



**RNAO submission to the College  
of Nurses of Ontario regarding  
Confidentiality and Privacy –  
Personal Health Information  
practice standard**

**Nov. 25, 2025**



The Registered Nurses’ Association of Ontario (RNAO) is the professional association representing more than 57,250 registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses’ contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

## Introduction

RNAO welcomes the opportunity to provide early feedback to the College of Nurses of Ontario (CNO) on its Confidentiality and Privacy – Personal Health Information practice standard. Our analysis of the practice standard addresses key components of the standard, identifying strong components, gaps and opportunities.

## Key components

Key facilitators	RNAO’s rationale
<p><b>1. Personal health information</b></p> <p>RNAO appreciates the inclusion of the section on page 4 of the practice standard that defines personal health information and identifies what is considered “identifying” information.<sup>1</sup></p>	<p>Nurses should have an understanding of what constitutes personal health information under the <i>Personal Health Information Protection (PHIPA) Act</i>, 2004 to support clear decision making.<sup>2</sup></p>
<p><b>2. Consent</b></p> <p>RNAO appreciates the guidance for nurses on implied consent, expressed consent, and substitute decision-makers provided on page 4 of the practice standard.<sup>1</sup></p>	<p>In order to uphold patient autonomy and protect a persons right to privacy, nurses need to understand the elements of consent to meet regulatory requirements under PHIPA.<sup>2,3</sup></p>

## Gaps

Gaps	RNAO’s rationale
<p><b>1. Gender-inclusive language</b></p> <p>The following gender specific language is used throughout the practice standard: Her, his, she and he.<sup>1</sup></p>	<p>RNAO recognizes and appreciates that CNO has started implementing gender-inclusive and gender-neutral language within practice standards and practice guidelines.</p> <p>Integrating gender-inclusive/neutral language within CNO resources is critical to ensure</p>

Gaps	RNAO's rationale
	<p>access to equitable resources for 2SLGBTQI+ nurses, who may otherwise feel excluded, and to signal a broader acceptance of gender and sexual diversity within the nursing profession.<sup>4,5</sup> Therefore RNAO asks that all pronouns be replaced by “they.”</p>
<p><b>2. Community Care Access Centre</b></p> <p>Page 4 of the practice standard contains language describing the now-dissolved Community Care Access Centre (CCAC) program.</p>	<p>CCACs were dissolved between May and June 2017, following the transfer of their responsibility to Local Health Integration Networks. RNAO recommends removing the reference to CCACs on page 4.<sup>6</sup></p>
<p><b>3. Shared responsibility</b></p> <p>Nurses and their employers have a shared responsibility in maintaining quality practice environments as health information custodians.<sup>2</sup></p>	<p>RNAO appreciates the section called Maintaining a Quality Practice Setting on page 11 of the practice standard.<sup>1</sup></p> <p>Employers must provide resources such as policies, procedures, and technological safeguards for tools that are available to support nurses with meeting their professional and regulatory obligations.<sup>6</sup></p> <p>RNAO urges that the <i>Confidentiality and Privacy – Personal Health Information</i> practice standard include language outlining the employer’s responsibility to:</p> <ul style="list-style-type: none"> <li>• Provide access to resources that ensure confidentiality during storage, transfer or disposal of personal health information.</li> <li>• Provide policies and procedures that comply with regulatory requirements and CNO practice standards to support nursing in meeting their professional obligations.<sup>1,2</sup></li> </ul> <p>The standard must also note that nurses should expect these resources to be provided by the employer.</p>

Gaps	RNAO's rationale
<p><b>4. Technology</b></p> <p>Include specific guidance on virtual care and the utilization of artificial intelligence (AI).<sup>7,8</sup></p>	<p>Virtual care, AI, and other digital technologies are rapidly transforming the healthcare landscape across the continuum of care, with growing adoption to improve timely access to services and enhance efficiency.<sup>7,8</sup></p> <p>We urge that CNO give nurses clear guidance on how to safeguard personal health information when delivering care virtually and using digital technologies within clinical practice settings.<sup>8-10</sup></p> <p>RNAO also asks that the following resources be referenced as guidance on the use of technology in health services: <a href="#">Clinical Practice in a Digital Environment</a> and <a href="#">Adopting eHealth Solutions: Implementation Strategies</a> best practice guidelines</p>

**Conclusion**

Thank you for the opportunity to provide early feedback on the current Confidentiality and Privacy – Personal Health Information practice standard. RNAO looks forward to reviewing the new draft version of this practice standard. We welcome the opportunity to meet with CNO to address any questions you may have.

## References

1. College of Nurses of Ontario. Confidentiality and Privacy — Personal Health Information - Practice Standard [Internet]. 2025. Available from: [https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/41069\\_privacy.pdf](https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/41069_privacy.pdf)
2. Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A | ontario.ca [Internet]. [cited 2025 Nov 20]. Available from: <https://www.ontario.ca/laws/statute/04p03#BK5>
3. Information and Privacy Commissioner of Ontario. Circle of Care Sharing Personal Health Information for Health - Care Purposes [Internet]. 2015. Available from: <https://www.ipc.on.ca/en/media/1617/download?attachment>
4. Philippopoulos E. More than just pronouns – gender-neutral and inclusive language in patient education materials: suggestions for patient education librarians. *J Med Libr Assoc.* 2023 July 10;111(3):734–9.
5. Registered Nurses' Association of Ontario (RNAO). Promoting 2SLGBTQI+ Health Equity. Toronto (ON): RNAO; 2021.
6. Office of the Ontario Auditor General. 1.01 CCACs—Community Care Access Centres—Home Care Program. Available from: [https://www.auditor.on.ca/en/content/annualreports/arreports/en17/v2\\_101en17.pdf](https://www.auditor.on.ca/en/content/annualreports/arreports/en17/v2_101en17.pdf)
7. [hipa-faq.pdf](https://www.ipc.on.ca/sites/default/files/legacy/2015/11/hipa-faq.pdf) [Internet]. [cited 2025 Nov 20]. Available from: <https://www.ipc.on.ca/sites/default/files/legacy/2015/11/hipa-faq.pdf>
8. Registered Nurses' Association of Ontario (RNAO). Clinical Practice in a Digital Health Environment. 1st ed. Toronto (ON): RNAO; 2024.
9. Registered Nurses' Association of Ontario (RNAO). Adopting eHealth Solutions: Implementation Strategies. Toronto (ON): RNAO; 2017.
10. Ibrahim AM, Abdel-Aziz HR, Mohamed HAH, Zaghamir DEF, Wahba NMI, Hassan GhadaA, et al. Balancing confidentiality and care coordination: challenges in patient privacy. *BMC Nurs.* 2024 Aug 15;23(1):564.
11. Murdoch B. Privacy and artificial intelligence: challenges for protecting health information in a new era. *BMC Med Ethics.* 2021 Dec;22(1):122.