



Non-Insured Health Benefits Program

Privacy Code

**First Nations and Inuit Health Branch
Health Canada**

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Introduction

The Non-Insured Health Benefits (NIHB) Program of Health Canada recognizes an individual's right to control who has access to his or her personal information and the purpose for which that information will be used. The Program is committed to protecting an individual's privacy and safeguarding the personal information in its possession for the provision of benefits. When a request for benefits is received, the NIHB Program collects, uses, discloses and retains an individual's personal information according to the applicable privacy legislation. The information collected is limited only to information needed for the NIHB Program to provide benefits.

As a program of the federal government, NIHB must comply with the *Privacy Act*, the *Charter of Rights and Freedoms*, the *Access to Information Act*, Treasury Board policies and guidelines including, the Treasury Board of Canada Government Security Policy, and the Health Canada Security Policy. The NIHB Privacy Code addresses the requirements of these acts and policies.

The objectives of the NIHB Privacy Code are:

- to set out the commitments of the NIHB Program to ensure confidentiality through responsible and secure handling of personal information collected for program delivery, administration and management; and
- to foster transparency, accountability and increased awareness of the NIHB Program's privacy procedures and practices.

The NIHB Privacy Code is based on the ten principles set out in the Canadian Standards Association, Model for the Protection of Personal Information (The CSA Model Code), which is also schedule 1 to the *Personal Information Protection and Electronic Documents Act* (PIPEDA). The CSA Code has been formally approved by the Standards Council of Canada as a National Standard of Canada.

This NIHB Privacy Code represents a consistent approach to privacy and data protection for personal information collected, used and disclosed, and is the basis for discussions with First Nations, Inuit and other stakeholders of the NIHB Program and on the commitments made to protect personal privacy.



Scope of the NIHB Privacy Code

- The NIHB Program provides health benefits in a manner that :
 - ▶ is appropriate to the unique health needs of First Nations and Inuit;
 - ▶ contributes to the achievement of an overall health status that is comparable to that of the Canadian population as a whole;
 - ▶ is sustainable from a fiscal and benefit management perspective; and
 - ▶ facilitates First Nations and Inuit control at a time and pace of their choosing.
- This Code recognizes that as a public health program, the NIHB Program uses personal information to process benefit claims and to conduct program reviews aimed at improving benefits, limiting health risks and ensuring responsible fiscal management, with the ultimate goal of contributing to improvements in health status of First Nations and Inuit clients. This Code recognizes the need for these uses and contains policies and procedures which identify these uses under clearly defined terms and conditions.
- This Code has been established with the view that ensuring privacy and good health are mutually supportive goals and that the individual right to privacy does not need to be compromised in order to achieve better health outcomes.
- This Code outlines the requirements to protect the privacy of clients and the security and confidentiality of their personal information.
- This Code has been developed by the NIHB Program, with input from clients and stakeholders (providers/prescribers) to protect the privacy of NIHB clients and other stakeholders and enhance the confidentiality and security of their personal information.
- This Code applies to all individuals, groups or organizations that collect, use, disclose or access personal information to administer the NIHB Program.
- This Code applies to all Program activities to provide eligible clients with non-insured health benefits including prescription drugs, dental services, vision care, medical supplies and equipment, medical transportation, short-term mental health crisis intervention counselling and funding for provincial health care premiums where applicable.



Definitions

Accountability means having clearly defined and understood responsibilities in connection with personal information, agreeing to accept those responsibilities and being subject to consequences for failing to fulfill accepted responsibilities.

Administrative purposes means the use of information in order to administer the Program. These activities use aggregate data such as that which is found in the NIHB Annual Report, or budget and operational reports.

Aggregate Information means information that has been rolled up or combined to summarize a population trend or statistic.

Anonymized Information (or De-identified Information) means personal health information that has been altered, so that the risk is small that the information could be used alone or in combination with other reasonably available information using a reasonably foreseeable method to identify an individual who is the subject of the information.

Authorization means a client's agreement to provide or permit access to or the collection, use or disclosure of his or her personal information for specific appropriate purposes. The terms authorization and consent will be used interchangeably throughout this document.

Client (beneficiary, recipient) means the person about whom personal information is collected and, for the purposes of this Code, may also mean a surrogate or guardian acting on behalf of this person. Client means an eligible recipient of benefits under the NIHB Program of the First Nations and Inuit Health Branch (FNIHB).

Collection means the act of accessing, receiving, compiling, gathering, acquiring or obtaining personal information. It includes information collected from the client, as well as the collection of personal information on behalf of the client from the client's health care/service professionals/providers.

Confidentiality, confidential means personal information that is collected from NIHB clients is to be kept private and not disclosed or made accessible to others unless authorized by consent where required of the client.

Consent means a client's authorization to provide or permit access to or the collection, use or disclosure of his or her personal information for specific purposes. The terms authorization and consent will be used interchangeably throughout this document.



Contractor means any individual or party authorized to conduct elements of the NIHB Program - contractors hired to complete audits, provide professional expertise in reviewing and approving claims, etc. Since contractors fall under the auspice of Health Canada they are therefore subject to the same information handling policies and procedures as Health Canada and its departments.

Data Management means all the activities involved in the process of handling data including collection, storage, and access activities involved in ensuring integrity and security.

Data Matching means the electronic comparison of all or part of two or more computerized sets of data, at least one of which includes personal health information, where the comparison may result in the creation of a new computerized set of data.

Disclosure means the provision of personal information to a third party for any reason. It includes any transfer or migration of personal information from the NIHB Program to a provider.

Encrypted Information (or Scrambled Information) means personal health information that has been processed by mathematically converting the information, so as to make it unintelligible without the key to decode it.

Express Consent is given explicitly and clearly either verbally or in writing.

Health care professional is any person who is registered and entitled by provincial or territorial law to practise or provide health care in that province or territory, including: doctors, pharmacists, optometrists, nurses, dentists, registered psychologists, and registered social workers.

Health service providers includes: medical supply and equipment specialists, and transportation providers.

Implied Consent means consent may be inferred [understood] from the action or inaction of the individual. For example, providing a prescription to a pharmacist to have filled and indicating that it should be billed to the NIHB Program.

Identifiable personal information means any client data that could be linked back to a specific individual.

Integrity of personal information means the protection of personal information throughout storage, use, transfer and retrieval so that there is confidence that the information has not been tampered with or modified other than as authorized. All database systems for the Program require passwords which allow the system to track each time a record is modified and also identifies who modified the record by the password used to access the system.



