibility to do so and, in some cases, proof of the legal responsibility that warrants disclosure.

If after reading this document you have questions about protecting the privacy and confidentiality of clients' information, please contact the CLPNA's Practice Team at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).



OTHER RESOURCES

N/A

REFERENCES

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- ¹ *Health Information Act*, RSA 2000, c H-5.; *Personal Information Protection Act*, SA 2003, c P-6.5; Canadian Council for Practical Nurse Regulators (CCPNR), *Standards of Practice for Licensed Practical Nurses in Canada* (2013), http://www.clpna.com/wp-content/uploads/2013/02/doc_CCPNR_CLPNA_Standards_of_Practice.pdf; CCPNR, *Code of Ethics for Licensed Practical Nurses in Canada* (2013), https://www.clpna.com/wp-content/uploads/2013/02/doc_CCPNR_CLPNA_Code_of_Ethics.pdf; College of Licensed Practical Nurses of Alberta (CLPNA), *Professional Responsibility and Accountability* (2018), https://www.clpna.com/wp-content/uploads/2018/01/doc_Practice_Policy_Professional_Responsibility_Accountability.pdf.
- ² CLPNA, *Practice Statement 6: Therapeutic Nurse-Client Relationship* (2004), https://www.clpna.com/wp-content/uploads/2013/02/doc_PracticeStatement6.pdf.
- ³ *Standards of Practice*, 5, 7; *Code of Ethics*, 5.
- ⁴ CLPNA, *Competency Profile for Licensed Practical Nurses* (June 2015), D-3-5, W-4-3, W-5-5, https://www.clpna.com/wp-content/uploads/2013/02/doc_Competency_Profile_for_LPNs_3rd_Ed_2015_COMPLETE.pdf; CCPNR, *Entry-to-Practice Competencies for Licensed Practical Nurses* (2013), 8, https://www.clpna.com/wp-content/uploads/2013/02/doc_CCPNR_CLPNA_Entry_to_Practice.pdf.
- ⁵ Alberta Health Services, *Guidelines for Disclosure of Health Information* (2013), <https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ip-lp-disclosure-guidelines-law-enforcement-specific-guide.pdf>.
- ⁶ CCPNR, *Entry-to-Practice Competencies for Licensed Practical Nurses* (2013), 8, https://www.clpna.com/wp-content/uploads/2013/02/doc_CCPNR_CLPNA_Entry_to_Practice.pdf.
- ⁷ Merriam-Webster, "Journal," <https://www.merriam-webster.com/dictionary/journal>.