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| <b>Policy Title:</b>            | <b>Privacy Policy</b>                          |
| <b>Reviewed By:</b>             | Governance & Nominating Committee of the Board |
| <b>Approved By:</b>             | STEGH Foundation Board of Directors            |
| <b>Original Effective Date:</b> | January 2022                                   |
| <b>Revision Date:</b>           | September 2025                                 |
| <b>Next Scheduled Review:</b>   | September 2028                                 |

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| <b>Mission Statement:</b> | To partner with the community to support our Hospital in the delivery of an excellent patient care experience. |
| <b>Vision Statement:</b>  | To inspire a lifetime of philanthropic support for our Hospital.                                               |
| <b>Values:</b>            | Integrity, Leadership, Community, Results                                                                      |

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## POLICY STATEMENT

The St. Thomas Elgin General Hospital Foundation (the “Foundation”) raises funds to support the activities of the St. Thomas Elgin General Hospital (the “Hospital”). In the course of its fundraising and related operations, the Foundation collects, uses, and discloses personal information of donors, employees, volunteers, and other stakeholders. The Foundation only discloses personal information with the individual’s consent or where required or authorized by law, in accordance with applicable privacy legislation, including Freedom of Information and Protection of Privacy Act (FIPPA), the Personal Health Information Protection Act (PHIPA), and the Personal Information and Electronic Documents Act (PIPEDA).

This Privacy Policy (the “Policy”) reflects the Foundation’s commitment to protecting the privacy and confidentiality of personal information within its custody and control. The Foundation’s privacy practices adhere to the Principles set out in the Canadian Standards Association’s “Model Code for the Protection of Personal Information”, which is the basis for most privacy legislation in Canada.

The Foundation also upholds the principles of the Donor Bill of Rights, ensuring that donors are treated with respect, transparency, and accountability. This includes the right to privacy, to limit or withdraw consent, to retain anonymous, and to receive clear and accurate information regarding the use of their contributions and their personal information.

## DEFINITIONS

For the purposes of this Policy: **Agent**

A person authorized to act for or on behalf of the Foundation in exercising powers or performing duties with respect to personal information including without limitation, employees,

managers, directors, casual and contract workers, volunteers, students, physicians, consultants, and vendors.

**Consent**

The voluntary agreement to the collection, use, or disclosure of personal information for defined purposes. Consent may be expressed orally, in writing, or electronically, or may be implied where appropriate in the circumstances and permitted by law. Consent must be informed and can be withdrawn by the individual, subject to legal or contractual restrictions and reasonable notice.

**Donor**

An individual or organization that has made, pledged, or expressed an intention to make a financial or in-kind contribution to the Foundation, including prospective, current, and past donors.

**Fundraising Activities**

Activities carried out by or on behalf of the Foundation to solicit, receive, acknowledge, or steward financial or in-kind donations. These activities include campaigns, events, donor recognitions, communications, and reporting.

**Personal Health Information (PHI)**

Identifying information about an individual that relates to their physical or mental health, the provision of healthcare, or payment for healthcare services. For the purposes of this Policy, PHI includes information received by the Foundation from the Hospital about patients, such as names and limited contact details, in the context of grateful patient fundraising or similar activities, and is handled in accordance with the Personal Health Information Protection Act, 2004 (PHIPA).

**Personal Information**

Information about an identifiable individual, but does not include the name, title, or business address or telephone number of an employee of an organization.

**Privacy Breach**

The loss of, unauthorized access to and use, or unauthorized disclosure of personal information that is in the custody or control of the Foundation, whether intentional or accidental.

**Stakeholder**

Any individual or entity that interacts with the Foundation and whose personal information may be collected, including but not limited to donors, volunteers, employees, board members, partners, vendors, and event participants.

**Third Party**

An individual or organization other than the individual to whom the personal information relates or the Foundation, who may receive personal information through contractual or legal arrangements, including service providers or government authorities.