Linkage is the joining together of personal information with information from any other source or database, in whatever form.

Personal Information is information that may lead others to identify an individual but is not referring to information that is already available publicly through telephone directories, etc. Personal information collected by the NIHB Program includes: date of birth, identification number, names of children and legal dependants, diagnostic, treatment, care and health information directly related to benefit requests.

Personal information custodian means any organization, institution authorized to have custody, care or control of personal information, and for the purpose of the NIHB Program includes NIHB staff nationally, First Nations and Inuit authorities delivering NIHB under Contribution Agreements and claims administrators/processors.

Privacy Code is a set of rules, procedures and practices intended to protect personal information from unauthorized collection, use and disclosure.

Privacy Impact Assessment (PIA) refers to a comprehensive process recommended by the Treasury Board of Canada to assist institutions in determining the effects of program and service delivery initiatives on individual privacy.

Program Review refers to the use of anonymized or identifiable personal information aimed at improving health care benefits, services, therapy or delivery and ensuring the long-term sustainability of the NIHB Program. NIHB Program reviews include: statistical reporting, audit and verification.

Purpose means a reason or aim for which personal information is collected, used, disclosed or accessed. Purposes for collecting personal information from clients must facilitate the funding of benefits and services, or delivery and ensures the long-term sustainability of the NIHB Program.

Provider means a health professional, institution that delivers health care services or products in the therapeutic context or individuals who provide transportation benefits which assist clients to access health benefits and services.

Research means a systematic investigation designed to develop or establish principles, facts or generalizable knowledge, or any combination of them, and includes the development, testing and evaluation of research.

Right of privacy includes a client's right to determine with whom he or she will share information and to know of and exercise control over use, disclosure and access concerning any information collected about him or her; it involves the right to consent.



Security means reasonable precautions, including physical and technical protocols, to protect personal information from unauthorized collection, use, disclosure and access, and to ensure that the integrity of the information is properly safeguarded. A breach of security would be whenever personal information is collected, used, disclosed or accessed other than as authorized, or its integrity compromised.

Sensitivity of personal information refers to the client's interest in keeping the information private. It varies according to the nature of the information, its form, and the potential repercussions on the client's interests of its collection, use or disclosure.

Transparency and openness are the characteristics of policies, procedures and practices that seek to ensure that clients know what can or must happen with the personal information they confide or permit to be collected, used, accessed or disclosed.

Use of personal information means any processing of personal information including storage, retention, retrieval, manipulation, connection or linkage to other sources of information in any format.



NIHB Privacy Code Principles

Principle 1 - Accountability

Employees of the Non-Insured Health Benefits (NIHB) Program and individuals, groups or organizations involved in administering the Program on behalf of NIHB will be held responsible for ensuring the confidential and secure handling of personal information collected, used and disclosed by the Program.

There are criteria for the uses of information; any breach of these by staff may result in disciplinary action which may include suspension or dismissal. In the case of contractors or those organizations administering NIHB, the concern would be investigated and may result in the termination of the contract or contribution agreement.

1.1 Health Canada

1.1.1 Managers' Responsibilities

In addition to their responsibilities as employees, managers have an obligation to uphold Health Canada's reputation for integrity, honesty and ethical and legal conduct according to the Treasury Board of Canada's Government Security Policy.

This means:

- setting an example by complying with the NIHB Privacy Code and Health Canada policies/guidelines at all times
- ensuring that all employees know, understand and comply with the NIHB Privacy Code at all times
- creating and maintaining a work environment that encourages ethical behaviour
- fostering an environment of open communication in which problems may be raised and discussed without fear of reprisal
- immediately reporting to the appropriate person, any apparent violation of the Privacy Principles or breach of departmental policies

NIHB Managers will ensure employees review the NIHB Privacy Code once a year and record that they have done so in the employee's personnel file.



1.1.2 Employees' Responsibilities

Both regional offices and headquarters have procedures in place that staff must follow for the confidential and secure handling of information. Ensuring compliance with these procedures is the responsibility of the NIHB Manager in each Regional Office and the NIHB Program Directors in Headquarters.

If there are concerns, it is the responsibility of the manager to immediately discuss them with the individual and address them with appropriate action, training or by restricting access to personal information.

1.2 Groups or Organizations administering the Program

NIHB is also responsible to ensure a comparable level of protection is in place for personal information which has been disclosed or transferred to a third party, such as the contractor responsible for claims processing purposes or a First Nations or Inuit organization which provides NIHB benefits under the terms and conditions of a signed contribution agreement.

In all contribution agreements or contracts there are standard clauses dealing with the confidentiality of information and standards are clearly outlined as part of the Terms and Conditions. Private claims administrators are also subject to industry standards for the transmission of data between providers and the claims processors to ensure its security and privacy. Most of these organizations are also subject to federal, provincial, or territorial data protection legislation, including the *Personal Information Protection and Electronic Documents Act*, and its provincial counterparts in Quebec, British Columbia, and Alberta. Quebec has privacy laws in place for both the public and private sectors. The other two provinces have Personal Information Protection Acts in force.

1.3 Health Care Professionals

Health care professionals are subject to the same monitoring as NIHB staff in terms of their responsibility to meet the confidentiality requirements if they are employees, contractors or providers to the program. They are also subject to a professional code of ethics established by their respective regulatory bodies, which encompasses privacy and confidentiality. Any breach of these ethics may result in the regulatory body requiring the health care professional to take training or the withdrawal of their licence.



Principle 2 - Identifying Purposes

The NIHB Program collects, uses, discloses and retains personal information of its clients for two purposes:

1. To provide benefits; and
2. To conduct program reviews aimed at improving health care benefits, services, therapy or delivery, and ensuring the long-term sustainability of the NIHB Program.

2.1 Providing Benefits

Personal information is collected, used and disclosed to provide non-insured health benefits to clients. This requires a review of information to:

1. Review and approve benefit requests
2. Process payment of claims received from providers; and
3. Audit and verify claims/payments.

2.1.1 Reviewing Benefit Requests

There are four criteria that need to be met before benefit claims can be approved and allow health care providers to deliver benefits or services to clients. Personal information is collected, used and disclosed for assessing the criteria.

The criteria are:

Client eligibility for the NIHB Program. This is verified either on-line or by telephone using the Status Verification System, or by calling an NIHB Regional Office and providing the required personal client information for the program to verify.

