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SAFEGUARD

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FPT Regulators Adopt Resolution on AI in Health Care and Health Research

Canada's federal, provincial, and territorial (FPT) information and privacy commissioners and ombuds met in Ottawa on September 14-15, 2026, to discuss emerging issues affecting access to information, privacy, and public trust.

Hosted by Information Commissioner of Canada Caroline Maynard and Privacy Commissioner of Canada Philippe Dufresne, the annual meeting brought together information and privacy regulators from across the country to discuss their roles as independent oversight bodies and exchange perspectives on issues affecting their respective jurisdictions.

Among the topics discussed were emerging technologies, including artificial intelligence (AI), quantum computing, and advanced data-processing systems. As part of the meeting, FPT privacy regulators adopted a joint resolution on the responsible use of AI in health and health research.

The joint resolution was publicly released on October 29, 2026, and calls for a responsible approach to the development, procurement, and use of AI in health care and health research. Interested in learning more? Read the full resolution here.



Photograph: Canada's Information and Privacy Commissioners and Ombuds from federal, provincial, and territorial jurisdictions pose for a group photo at the 2026 annual FPT Meeting in Ottawa.

Privacy in Practice: Custodian's Use of Surveillance Technology

I am a custodian considering the use of surveillance technologies in my facility.

What should I consider?

OIPC has been receiving more and more inquiries about the use of surveillance technology in facilities and clinics by staff. Such activities capture personal health information of individuals and custodians have obligations under PHIA. Some facilities are also the client's homes and the expectations of privacy we all have in our own living spaces must be considered. We have issued guidance on the use of video surveillance that may be of assistance. Some key considerations (please note that this is not an exhaustive list):

- Clearly identify the purpose for the surveillance. With a clear purpose, ensure that you have the authority under PHIA to collect and that it is not used for other purposes. For example, if the identified purpose for the cameras is patient safety, they should not be used for staff discipline.
- Collect the minimum necessary information. This includes consideration of camera placement and angles, audio or video collection, and triggers for the cameras (for example, will it be constantly on, motion detection, etc.).
- Consider if video will be livestreamed and monitored in real time or if it will be recorded.
  - ↳ If recording video, you need to create a retention schedule. The schedule should consider incidents that may require a longer retention. If recording, you also need to consider access rights of clients to their personal health information captured on video.
  - ↳ If livestreamed, consider placement of monitors to ensure minimum necessary access (for example, monitors cannot be seen by individuals walking by; will staff be able to access it remotely through work or personal assets, etc.).
- Access to footage or livestream should be restricted to the minimum necessary individuals and documented in policy.
- Ensure appropriate signage is posted regarding the cameras; the custodian should determine the location and number of signs required for reasonable notification.
- Section 13 of PHIA establishes that custodians are required to have information policies and procedures to ensure compliance with the Act; you should ensure that your policies and procedures include details of your video surveillance system and ensure that you develop a video surveillance policy.

You Asked, We Answered!

You ask for more practical guidance on applying PHIA in your day-to-day work so we created:

Privacy in Practice

Each issue will feature a common scenario and highlight key PHIA considerations for custodians.

Have a scenario you'd like us to cover?
Email us your ideas for future topics.

Recent Reports Examine Corrections and Annotations

In September, OIPC NL issued two separate reports (AH-2026-001 and AH-2026-002) that examine correction requests and annotations in detail.

Report AH-2026-001 focused on the necessity and contents of an annotation. The original annotation requested by the complainant was broad and included matters beyond the clinical record. The Commissioner noted at paragraph 23:

> "The annotation process is not a carte blanche invitation for patients to have their views recorded by a custodian in the patient record. The proposed annotation must be directly related to the information that was the subject of the correction request, and it must only address those aspects of the record that the individual believes are inaccurate or incomplete. The annotation process is not an opportunity to editorialize broadly about the custodian or staff or other patient care issues that are unrelated to the record that was the subject of the correction request."

Through informal resolution, the annotation was narrowed to 388 words, focused on the information in the specific clinical record. The Commissioner recommended that the custodian amend its information practice in this case and annotate the complainant's record with the narrowed annotation provided by the complainant.

Report AH-2026-002 focused on a correction request involving the correction of over 48 identifiable topics within the complainant's medical records, with over 60 items marked for correction. The records involved descriptions of the complainant's habits at home, family dynamics, financial and work history, and other background information, provided by either the medical professional or a third party, such as a family member. The Commissioner found the custodian appropriately refused to correct the record.



The report then examined the annotations added by the custodian which, while appropriate, did not capture all of the identifiable topics to which the complainant sought correction. While section 63 of PHIA is clear that the personal health information of the individual must be annotated with the correction that was requested and not made, the Commissioner concluded that the intention of this section is not to force a custodian to make a plethora of annotations to a single medical chart.

During informal resolution efforts, the custodian agreed to add an additional annotation to the record which summarized the remaining corrections requested but not made. The Commissioner concluded that the summary is a reasonable and concise means for the custodian to annotate the record while still capturing the identifiable topics the complainant sought correction to and determined that the custodian had fulfilled its statutory obligation to annotate the record with the corrections requested but not made.

Who is the Custodian? Personal Care Homes.

A Personal Care Home is a custodian as defined in the Personal Health Information Act (PHIA). Pursuant to section 4. (1) of the Act a "custodian" is “a person described in one of the following paragraphs who has custody or control of personal health information as a result of or in connection with the performance of the person's powers or duties or the work described in that paragraph… (g) a person who operates…(i) a health care facility”.

Under the definition section of the Act at section 2 (1)(i) “"health care facility" means a facility that provides in-patient health care, including a hospital, a psychiatric unit under the *Mental Health Care and Treatment Act*, a **personal care home**, a community care home, a long-term care home or other facility designated in the regulations;”

Resources

OIPC has a number of guidance pieces that may help custodians ensure compliance with PHIA, for example:

PHIA Compliance Checklist for Custodians

PHIA Toolkit for Small Custodians

PHIA Privacy Breach Statistics August 1st – October 31st



Between August 1 and October 31, 2026, OIPC received six privacy breach notifications, which is a decrease over last quarter’s eight breaches. The six breach reports came from four different custodians.

Three breaches involved human error, including a misdirected email, physical copies of medical information being included with the information of another in an envelope, and an incorrect number entered, which lead to a replacement card being mailed to the incorrect individual. One breach was verbal, with staff being provided with more than the necessary information about a colleague’s departure, which included medical information. Two breaches involved snooping incidents, where authorized access was used for unauthorized purposes.

Need PHIA Training?

Looking for PHIA training or a speaker for your next event? OIPC offers customized training and presentations on access and privacy topics relevant to custodians, tailored to your organization's needs and audience. Contact us today to learn more.

Looking for guidance? Explore the resources, tools, and guidance documents available on our PHIA guidance webpage.



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