**PROCEDURE**



## **1.0 Principle 1- Accountability for Personal Information**

- 1.1** The Foundation is responsible for personal information within its custody or control.
- 1.2** All Foundation employees and volunteers are accountable for the personal information they come into contact with in the course of their duties for the Foundation. All Foundation employees and volunteers are required to sign Foundation Confidentiality Agreements.
- 1.3** The Foundation's Executive Director is the designated Chief Privacy Officer who is accountable for the Foundation's compliance with the principles set out in this policy. The Executive Director may be reached as follows:
- Email: [privacy@steghfoundation.ca](mailto:privacy@steghfoundation.ca)  
Phone: 519-631-2030 x2264  
Mail: St. Thomas Elgin General Hospital Foundation  
189 Elm Street, St Thomas, ON N5R 5C4
- 1.4** The Foundation has implemented additional policies and procedures to give effect to or supplement this Policy. These policies may be accessed by contacting the Executive Director at [privacy@steghfoundation.ca](mailto:privacy@steghfoundation.ca)
- 1.5** The Foundation is responsible for personal information that it has transferred to a third party for processing. The Foundation will use contractual or other means, such as confidentiality agreements and data sharing agreements, to provide a comparable level of protection while the personal information is being processed by a third party.
- 1.6 Donor Relations**
- 1.6.1** The Foundation shall conduct its fundraising and reporting activities in compliance with Foundation policies and procedures as well as applicable laws and Imagine Canada Standards.
- 1.6.2** Every effort shall be made to honour a donor or prospective donor's request to:
- Limit the frequency of contacts;
  - Not be contacted by telephone or other technology;
  - Not receive printed materials concerning the Foundation;
  - Discontinue contact where such contact is unwanted or considered a nuisance;
  - Remain anonymous and;
  - Ensure adherence to the Donor Bill of Rights
- 1.6.3** The Foundation does not rent, exchange, sell, or otherwise share its donor list.
- 1.6.4** The Foundation prepares and issues Official Income Tax receipts for monetary gifts and gifts-in-kind in compliance with all regulatory and policy requirements.

## **2.0 Principle 2- Identifying Purposes for the Collection, Use and Disclosure of Personal Information**

- 2.1** The Foundation identifies the purposes for which it collects personal information at or before the time that the personal information is collected. The Foundation identifies the primary purposes for which it collects personal information through this Policy, as follows:
- 2.1.1** Fundraising to meet the needs of the Hospital;
  - 2.1.2** Providing donors and supporters with stewardship and recognition information;
  - 2.1.3** Providing donors and potential supporters with information about the Hospital and Foundation initiatives; and
  - 2.1.4** Meeting legal and regulatory requirements.
- 2.2** If the Foundation collects personal information for a purpose not identified above or if the Foundation intends to use personal information for a purpose other than the one for which it was originally collected, it will advise the individual of the new purpose and will obtain consent of the individual prior to using the information for the new purpose.
- 2.3** Foundation employees or volunteers collecting personal information will be able to explain to individuals the purposes for which the information is being collected.

### **3.0 Principle 3- Consent for the Collection, Use, and Disclosure of Personal Information**

- 3.1** The foundation collects, uses, and discloses personal information only with the consent of the individual. The knowledge and consent of an individual are required for the collection, use, or disclosure of personal information about that individual, except where appropriate.
- 3.2** Consent may be expressed orally (such as in telephone calls) or in writing (such as in pledge forms), including electronically (such as through the Foundations website), or may be implied. The Foundation may obtain names and mailing addresses of Hospital patients from the Hospital on the basis of implied consent as permitted under the *Personal Health Information Protection Act, 2004* and by the written agreement between the Foundation and the Hospital that was entered into in accordance with the requirements of the *Freedom of Information and Protection of Privacy Act*.
- 3.3** Individuals may limit or opt out of future contact by the Foundation by contacting the Executive Director at [privacy@steghfoundation.ca](mailto:privacy@steghfoundation.ca). The Foundation will honor such requests.
- 3.4** Individuals may withdraw their consent to the collection, use, or disclosure of their personal information at any time, subject to legal or contractual restrictions and reasonable notice, by contacting the Executive Director at [privacy@steghfoundation.ca](mailto:privacy@steghfoundation.ca). Withdrawals of consent cannot be retroactive. The Foundation will inform the individual of the implications of any such withdrawal.

### **4.0 Principle 4- Limiting Collection of Personal Information**

- 4.1** The Foundation will only collect personal information for the purposes identified by the Foundation. Personal information will be collected by fair and lawful means.



- 4.2** The Foundation will not collect personal information indiscriminately. The Foundation does not collect, use or disclose more personal information than is reasonably necessary to meet its purposes.