Benefit is eligible. Benefit lists and policies have been established for each of the benefit areas to ensure that they are delivered consistently. Assessing benefit eligibility begins with a comparison of the benefit /claim request against the relevant benefit policies and list. In some cases, benefits require prior approval, as in the case of limited use drug benefit which have established criteria which must be met prior to approval of the benefit. Prior approval is also required for those benefits that are not on the NIHB benefit lists which may be considered on an exception basis. In cases where a benefit request has been denied, clients can appeal the Program's decision. This appeal process is considered part of the benefit eligibility approval process.



Provider/Professional is qualified or recognized by the Program. In all benefit areas, the NIHB Program will only process benefits from qualified or recognized providers. Please note that ensuring provider eligibility does not require the use of personal client information.

Absence of other third party coverage. The NIHB Program has been set up to provide non-insured health benefits to clients when other federal, provincial, territorial and private coverage does not exist. Where other third party coverage does exist, the NIHB Program will fund any outstanding balances for eligible benefits.

2.1.2 Processing Payment Claims from Providers

Generally, clients of the NIHB Program are not required to pay up front for benefits received. Once the provider has confirmed that the benefit approval criteria have been satisfied, he or she may provide the benefit or service to the client and then bill the Program.

Claim specific details, including the personal information of the client involved, must be submitted by the provider to the NIHB Program to facilitate payment within one year from the date of service. In the case of on-line drug benefits, the process for submitting the claim data for approval and for payment are often completed simultaneously. In the case of other benefits, such as medical supplies and equipment, the provider must submit some benefit requests to the claims processor in paper format for processing.

2.1.3 Auditing and Verifying Claims / Payments

NIHB's Claims Processor is required to conduct quality assurance and audit activities to review claims for drugs, Medical Supplies and Equipment (MS&E) and dental submitted under the Non-Insured Health Benefits Program. These activities ensure compliance with accountability requirements for the use of public funds, as per the *Financial Administration Act* and assist providers in complying with the NIHB Program's terms and conditions outlined in the provider agreements, information kits, and benefit frameworks.

The audit activities are based on generally accepted industry practices and accounting principles. Audits are carried out to detect billing irregularities; to ensure that services paid for were received by eligible NIHB clients; and to ensure that providers have retained appropriate documentation in support of each claim.

As part of the audit, the auditor may contact the prescribing physician to verify clients and prescriptions and contact the client to substantiate receipt of the benefit or service and the specific claim information.



2.2 Conducting Program Reviews

As outlined in the Scope of this Privacy Code, the NIHB Program is committed to delivering health benefits in a manner that is appropriate to client needs and contributes to health status, is sustainable from a fiscal and benefit management perspective and facilitates First Nations and Inuit control.

With these objectives in mind, it is evident that review activities are critical in ensuring achievement of these objectives. Program reviews are aimed at improving health care benefits, services, therapy or delivery of these services and ensuring the long-term sustainability of the NIHB Program - all of which are focussed on improving the health status of clients of the Program.

Unless required, identifiable personal information is not used for program review activity. De-identified, encrypted or aggregate data is used for program review activities. NIHB's Policy on The Use of Personal Information in Program Reviews (on page 22 at the back of this document), addresses the circumstances and controls under which exceptions to this are considered.

The Drug Utilization Review (DUR) Program is one of the exceptions. However, it is important to clarify that personal information is not required for the actual review activity but rather may be required in very limited circumstances when client or provider level interventions are required to protect patient safety. More details are provided in the NIHB DUR Policy.

Principle 3 - Consent/Authorization

3.1 Individual Privacy Rights - Consent

As a program of the federal government, the NIHB Program must comply with the *Privacy Act*, the *Charter of Rights and Freedoms* and the *Access to Information Act*. Also, the Treasury Board policies and guidelines including, the Treasury Board of Canada Government Security Policy, and the Health Canada Security Policy.

3.2 Informing Clients

To satisfy the consent requirement, the client must have been provided either verbally or in writing, with information about the collection, use, disclosure and access to his or her personal information, and the outcome of not providing consent.

The NIHB Program communicates this information to clients and stakeholders through this NIHB Privacy Code, the NIHB Program Information Booklet, and the NIHB Privacy Impact Assessment. The NIHB Program has also committed to undertaking a communication campaign every three years to remind clients of the collection, use and disclosure of personal information.

Information is available on the NIHB Web site at:
www.hc-sc.gc.ca/fnihb/nihb/index.htm



3.3 Consent

The NIHB Program does not require express consent for the day to day processing of benefit requests, and program administration and management.

In those instances where patient safety or inappropriate use of the program may be a concern, the express consent of the client will be required in order for the NIHB Program to share information with the appropriate health care professionals.

In those instances where express consent is required, NIHB will be working with health care providers to develop a practical approach to implementing consent verbally or in writing. Verbal consent would be provided at the time of the benefit request or in writing by having signed a First Nations or Inuit developed authorization form, or the NIHB Consent Form. Those clients who have provided signed consent will not be asked for consent at the time of the benefit request. If patient safety is at risk, the benefit may not be funded until an appropriate plan to address the concerns can be put in place.

Principle 4 - Limiting Collection

Personal information is collected for the sole purpose of providing non-insured health benefits to clients. Personal information collected directly relates to a request for benefits - the collection is transaction based, and only the minimum amount of information required to assess need is collected.

To ensure national consistency of benefits, the NIHB Program operates using Program benefit policies and benefit lists. However, as a needs-based program, NIHB will consider exceptions for coverage when a need can be demonstrated. To demonstrate need, other treatment information about the client, as outlined below, may need to be collected and shared between the treating health care professional and NIHB's health care professionals.

When exceptions or prior approvals are requested, the health care provider/professional must often collect and supply NIHB with additional client information including:

- past or current treatment or information on the client's condition to explain the need for the requested benefit or service; or
- x-rays, lab test results to support a specific need.

NIHB employs or contracts health care professionals who are responsible for reviewing and approving exceptions and prior approvals. Information as described above plays a critical role in providing evidence to support a specific need and ensuring the request is assessed according to evidence-based standards of care. These health care professionals have to comply with this Privacy Code.



