

Privacy Statement templates

Updated April 2026

Health PEI collects, uses and discloses personal health information every day for the purposes of delivering care to Islanders and managing the health system. We have an obligation under the *Health Information Act* to make our patients/clients/residents aware of our information and privacy practices.

One of the ways we can increase awareness of privacy is to include a **privacy statement** on forms, brochures, web pages or other written materials. Below are some examples of privacy statements that can be used for these purposes.

For forms used to collect **personal health information** (i.e. information related to the health of the individual, care or treatment provided, family medical history, etc.):

Personal health information on this form is collected by Health PEI for the purposes of your care and for other purposes permitted by the *Health Information Act*, including the planning and management of health services. Your information will be collected, used and disclosed only as permitted by law. For more information, visit www.healthpei.ca/yourprivacy or contact <contact within program/service area>.

Les renseignements personnels sur la santé apparaissant sur ce formulaire sont recueillis par Santé Î.-P.-É. dans le but de vous soigner et à d'autres fins telles que prévues par la *Health Information Act* (loi sur les renseignements sur la santé), y compris la planification et la gestion des services de santé. Vos renseignements seront recueillis, utilisés et divulgués seulement tel qu'établi par la loi. Pour obtenir plus d'information, visitez le www.healthpei.ca/yourprivacy ou communiquez avec (personne-ressource pour le programme/service en question).

For written material where no information is collected:

Health PEI is committed to your privacy and the protection of your personal health information. We collect, use and disclose your personal health information for the purposes of your care and for other purposes permitted by the *Health Information Act*, including the planning and management of health services. For more information, visit www.healthpei.ca/yourprivacy or contact <contact within program/service area>.

Santé Î.-P.-É. s'engage à respecter votre vie privée et à protéger vos renseignements personnels sur la santé et ne recueillera, n'utilisera et ne divulguera vos renseignements personnels sur la santé que dans le but de vous soigner ou de planifier et gérer des services de santé, tel que prévu par la loi. Pour obtenir plus d'information, visitez le www.healthpei.ca/yourprivacy ou communiquez avec (personne-ressource pour le programme/service en question).

For forms that collect **personal information** (i.e. information not related to health, such as educational, employment or financial information):

Personal information on this form is collected by Health PEI under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of <fill in purpose of collection>. For more information on the collection, use or disclosure of this information, contact <contact within program/service area>.

Les renseignements personnels apparaissant sur le présent formulaire sont recueillis par Santé Î.-P.-É. en vertu de l'alinéa 31c) de la *Freedom of Information and Protection of Privacy Act* (loi sur l'accès à l'information et la protection de la vie privée) et serviront à (veuillez inscrire la raison) _____. Pour obtenir plus d'information sur la collecte, l'usage ou la divulgation de ces renseignements, communiquez avec (personne-ressource du programme/ service en question).

For forms that collect a combination of **personal health information** and **personal information**:

Personal information and personal health information on this form is collected by Health PEI under the authority of the *Freedom of Information and Protection of Privacy Act* and the *Health Information Act*, respectively. This information will be used for the purpose of _____. Your information will be collected, used and disclosed only as permitted by law. For more information, visit www.healthpei.ca/yourprivacy or contact _____ (identified position within program area) at _____ (email and phone number).

Santé Î.-P.-É. recueille des renseignements personnels et renseignements personnels sur la santé par l'intermédiaire du présent formulaire conformément à la *Freedom of Information and Protection of Privacy Act* (loi sur l'accès à l'information et la protection de la vie privée) et à la *Health Information Act* (loi sur les renseignements sur la santé), respectivement. Ces renseignements seront utilisés aux fins de _____. Ils seront uniquement recueillis, utilisés et divulgués en conformité avec la loi. Pour plus d'information, rendez-vous à healthpei.ca/vieprivee ou communiquez avec _____ (poste concerné), à _____ (courriel) ou au _____ (téléphone).

NOTE: All privacy statements should include contact information for the program/service area creating the written material, preferably with a specific position identified (i.e. "...contact the XYZ Program Coordinator at (902) 000-1234"). Health PEI staff should be able to answer basic questions on how information is collected, used and disclosed by their respective program/service area. Any questions or concerns that cannot be addressed at the program/service level can be directed by staff to the Health PEI Access to Information & Privacy (ATIP) team (contact information below).

CONTACT: For assistance in selecting the most appropriate privacy statement, Health PEI staff can contact the Health PEI ATIP Team at healthprivacy@ihis.org