**5.0 Principle 5- Limiting the Use, Disclosure, and Retention of Personal Information**

- 5.1** The Foundation will not use or disclose personal information for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal information will be retained only as long as necessary for the fulfillment of those purposes.
- 5.2** Safeguards are also in place to ensure that the personal information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was collected and to protect personal information against loss or theft, as well as unauthorized access, collection, disclosure, copying, use, or modification.
- 5.3** If using personal information for a new purpose, the Foundation will document this purpose and seek consent for such use and/or disclosure in accordance with section 2.2 of this Policy.
- 5.4** The Foundation does not sell, rent, or trade mailing lists or other personal information.

**6.0 Principle 6- Ensuring Accuracy of Personal Information**

- 6.1** The Foundation will keep personal information as accurate, complete, and up-to-date as is necessary for the purposes for which it is to be used and/or disclosed.
- 6.2** The Foundation will not routinely update personal information, unless such a process is necessary to fulfill the purposes for which the personal information was collected.

**7.0 Principle 7- Safeguarding Personal Information**

- 7.1** The Foundation protects personal information with security safeguards appropriate to the sensitivity of the personal information.
- 7.2** The security safeguards will protect personal information against loss or theft, as well as unauthorized access, collection, disclosure, copying, use, or modification. The Foundation will protect personal information regardless of the format in which it is held.
- 7.3** The nature of the safeguards will vary depending on the sensitivity of the personal information that has been collected, the amount, distribution, and format of the personal information, and the method of storage. A higher level of protection will safeguard more sensitive personal information. The methods of protection will include:
- 7.3.1** Physical measures, for example, locked filing cabinets and restricted access to offices;
- 7.3.2** Organizational measures, for example, limiting access on a “need-to-know” basis; and
- 7.3.3** Technological measures, for example, the use of passwords, encryption and audits as well as strong data security software and systems to

protect the personal information in the Foundation's custody from hackers and malicious intruders.

- 7.4** The Foundation will make its employees and agents aware of the importance of maintaining the privacy and security of personal information. As a condition of employment, appointment, or agency all Foundation employees, volunteers, and other agents must sign the applicable Code of Conduct Policy Declaration in accordance with section 1.2 of this Policy.
- 7.5** Personal information will be securely destroyed so that all reconstruction is not reasonably possible to prevent unauthorized parties from gaining access to the personal information.

## **8.0 Principle 8- Openness About Personal Information Policies and Practices**

- 8.1** The Foundation will make readily available to individuals specific information about its policies and practices relation to the management of personal information.
- 8.2** The Foundation will be open about its policies and practices with respect to the management of personal information. The Foundation makes its privacy policy and practices available by posting them on its website. Individuals may also acquire information about the Foundation's privacy policy and practices by contacting the Executive Director at:

Email: [privacy@steghfoundation.ca](mailto:privacy@steghfoundation.ca)

Phone: 519-631-2030 x2264

Mail: St. Thomas Elgin General Hospital Foundation  
189 Elm Street, St Thomas, ON N5R 5C4

## **9.0 Principle 9- Individual Access to Own Personal Information**

- 9.1** Upon request, the Foundation will inform an individual of the existence, use, and disclosure of his or her personal information and the individual will be given access to that personal information. An individual will be able to challenge the accuracy and completeness of the personal information and have it amended as appropriate if there is an error or omission.
- 9.2** Requests may be made by contacting the Executive Director at:
  - Email: [privacy@steghfoundation.ca](mailto:privacy@steghfoundation.ca)
  - Phone: 519-631-2030 x2264
  - Mail: St. Thomas Elgin General Hospital Foundation  
189 Elm Street, St Thomas, ON N5R 5C4
- 9.3** The Foundation will respond to an individual's request within a reasonable time and at a reasonable cost to the individual. Fees will be established on a cost recovery basis and individuals will be notified of any fee when their request is made. The requested personal information will be provided or made available in a form that is generally understandable. For example, if the Foundation uses abbreviations or codes to record information, an explanation will be provided.
- 9.4** When an individual demonstrates to the satisfaction of the Foundation that their personal information is not correct or complete for its purposes, the Foundation



will amend the information as required, in accordance with professional standards of practice.

- 9.5** When a challenge is not resolved to the satisfaction of the individual, the Foundation will record the substance of the unresolved challenge. When appropriate, the existence of the unresolved challenge will be transmitted to third parties to whom the original personal information was disclosed.