The chart below outlines what information is collected upon signing a Consent Form and also lists the information which may be required when requesting various types of benefits:

Written/Verbal Consent	Requesting a benefit for which prior approval IS NOT required	Requesting a benefit for which prior approval IS required or that is considered an exception
<p>Verbal and Written</p> <ul style="list-style-type: none"> • Client's Name • Date of Birth • Identification Number <p>Written</p> <ul style="list-style-type: none"> • Address* • Phone Number* • Names of children and dependants † 	<ul style="list-style-type: none"> • Client's Name • Date of Birth • Identification Number • Prescription/Benefit Request Details 	<ul style="list-style-type: none"> • Client's Name • Date of Birth • Identification Number • Address ❖ • Phone Number ❖ • Prescription/Benefit Request Details <p>The following additional information may also be required to approve the benefit:</p> <ul style="list-style-type: none"> • Past and Current treatment • Laboratory results • X-rays (dental) • Information on a client's medical/dental condition • Existing information when needed to support the benefit request • Other personal information when needed to support the benefit request

❖ Not always required, used only if information is missing.

† Children under the age of 18 and/or, incapacitated(mentally incompetent) persons residing with the client

* Optional, collected only to send confirmation of receipt.

The information listed in the chart above may be provided by the client, or on their behalf when benefit requests are submitted to the program by: physicians, nurses, pharmacists, optometrists/opticians, dentists/denturists, registered psychologists/social workers, medical supply and equipment and transportation providers.



Principle 5 - Limiting Use, Disclosure, and Retention

Personal information shall not be used or disclosed for any purpose not outlined in Principle 2 of this Privacy Code, except as required by law.

The NIHB Program limits the use and disclosure of personal information by restricting access to client information on a need-to-know basis. It is worth noting that, in the majority of cases, client personal information is received from providers/professionals rather than the Program disclosing to providers/professionals. The Program limits disclosure of information back to the provider only to what is required to support the professional judgement of the treating professional/provider.

Who Accesses	For what purpose(s) and under what conditions
NIHB Staff / Contractors	As outlined in Principle 2, NIHB staff or its contractors (ie: claims processor), use and disclose personal information to process claims, review benefit requests, and to conduct program reviews. In addition, First Nations and Inuit communities and organizations with NIHB anonymized data aimed at improving health care benefits, services, therapy or delivery for clients and ensuring the long-term sustainability of the NIHB Program.
Program Health Care Professionals/Providers	Eligible health care professionals/providers share personal information with the NIHB Program to support a benefit request. Information is disclosed to the client's provider only when express consent has been provided to supplement the professional judgement of the provider.
Professional Regulatory and Licensing Bodies	Personal information of clients may be disclosed by the NIHB Program to professional regulatory and licensing bodies as evidence to support an investigation of health care providers.
First Nations and Inuit organizations under contribution agreements to administer Non-Insured Health Benefits	As outlined in Principle 2, First Nations and Inuit organizations administering benefits under Contribution Agreements will use and disclose personal information to review benefits; and to conduct benefit reviews to monitor the delivery of those benefits.
Federal/Provincial/Territorial or other third party health insurance plans	Where clients have other coverage either through provincial/territorial governments or private health plans that provide only partial coverage of a particular benefit, the NIHB Program may use and disclose personal information of the client to coordinate benefit coverage, to provide further coverage for the client.

New Purposes and Uses

If personal information needs to be used for a new purpose, NIHB will amend the Privacy Code and Privacy Impact Assessment and required policies. The Program will undertake a communication strategy to inform clients and seek their consent, if required. For more information, see NIHB's Privacy Change Management Information and Policies on page 27 of this document.



Retention of Personal Information

The First Nations and Inuit Health Branch has guidelines and procedures with respect to the retention of personal information and has individuals who are responsible for the implementation of records management procedures and retention policies.

Information shall be retained according to the Records Retention and Disposal Policy of the Government of Canada.

This includes all personal information stored by the NIHB Program in the following systems:

- Status Verification System (SVS) electronic records;
- Health Information and Claims Processing System (HICPS) electronic records;
- Medical Transportation Records System (MTRS) electronic records;
- Vision Care Systems (Regional) electronic records.

Principle 6 - Accuracy

All reasonable steps will be taken to ensure that personal information collected by the NIHB Program is accurate and complete. Personal information collected for processing benefit requests is not routinely updated, unless required to ensure ongoing delivery of that specific benefit or service or claims processing.

Updating client eligibility lists on the Status Verification System (SVS) is completed when the Indian and Northern Affairs Canada, the Governments of Nunavut and Northwest Territories and the Labrador Inuit Association provide the NIHB Program with updates on a regular basis. The NIHB Program does not provide these groups with any personal information. The personal information flows only to the NIHB Program.

In order to ensure accuracy of client information collected, the NIHB Program requires clients to identify themselves by providing three pieces of information before accessing benefits. This information includes: name, date of birth and identification number (status/treaty, 9 or 10 digit number) or band name and family number, or “N” or “B” number, or other health care number.

Each of the databases that store NIHB claims information has mandatory information fields that must be completed before a claim can be processed and/or approved. If the fields are not completed properly the claim will not be processed. This is to ensure the accuracy of the information that is being collected for each client.



Principle 7 - Safeguards

The NIHB Program will take every reasonable precaution in collecting, using and disclosing personal information by ensuring that safeguards and controls have been put in place to protect the security and confidentiality of personal information.

7.1 Departmental Privacy and Information Protection Processes

Staff training: NIHB staff and contractors are provided with training on the secure handling of personal information. NIHB staff receive training for their specific responsibilities, a critical part of which are the procedures that are used in the NIHB Units (regional/headquarters). For further information refer to the NIHB Privacy Training Policy included on Page 26 of this document.

Authorizing system access: Departmental procedures on authorization and access to benefit systems include the director/manager identification and authorization of those who require access, the maintenance of control records for sensitive material and items such as keys, codes, combinations, identification badges and individual system passwords.

File security measures: Personal information collected by NIHB for claims processing is classified as “designated information” according to the Government Security Policy and must be marked PROTECTED to identify it as information which must be protected. Duplicating or taking extracts of designated information is kept to a minimum and the copies/extracts are marked with the same security marking as the original. NIHB employees must not remove protected materials from secure areas; only in special circumstances would an exception be made, such as in a telework arrangement for a consultant.

Waste materials: Designated waste is kept separate from regular paper waste and is shredded, pulped or burned.

