

In most cases, your personal health information comes into the system from you or from other sources on your behalf, for the main reason of giving you health care. This is called the “primary purpose” (“primary” means “first”).

Once your health information is in the health care system, it is sometimes used for other “secondary” purposes. In general, you must be told about these secondary purposes, but sometimes you don’t have to be told, if the secondary purpose is reasonably connected to the primary purpose or is required by law.

For example, when you go to your doctor, you talk about a health problem you may have. Your doctor collects your information by writing it down in the paper file or entering into a computer file. Some of that information will be given to Medical Services Plan (“MSP”) so that the doctor can be paid for the visit. If you have to see a specialist, some of your personal health information might be sent to the specialist, and information about your visit to the specialist will be given to MSP so that the specialist can be paid. The information collected by the doctor and the specialist is collected for the primary purposes of giving you health care, and billing MSP.

Health information is also used for secondary purposes such as health system planning, management, quality control, public health monitoring, program evaluation, and research. Sometimes health information will be “de-identified” or “anonymized” before it is used for these secondary purposes.

There has in the past few years been some confusion about when identifiable personal health information can be used for secondary purposes. This is one of the reasons why the [Ministry of Health Act](#) was recently changed to let the Minister collect, use and disclose identifiable personal information for “[stewardship purposes](#)”, so that these uses and disclosures are no longer against the law.

The new law does not allow a person to limit access to their health records that are collected by the Ministry of Health Services from health authorities or other public bodies for a stewardship purpose.

For more discussion of this issue, see Laws that [Apply to the Public Health System](#):

Opinion of this new law

There are many people in BC who feel that making this change to the law was a good thing, because it is important and beneficial for government to be able to use personal health information for these types of secondary purposes, even when it still has a name or other identifier (such as a personal health number) attached to it.

Many other people are concerned that this law has significantly weakened privacy protection for personal health information in BC because it allows privacy and security to be ignored or minimized in favour of other values.

[Click here for the debate in the legislature about the amendments to the Ministry of Health Act](#) that gave the Minister this "stewardship" power (April 29, 2010 (Volume 16, No. 5):

For the [webcast archive link](#) .

For the [Acting Privacy Commissioner's letter about this law](#) .