**10.0 Principle 10- Challenging Compliance with the Foundation's Privacy Policy and Practices**

- 10.1** Any concerns about the Foundation's privacy practices should be addressed to the Executive Director at:

Email: [privacy@steghfoundation.ca](mailto:privacy@steghfoundation.ca)

Phone: 519-631-2030 x2264

Mail: St. Thomas Elgin General Hospital Foundation

189 Elm Street, St Thomas, ON N5R 5C4

- 10.2** The Foundation will address all privacy-related complaints in accordance with this Privacy Policy. If a complaint is found to be justified, the Foundation will take appropriate measures. Complainants will be informed of the outcome, subject to applicable privacy and confidentiality requirements.

- 10.3** Complaints that do not relate to privacy or personal information will be referred to and addressed under the Complaints Policy & Procedure.

**11.0 Website Consent**

- 11.1** The Foundation's website allows individuals to make a donation to the Foundation or to purchase goods or services from the Foundation. Personal information provided by an individual to the Foundation through the website will be treated in accordance with this Policy as set out in section 3.2 of this Policy.

- 11.2** Credit card information provided by an individual over the Foundation's website is protected using industry-standard SSL (Secure Socket Layer) technology. This software is routinely updated to maximize protection of such information.

**12.0 Compliance with Canada's Anti-Spam Legislation**

The Foundation complies with the requirements of Canada's Anti-Spam Legislation. The Foundation has the same infrastructure, cybersecurity requirements and follows the same policies and procedures as St. Thomas Elgin General Hospital (STEGH). The Foundation does not send commercial electronic messages ("CEMs") to any person unless it has express or implied consent from the recipient, the CEM includes identification and contact information for the sender and the CEM has an unsubscribe mechanism.

**13.0 Privacy Breach Management**

- 13.1** The Foundation is committed to protecting personal information in its custody and control. In the event of a privacy breach, the Foundation will take immediate steps to contain the breach, assess the associated risks, and implement appropriate mitigation strategies.

- 13.2** A privacy breach includes, but is not limited to: the loss of, unauthorized access to and use, or unauthorized disclosure of personal information, whether intentional or accidental.

- 13.3** If a breach involves personal information that poses a real risk of significant harm to an individual (as defined by applicable law), the Foundation will:
- 13.3.1** Notify the affected individual(s) at the earliest opportunity;
  - 13.3.2** Notify the Office of the Privacy Commissioner of Canada (in accordance with PIPEDA breach reporting requirements);
  - 13.3.3** Maintain a record of the breach and all mitigation efforts taken, in accordance with legal obligations.
- 13.4** If the breach involves personal health information provided by the Hospital under PHIPA, the Foundation will also notify the Hospital's Privacy Office and follow any required protocols under the applicable data-sharing agreement.
- 13.5** All breaches will be reviewed internally to determine root causes and to prevent recurrence, which may include revising procedures, enhancing training, or strengthening technical safeguards.
- 13.6** Suspected or confirmed privacy breaches must be reported immediately to the Foundation's Executive Director, who is the designated Chief Privacy Officer, and STEGH's Executive Director should be made aware for reputation purposes.

## REVIEW

The Privacy Policy will be reviewed every three years to ensure ongoing compliance with legal obligations, sector standards, and best practices in privacy and data protection.

In the interim, this policy may be revised or rescinded if the Board deems necessary.

If this policy is revised or rescinded, all secondary documents will be reviewed as soon as reasonably possible in order to ensure they comply with the revised Policy or, in turn, are rescinded.

## REFERENCES

Association of Fundraising Professionals, Association for Healthcare Philanthropy, Council for Advancement and Support of Education, & Giving Institute. (n.d.). *Donor Bill of Rights*.

<https://afpglobal.org/donor-bill-rights>

Canadian Standards Association. (1996). *Model Code for the Protection of Personal Information (CAN/CSA-Q830-96)*. Canadian Standards Association.

Government of Canada. (2014). *Canada's Anti-Spam Legislation (S.C. 2010, c. 23)*. <https://laws-lois.justice.gc.ca/eng/acts/e-1.6/>

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Office of the Privacy Commissioner of Canada. (2019). *The Personal Information Protection and Electronic Documents Act (PIPEDA)*. <https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/>

St. Thomas Elgin General Hospital Foundation. (2025). *Complaints Policy and Procedure*. Approved May 2025.