7.2 Securing the Working Environment

Several steps have been taken to secure the physical work environment in which personal information resides. These include:

Identification Cards: NIHB/FNIHB employees are given identification cards to wear which act as an effective access control, to avoid admittance of unauthorized personnel within NIHB/FNIHB/HC buildings. Security signs are posted, as required, in Health Canada work locations.

Keys, lock and safe combinations and entry code numbers are issued only to authorized persons with an established need of access, to avoid inappropriate access to any personal information.

Office security: All NIHB/FNIHB offices are required to ensure confidentiality of personal information by the use of enclosed offices and secure data sharing equipment, to avoid exposure of personal information to unauthorized individuals.

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Employee Security Clearance: All employees and contractors should be in receipt of an enhanced reliability security clearance as a minimum requirement when handling personal information in the day to day processing and administration of the NIHB Program.

Withdrawal of access takes place when employees conclude their employment or when their duties no longer require them to have access.

Random inspections: Random, unannounced inspections of offices and work-sites may be carried out to ensure departmental information and assets are adequately protected. Breaches of security detected during an inspection are brought to the attention of the director/manager responsible for the area and the Branch Security Coordinator.

Loss or theft of personal information must be reported to the manager or designated custodian of the affected information and to the Health, Safety & Security Division or the Branch Security Coordinator. A Report of Loss or Theft Form numbered NHW-518 1-91 must be completed, including the police occurrence report number. When the investigation is completed, the police will contact the responsible manager to identify any recovered information.

For additional information refer to the Treasury Board Index - Physical Security Standards, Organization and Administration Standards, Information Technology Security Standards at http://www.tbs-sct.gc.ca/index_e.asp

7.3 Controlling System Access

Password protected: Access to the system (HICPS, SVS, MTRS, Vision System) is individual password protected and the access is limited only to those health professionals and/or administrators that require access.

Central coordination of access: The NIHB Manager is responsible for authorizing staff access to only those benefit databases relevant to their work assignment. All passwords for Health Information Claims Processing (HICPS), Medical Transportation Records System (MTRS), Status Verification System (SVS) are assigned centrally from the NIHB Directorate, Operations Support Unit. Managers must request access for staff in writing.

Regional access controls: Vision Systems are regionally managed, with the respective Regional Manager responsible for determining who requires access and assigning individual passwords relevant to assigned work. This ensures that only those that require access are provided with passwords.

For further information regarding the NIHB Procedure for Authorizing Access to HICPS, MTRS, SVS, Vision Systems, please refer to Procedures Section of this document, on page 27.

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7.4 Contractors and Consultants

All contracts with health professionals include clauses stating they are subject to the same procedures and standards as Health Canada employees.

Consultants to the program are provided only with the information they require to complete contracted responsibilities, for instance review of a vision request. Should the consultant require further information, NIHB staff would provide only that information. An example of a standard clause is given below:

“The Recipient acknowledges that the Minister is bound by the federal *Privacy Act* with respect to the protection of personal information as defined in the Act. The Recipient or its officials, servants, agents or employees shall keep private and confidential, during and after the effective duration of this Agreement, any such personal information collected, created or handled by the Recipient under this Agreement.

The Recipient will take all reasonable steps the Minister deems necessary to ensure its officials, servants, agents or employees are familiar with and abide by the NIHB Privacy Code. This document will be provided to the Recipient by the NIHB Program Regional Office.”

Principle 8 - Openness about Policies and Practices

The Program will make the NIHB Privacy Code and its related policies and procedures available to First Nations and Inuit clients, health care providers and professionals, and stakeholders. This includes, but is not limited to: privacy impact assessments, employee privacy training manuals, and privacy provisions in third party contracts.

The NIHB Privacy Code is available on line at www.hc-sc.gc.ca/fnihb/nihb/index.htm or upon request from the FNIHB Regional Offices.

NIHB Program information is available on line at www.hc-sc.gc.ca/fnihb/nihb/index.htm or upon request from the FNIHB Regional Offices.

Principle 9 - Individual Access

Upon request, the NIHB Program will inform an individual of the existence of his or her personal information and shall provide access to that information. If information cannot be provided, NIHB will advise the individual and provide the reason.

An individual shall be able to challenge the accuracy and completeness of the information and have it amended as appropriate.

The NIHB Procedure for Individual Access and Correction of Information collected by the NIHB program, will be followed for processing requests to access personal information. This includes the use of the NIHB Request to Access Personal Information Form (Appendix I) and the NIHB Request to Change Personal Information Form (Appendix II).



Principle 10 - Challenging Compliance

Clients can challenge the Program's compliance with any of the above Principles by contacting the Director General of the Non-Insured Health Benefits Program.

Every question, concern or complaint with respect to privacy is taken seriously and addressed. When a complaint is found to be justified, NIHB will take appropriate measures, including, if necessary, training, disciplinary action and/or amending its principles and practices.

For further details, please refer to NIHB's Privacy Complaints and Inquiries (p.28) This procedure informs clients how to submit a complaint or inquiry and identifies the designated individual responsible for receiving and addressing complaints received.



Privacy Policies



POLICY:

The Use of Personal Information in Program Reviews

Only anonymized personal information which has been stripped of details (name, date of birth, client number, any geographical information) that are considered identifiable is used for the purposes of program review.

Aggregate information will only be summarized at a level where it can be reasonably assured that the information will not identify an individual or will be anonymized.

Program reviews such as promotional/educational strategies use only aggregate information as defined. The second and third components, prospective and retrospective DUR involve the review of individual drug benefit history by NIHB pharmacists. This component reviews the client's drug benefit history against established clinical standards. No personal information is shared outside the NIHB Program without the express consent of the client.



POLICY:

NIHB Drug Utilization Review (DUR) Policy

The NIHB Program will undertake Drug Utilization Reviews to improve health outcomes of First Nations and Inuit clients.

The NIHB Program has established the DUR Advisory Committee. This is an independent advisory body of health care professionals who provide advice and recommendations to the NIHB Program. Recommendations can include clinical thresholds for client level interventions, program drug policy, formulary changes, changes to operational procedures, and educational/promotional strategies all aimed at improving health outcomes through influencing the behaviours of all stakeholders. The majority of DUR efforts will be focused on initiatives that change broad practices rather than individual client or provider interventions.

The NIHB DUR Program provides for ongoing periodic examination of claims data and other records in order to identify patterns of overuse, underuse or inappropriate drug use among physicians, pharmacists or patients/consumers, or associated with specific drugs or groups of drugs. This examination involves pattern analysis, using predetermined standards of physician prescribing practices, dispensing practices of pharmacies where appropriate, and aggregate drug use of individual clients.

