How Much Do You Know About Privacy Breaches?

Critical thinking and a willingness to learn are frequently attributes of nurses around the globe. A willingness to learn is often fueled by intellectual curiosity. Curiosity is a fantastic quality if powered by values of integrity and ethics. It is when curiosity becomes meddling or immoral that one can find themselves in trouble.

As stated in NANB's 2023 *Practice Guideline: Privacy and Confidentiality*, "upholding privacy and confidentiality is important from a legal and ethical perspective. It is essential for nurses to understand their legal and ethical obligations related to privacy and confidentiality including access, use, collection, and disclosure of PHI" (NANB, 2023).

There are myths surrounding what is acceptable when it comes to privacy breaches.

MYTH 1 – *It's acceptable for me to look at a patient's personal health information (PHI) if I'm interested in learning more. For example, when I heard Patient A was diagnosed with Ailment XYZ, I was curious and found it interesting. I had to know more.*

TRUTH 1 – If you are not directly involved in the patient's care, you do not legally or ethically have reason to access the patient's PHI.

MYTH 2 – *I was working in the department that first admitted Patient A. Today I'm working in the nursing unit where Patient A has been transferred. I'm curious to know what has been happening in Patient A's admission with us. It will put my mind at ease if I know how things are for this person or if they have started palliative care like I heard.*

TRUTH 2 – PHI should be accessed [by nurses] only for reasons that meet their professional responsibilities and/or legislated requirements (NANB, 2023). PHI should only be accessed on a 'need to know' basis. Your own personal curiosity or satisfying your personal queries are not 'need to know' reasons.

MYTH 3 – *I think it's okay if I looked at Patient A's PHI. I don't know the person. It's not like I looked at my own records or the records of anyone I know. There was no ill intent when I decided to search through the PHI.*

TRUTH 3 – It does not matter what the intent of the search is. You are to only "access, collect, or use PHI only for reasons that meet [your] professional responsibilities and/or legislated requirements" (NANB, 2023).

MYTH 4 – *If I am just looking at the PHI and not printing/copying anything or telling anyone, I am not doing anything wrong.*

TRUTH 4 – This is still considered unauthorized access if the information you are searching is not relevant to your employment duties.

MYTH 5 – *I don't think I did anything wrong by looking up someone's PHI.*

TRUTH 5 – To clearly understand the seriousness of a breach with someone's PHI or to obtain more information, please refer to NANB's *Practice Guideline for Privacy and Confidentiality*, New Brunswick's *Personal Health Information Privacy and Access Act*, NANB's *Standards of Practice for Registered Nurses*, *Standards for the Nurse-Client Relationship*, *Standards for Documentation*, and the *Code of Ethics for Registered Nurses*.

MYTH 6 – *Nothing is going to happen to me if I get caught looking up someone's PHI. They'll make me redo a learning module on privacy and sign the privacy agreement again. That's not a big deal. I'll take my chances.*

TRUTH 6 – Some, not all, of the "possible consequences related to unauthorized access, collection, use or disclosure of PHI include: legal action against the nurse by the patient for breach of confidentiality or privacy, NANB investigating a complaint and instituting disciplinary proceedings, and the employer investigating and acting with discipline" (NANB, 2023).

The seriousness of breeching confidentiality or information of an individual's PHI should never be taken lightly. Always ask yourself if you legally and ethically need to know the information to safely perform your duties in the role of Registered Nurse or Nurse Practitioner prior to obtaining, viewing, or sharing.