There are three components to the NIHB DUR Program:

Educational/Promotional is targeted at changing, prescribing, dispensing or utilization practices on an aggregate or population level. As this involves aggregate or encrypted data only, as per the *Privacy Act*, authorization is not required.

Prospective DUR is initiated at the time the client presents a prescription to a pharmacy. The pharmacist submits the client and prescription information to the NIHB Program's claims processor. The pharmacist may receive a computer generated message based on an industry standard commercial drug interaction program. This program reviews the client's utilization history against the requested drug for duplication or potential drug to drug interaction. There are currently five DUR messages activated, they include:

- ME Drug to drug interaction
- MW Duplicate Drug
- MX Duplicate therapy
- MY Duplicate drug other pharmacy
- MZ Duplicate therapy other pharmacy

The pharmacist is not able to contact the program for further information. The pharmacist may talk with the client or his/her provider in order to ensure that the prescription can be dispensed safely. The pharmacist will then, based on professional judgement, either dispense the drug using an override code (as listed below) for the claim to be processed or will indicate to the client that he/she will not dispense the drug. Consent is not required for this component as it is part of the processing of the benefit request.



Claim Override Codes

- UA Consulted Prescriber and Filled Rx as Written
- UB Consulted Prescriber and Changed Dose
- UC Consulted Prescriber and Changed Instructions For Use
- UD Consulted Prescriber and Changed Drug
- UE Consulted Prescriber and Changed Quantity
- UF Patient Gave Adequate Explanation, Rx Filled as Written
- UG Cautioned Patient, Rx Filled as Written
- UI Consulted Other Source, Rx Filled as Written
- UJ Consulted Other Sources, Altered Rx and Filled
- UN Assessed Patient, Therapy is Appropriate.
- MR Replacement, Item Lost or Broken

Retrospective DUR includes using predetermined standards to monitor for the following: therapeutic appropriateness based on predetermined clinical standards, overutilization and underutilization, therapeutic duplication, drug-disease contraindication, incorrect dosage, route or formulation, drug-to-drug interaction, incorrect duration of treatment, and clinical abuse and misuse. The analysis and interpretation of individual client drug benefit history is undertaken by an NIHB Pharmacist who uses predetermined clinical standards and criteria. The criteria has been recommended by the DUR Advisory Committee and accepted by the NIHB Program.

This component is currently not implemented.

Express consent, verbally or in writing is required in order to share information with the client's health care provider. NIHB is working with health care providers to develop a practical approach to implementing retrospective DUR. This Code will be updated to reflect any changes.



POLICY:

NIHB Program Consent Policy

The NIHB Program requires express consent only where patient safety or an inappropriate use of the system is a concern. NIHB will not require express consent for day to day processing activities, and administration of the program.

BACKGROUND

The purpose of the NIHB Program is to provide health benefits in a manner that:

- is appropriate to the unique health needs of First Nations and Inuit
- contributes to the achievement of an overall health status that is comparable to that of the Canadian population as a whole
- is sustainable from a fiscal and benefit management perspective; and
- facilitates First Nations and Inuit control at a time and pace of their choosing.

Unlike other federal departments and provincial/territorial governments who have statutory authority, Health Canada has no specific legislative base for the provision of benefits provided under the NIHB Program. The Program draws its authority from Cabinet approval of the 1979 Indian Health Policy and the 1997 NIHB Mandate Renewal, as well as the government's general spending power as evidenced by the annual allocation of funding pursuant to the Appropriation Acts.

As a program of the federal government, the NIHB Program must comply with the *Privacy Act*, the *Charter of Rights and Freedoms*, the *Access to Information Act*, Treasury Board policies and guidelines including, the Treasury Board of Canada, Government Security Policy, and the Health Canada Security Policy. Program consent is consistent with the *Privacy Act*, and with Principle 3 of the Canadian Standards Association Model for the Protection of Personal Information (The CSA Model Code). The CSA Code has been formally approved by the Standards Council of Canada as a National Standard of Canada.

Informing Clients and Stakeholders

To satisfy consent requirement, the client must have or by reasonable means have had the information communicated or provided about the collections, uses, disclosures and access to his or her personal information.

The NIHB Program communicates this information to clients and stakeholders through the Privacy Code, and the NIHB Program Information Booklet. The NIHB Program has also committed to undertaking a communication campaign every three years to remind clients of the collection, use and disclosure of personal information.

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The NIHB Privacy Code is based on the ten principles set out in the Canadian Standards Association, Model for the Personal Information (The CSA Model Code). The objectives of the NIHB Privacy Code are:

- to set out commitments of the NIHB Program to ensure confidentiality through responsible and secure handling of personal information collected for Program delivery, and administration, and
- to foster transparency and increased awareness of the NIHB Program's privacy procedures and practices

Information is available on the NIHB Web site at:
www.hc-sc.gc.ca/fnihb/nihb/index.htm

Consent

NIHB will not require express consent for day to day processing activities, and administration of the program. In those instances where patient safety or inappropriate use of the program may be concerned, express consent of the client will be required in order for the NIHB Program to share information with the appropriate health care professionals.

In those instances where express consent is required, NIHB will work with health care providers to develop a practical approach to implementing consent verbally or in writing. Verbal consent can be provided at the time of the benefit request or in writing by signing a regional First Nations or Inuit developed authorization form, or the NIHB Consent Form. For those clients who have provided signed consent they will not be asked for consent at the time of the benefit request. If patient safety is at risk, the benefit may not be funded, until an appropriate plan to address the concerns can be put in place.

Withdrawal of Consent

If a client wishes to withdraw consent, he/she must clearly state this in a letter to Health Canada, addressed to the NIHB Consent Information Centre. This letter must include: client's legal name, date of birth, identification number (treaty/status 9 or 10 digit number, or band name and family number, or "N" or "B" number, or other health care number), address, telephone number, signature of client, and the date of the letter. The letter must state the client's request to withdraw consent.

The client will receive written confirmation from the NIHB Program that consent has been withdrawn.

The mailing address for the NIHB Consent Information Centre is:

**First Nations and Inuit Health Branch
Non-Insured Health Benefits Directorate
NIHB Consent Information Centre
Room 1913A, Postal Locator 1919A
Jeanne Mance Building, Tunney's Pasture
Ottawa, Ontario K1A 0K9**



POLICY:

NIHB Privacy Training

All employees of NIHB are required to review and acknowledge their compliance with the NIHB Privacy Code prior to assuming their duties.

Managers will review the Privacy Code with new employees immediately upon appointment. Privacy training shall be arranged as soon as possible.

Employees shall be required to review the Privacy Code annually or more frequently, if changes occur.

POLICY:

Unauthorized Uses of Personal Information

The Research Ethics Board (REB) of Health Canada (HC) reviews and approves any proposed research or study. It is in place to ensure that “all research involving human subjects carried out by HC, or by investigators associated with HC, meets the highest scientific and ethical standards” and that “safeguards are developed which provide the greatest protection to participants who serve as research subjects.”

The REB at HC is an independent, decision-making board that reports to the Chief Scientist of HC. The REB is guided by the ethical principles found in the Tri-Council Policy Statement, Ethical Conduct for Research Involving Humans. The Board is concerned solely with the protection of human research subjects. It will provide the Department with an independent review mechanism and fulfil an educational function for HC managers and researchers. The REB also has to comply with relevant privacy legislation. This would mainly be the Privacy Act, but could include provincial health information acts in certain circumstances.



Privacy Procedures

PROCEDURE:

Privacy Change Management Information Uses and Policies

The NIHB Program's commitment to privacy involves the ongoing monitoring of program activities to ensure that any changes be in accordance with the NIHB Privacy Code and are clearly reflected in the NIHB Privacy Impact Assessment (PIA).

The NIHB Privacy Code and the PIA form the basis of the privacy documents for the program. Any program changes will be reviewed in terms of their impact on privacy requirements as outlined in the NIHB Privacy Code. Once this is determined then the PIA will be revised to include the changes as well as any relevant program policy documents.

The NIHB Program is committed to ensuring that clients continue to be aware of NIHB privacy commitments. As part of this commitment every three years specific communication activities will be undertaken to remind clients of the collection, use and disclosure that they have provided authorization for, and any program changes that have occurred.

If the NIHB Program requires personal information for a use other than what has been authorized by the client, consent is required.

PROCEDURE:

Authorizing Access to HICPS, MTRS, SVS and Vision Systems

- Access to the system (HICPS and SVS) is individual password protected and the access is limited to health professionals and/or administrators.
- NIHB Managers are responsible for approving for staff access to only those benefit databases relevant to their work assignment.
- The HICPS system maintains the drug, medical supplies and equipment and dental benefit history. Individual passwords are assigned/coordinated by the Director, Operations, NIHB Directorate. Passwords must be requested by the individual's Manager, and only for those systems needed to perform their duties.
- The Medical transportation data is tracked by the regions through Medical Transportation Record System (MTRS). Access is controlled by assigning individual passwords for access through the Director, Operations, NIHB Directorate.
- Vision benefits are tracked in regional systems where individual passwords assigned by Managers restrict access to information.



PROCEDURE:

NIHB Privacy Complaints and Inquiries Procedure

The following procedures are used by the NIHB Directorate to respond to complaints about the handling of personal information:

- When an inquiry or complaint is received at any office of the First Nations and Inuit Health Branch regarding privacy, the individual will be immediately referred to the Director General, Non-Insured Health Benefits Program, to the address noted below.
- Written complaints on privacy compliance are to be forwarded to:

**Director General, NIHB
Health Canada
First Nations and Inuit Health Branch
Room 1909A, Postal Locator 1919A
Jeanne Mance Building, Tunney's Pasture
Ottawa, Ontario K1A 0K9**

- A complaint received by facsimile at a First Nations and Inuit Health Branch office is to be forwarded to the Director General, NIHB at 613-941-6249
- The Director General, NIHB will ensure that the complaint is investigated and the findings will be communicated in writing to the individual. The individual will be advised of what, if any, changes are to be made to the process for handling personal information and/or actions taken by Health Canada to fully deal with the complaint.



PROCEDURE:

Protecting Privacy of NIHB Reports and Public-Use Tables

NIHB minimizes the possibility of any form of identification or disclosure by carefully reviewing statistical material intended for public use, and modifying the information as necessary to prevent any identification. This could include:

- deleting table data that contain information on fewer than five people (and other tables as necessary to prevent identification based on row and column totals)
- combining categories
- random rounding of numbers, or replacing numbers with ranges
- suppressing statistical measures (means, variances, etc) based on small numbers of people, if required to prevent identification
- reviewing charts and graphs to ensure that they do not display information on identifiable individuals
- attention to combinations of “indirect identifiers” - such as community and age group - that might permit either identity or attribute disclosure
- attention to the possibility that tables might allow identification of communities and providers, not just individuals

PROCEDURE:

Individual Access and Correction of NIHB Claims Record

Clients of the NIHB Program can request access to their claims record held by the Program, and request corrections to the record, and/or have the information amended.

When a request is received from an individual wishing to access their NIHB Claims Record, the Program will follow established procedures for processing requests to access personal information. This includes the use of the NIHB Request to Access Personal Information Form (Appendix I) and the NIHB Request to Change Personal Information Form (Appendix II).

**Director General, NIHB
Health Canada
First Nations and Inuit Health Branch
Room 1909A, Postal Locator 1919A
Jeanne Mance Building, Tunney’s Pasture
Ottawa, Ontario K1A 0K9**

- A request or complaint received by facsimile at a First Nations and Inuit Health Branch office is to be forwarded to the Director General, NIHB at 613-941-6249

When the completed form is received by the Director General, NIHB there may be a need to speak with the individual to obtain as much information as possible, or to obtain missing information so as to fully respond to the request.



The requested information will be provided within a reasonable time with an explanation of any abbreviations or codes. As soon as the information is available the individual will be contacted in writing. NIHB may choose to make sensitive medical-personal information available to the individual through their medical practitioner.

When the individual has reviewed their information, they can request corrections or notations to the record by completing a NIHB Request to Change Personal Information Form. The individual will need to successfully demonstrate the inaccuracy or incompleteness of their personal claims record. Depending upon the nature of the information challenged, amendments may involve the correction, deletion or addition of information. Where appropriate, the amended information will be transmitted to third parties requiring access to the information in question.

NIHB will make any required changes to the record. When it is deemed necessary to avoid interruption of service, information about the request will be transmitted to third parties receiving access to the information in question.

If information cannot be provided, NIHB will advise the individual and provide the reason.



CLIENT PRIVACY TOOLS

How to Request Access to Your NIHB Claims Record, Request Corrections or Amendments

Clients can request access to their claims record held by the NIHB Program, ask for a correction to the record, and/or have the information amended.

Submitting a Request to Access Your Records:

- Contact your Regional FNIHB Office.
- Complete the NIHB Request to Access Personal Information Form (Appendix I).
- Submit your completed form to:

**Director General, NIHB
Health Canada
First Nations and Inuit Health Branch
Room 1909A, Postal Locator 1919A
Jeanne Mance Building, Tunney's Pasture
Ottawa, Ontario K1A 0K9**

- You may be contacted if information is missing that may be required to allow the NIHB Program to fully respond to your request.
- As soon as the information is available you will be contacted in writing.
- NIHB may choose to make sensitive medical-personal information available to you through your medical practitioner. The requested information will be provided with an explanation of any abbreviations or codes.
- If access to your records cannot be provided, NIHB will advise you and provide the reason.

Requesting Corrections to Your Records:

- Once you have reviewed your information, you can request corrections or notations to the record by completing and submitting the NIHB Request to Change Personal Information Form (Appendix II).
- You will need to successfully demonstrate the inaccuracy or incompleteness of the record. Depending upon the nature of the information challenged, amendments may involve the correction, deletion or addition of information.
- Where appropriate, the amended information will be transmitted to third parties requiring access to the information in question.



How to Make an Inquiry or Complaint Regarding NIHB Privacy Practices

Health Canada ensures that clients of the Non-Insured Health Benefits (NIHB) Program have the right to challenge the privacy compliance process of the Program. Complaints brought to the attention of Health Canada will be investigated.

Written complaints on privacy compliance issues are to be sent to:

**Director General, NIHB
Health Canada
First Nations and Inuit Health Branch
Room 1909A, Postal Locator 1919A
Jeanne Mance Building, Tunney's Pasture
Ottawa, Ontario K1A 0K9**

or sent by confidential facsimile to 1-613-941-6249

When the investigation is complete the individual will be provided with a formal decision in writing, and the reason for the decision.



How to Withdraw Your Client Consent

To withdraw your consent, you need to write a letter to the NIHB Program.

The letter must contain:

- A statement signed by you, requesting that your consent be withdrawn
- Your legal name
- Your date of birth
- Your identification number or band name and family number
- Your address and phone number

The letter should be sent to:

**First Nations and Inuit Health Branch
Non-Insured Health Benefits Directorate
NIHB Consent Information Centre
Room 1913A, Postal Locator 1919A
Jeanne Mance Building, Tunney's Pasture
Ottawa, Ontario K1A 0K9**

Please Note:

- You will receive written confirmation from the NIHB Program that your consent has been withdrawn.
- Your consent form will not be returned to you, but it will be kept and disposed by Health Canada according to federal laws including the *Privacy Act* and the *National Archives of Canada Act*.
- If at a later date you decide to provide written consent, a new Consent Form will need to be completed.

Non-Insured Health Benefits (NIHB) Program
Request to Access Personal Information Form

PROTECTED

The Non-Insured Health Benefits (NIHB) Program collects personal information to process non-insured health benefit claims for eligible First Nations and Inuit clients. Eligible clients can request access to their personal information and request any necessary changes to ensure claims can continue to be paid.

If you would like to access your personal information, please provide the following information:

FAMILY NAME: _____

GIVEN NAME: _____

DATE OF BIRTH: Month: _____ Day: _____ Year: _____

CLIENT IDENTIFICATION NUMBER: _____

(DIAND Indian Registration number, Territorial Government Health Care Number or Client Identification number issued by NIHB)

CONTACT INFORMATION: Street & No.: _____

Apt. #: _____ City: _____ Province: _____

Postal Code: _____ Home Tel.# with area code: () _____

Fax # with area code: () _____

AUTHORIZATION:

I am requesting this information for myself and all of the above information is correct.

I am requesting this information for the person named above and all of the above information is correct. I am a:

Parent I have the concerned person's written and signed consent

Guardian Person having a legally recognized authority

Please print your name and provide your signature and the date below.

Family Name: _____ First Name: _____

Signature: _____ Date: _____

INFORMATION TO BE ACCESSED:

Please identify the information you would like to access by checking the appropriate box.

Benefit area for claims history

Pharmacy

Medical Supplies and Equipment

Dental Services

Medical Transportation

Mental Health

Vision

All

Other (Please specify) _____

Dates of service for claims history**Any Medical Records held by NIHB**

Previous month

Previous month

Previous six months

Previous six months

PLEASE ALLOW 4 WEEKS TO PROCESS THIS REQUEST

Non-Insured Health Benefits (NIHB) Program

Request to Change Personal Information Form**PROTECTED**

The Non-Insured Health Benefits (NIHB) Program collects personal information to process non-insured health benefit claims for eligible First Nations and Inuit clients. Eligible clients can request access to their personal information and request any necessary changes to ensure claims can continue to be paid.

If you would like to have information on your file changed, please provide the following information:

FAMILY NAME: _____

GIVEN NAME: _____

DATE OF BIRTH: Month: _____ Day: _____ Year: _____

CLIENT IDENTIFICATION NUMBER: _____

(DIAND Indian Registration number, Territorial Government Health Care Number or Client Identification number issued by NIHB)

CONTACT INFORMATION: Street & No.: _____

Apt. #: _____ City: _____ Province: _____

Postal Code: _____ Home Tel.# with area code: () _____

Fax # with area code: () _____

AUTHORIZATION:

- I am requesting this change for myself and all of the above information is correct.
- I am requesting this change for the person named above and all of the above information is correct. I am a: Parent I have the concerned person's written and signed consent
 Guardian Person having a legally recognized authority

Please print your name and provide your signature and the date below.

Family Name: _____ First Name: _____

Signature: _____ Date: _____

INFORMATION TO BE ACCESSED:

Please identify the information you would like to change by checking the appropriate box.

Benefit area for claims history

- | | |
|--|---|
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Medical Supplies and Equipment |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Medical Transportation |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> All | <input type="checkbox"/> Other (Please specify) _____ |

Details of information to be changed:

- Documentation to support this request to change information on your file is attached.**
Please identify documentation: _____

PLEASE ALLOW 4 WEEKS TO PROCESS THIS REQUEST