



Office of the  
Saskatchewan Information  
and Privacy Commissioner

## INVESTIGATION REPORT 097-2025

### Saskatchewan Health Authority

January 12, 2026

#### Summary:

The Complainant submitted two privacy breach complaints to the Saskatchewan Health Authority (SHA). The Complainant expressed concerns about their laboratory test results being faxed to the Women's Health Unit (WHU) of the Dr. F. H. Wigmore Regional Hospital in Moose Jaw, Saskatchewan. They further claimed that they heard from a second hand source that an SHA employee inappropriately shared their personal health information at a social event.

The investigation undertaken by SHA of the Complainant's alleged privacy breach complaints found that: (1) the physician who completed the laboratory requisition ordered that the results be sent to the WHU and, therefore, no privacy breach occurred; and (2) the allegation that an employee of SHA verbally shared their personal health information was based on hearsay and the allegations were not confirmed. The Complainant was dissatisfied with the response from SHA and requested that the Office of the Saskatchewan Information and Privacy Commissioner (OIPC) investigate.

OIPC investigated the allegations made by the Complainant to determine if a privacy breach occurred under *The Health Information Protection Act*. The Commissioner found that a privacy breach did *not* occur when the SHA laboratory faxed the laboratory report containing the Complainant's bloodwork results to the WHU of SHA. A physician's instructions provided the requisite foundation for this action. The Commissioner also found that there was insufficient evidence of a privacy breach of the Complainant's personal health information at a social event on December 31, 2024.

The Commissioner recommended that SHA take no further action with respect to this matter.

## I BACKGROUND

- [1] On January 2, 2025, the Complainant emailed the Saskatchewan Health Authority (SHA) with an allegation of a breach of privacy. The Complainant's email was directed to the Acute Care Manager, Women's Health Unit (WHU)/Peds/Surgery and Client Concerns, Integrated Rural Health of the Dr. F.H. Wigmore Regional Hospital in Moose Jaw, Saskatchewan:<sup>1</sup>

Following our conversation this morning, I wanted to ensure you had a written record of a serious concern [name of Complainant's spouse] and I have regarding breaches of medical privacy, and we'd appreciate your help in addressing it.

On December 31, 2024, at a [social event] held at [a facility in Moose Jaw], we learned from an attendee<sup>2</sup> that [Employee 1], [someone] from the Women's Health Unit, disclosed personal information about our pregnancy to others at the event. This was deeply upsetting, as we haven't shared this news with anyone outside of our immediate family.

...

The only way [Employee 1] could have known about our pregnancy is by improperly accessing or observing my medical information, such as ultrasound results or blood work. It's also possible that the lab mistakenly faxed my results to the Women's Health Unit despite the fact that I am not yet 20 weeks, which would be inappropriate. If this is the case, it highlights a secondary issue regarding how results are being managed and directed.

...

- [2] On January 3, 2025, the Complainant sent a second email:

Furthermore, I would like to request a review of the lab's procedures for faxing patient results. Specifically, I believe it is necessary to examine whether results for patients under 20 weeks gestation are being sent to the Women's Health Unit. At this stage, this unit would not typically be considered "need to know", as the patient would be directed to present to the emergency department. If this

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<sup>1</sup> The use of square brackets in this Investigation Report are amendments by OIPC to preserve the identify of the Complainant and other individuals.

<sup>2</sup> SHA and the Complainant both confirmed with this office that the "attendee" referenced in the complaint was another SHA employee who will be referred to in this Investigation Report as Employee 2.

is occurring, it represents an unnecessary and inappropriate sharing of personal health information.

- [3] On January 13, 2025, a representative from Client Concerns, Integrated Rural Health, SHA responded to the Complainant, stating:

I received a response from the lab manager following [their] review of your concern.

[They] stated: *We have reviewed the patients requisition. The physician ordered a copy of the results to be sent to Women's Health. There has been no privacy breach from the lab side.*

As discussed previously, any updates following the review regarding the nursing staff, policies, etc. pertaining to the Women's Health ward would be provided to you from their leadership.

- [4] On February 11, 2025, the Acute Care Manager, WHU/Peds/Surgery of SHA further responded to the Complainant providing further reasons for a doctor's request that the laboratory test results be communicated by fax:

As per our discussion yesterday, the investigation has been concluded and addressed as deemed appropriate. We cannot provide any more detail than that. As for process change here, it was discussed and decided that there would not be any changes to labs received by Dr.s office for prenatal patients at this time. In order to provide safe patient care staff we need that information ahead of time and it would be very time sensitive to have search for that information and prepare a chart when patient comes in. The lab does not know patients estimated date of delivery so need to send all prenatal as ordered by Dr. The staff on the unit don't often know either until ultrasound is completed. It is an expectation that privacy and confidentiality is maintained at all times.

- [5] On March 24, 2024, a representative from Client Concerns, Integrated Rural Health, SHA forwarded a letter to the Complainant from the SHA Area Chief of Staff – South West. This letter provided as follows:

...

When we review a file, we work with our physician leadership and management teams that may have been involved. The concern review process is a team approach between the operational leadership, physician leadership and the Client Concern Office.

Upon review of your concern, it was determined that the practice of having lab results faxed to the women's health unit is a necessary layer of safety to ensure critical results are readily available in the event of any IT or staff disruptions. This practice was born from previous near misses that went through internal QI processes of the former Five Hills Health Region. We have reviewed how lab results are stored and can confirm that the process complies with privacy requirements.

After careful consideration, we have concluded that the current practice is appropriate and services the best interests of patient care, particularly when patients may arrive in extremis. There are currently no plans to change this practice.

In closing, I can assure you that the physicians in questions had your best interests at heart and certainly had no intention for your personal information to be compromised in any way.

...

- [6] On May 2, 2025, the Complainant emailed the Office of the Saskatchewan Information and Privacy Commissioner (OIPC). In their email, the Complainant stated:

I would appreciate it if an outside third party completed an investigation as my medical information was shared, yet there has been no change and the employee who shared my information remains employed and continues to have access to patients' intimate and private health information.

- [7] On June 27, 2025, this office notified SHA that OIPC had received a request for investigation from the Complainant regarding the alleged privacy breach complaints they made to SHA.

- [8] On July 17, 2025, SHA emailed a letter to the Complainant further responding to their alleged privacy breach complaint:

On February 11, 2025, [name of Manager, WHU/Peds/Surgery] – Manager of Women's Health at Dr. F. H. Wigmore Regional Hospital had a discussion with you and your [spouse] following the Saskatchewan Health Authority's investigation into your concern that your privacy was breached, and [they] advised you that the investigation has been concluded and addressed as deemed appropriate. I acknowledge that the Saskatchewan Health Authority failed to inform you of the outcome of the investigation properly. An audit of eHR Viewer and Sunrise Clinical Manager (SCM) was conducted from December 1, 2024 to January 3, 2025. The eHR Viewer is a secure portal that contains such

personal health information as laboratory results, medication information, and medical imaging information. SCM is the acute care health record used in the Dr. F.H. Wigmore Regional Hospital. We did not detect any inappropriate accesses into your electronic personal health information in these two systems. [name of Manager, WHU/Peds/Surgery] stated that your lab information was faxed over to the department on December 23, 2024. The paper copy of the lab work could have been viewed by an employee that was creating a chart, therefore this leaves potential for someone to misuse your personal health information. The next step was to interview the staff members involved in the discussions at the social event on December 31, 2024. These interviews were conducted and then follow up interviews were conducted after additional information was reviewed. The investigation was inconclusive, and the SHA is unable to determine if a privacy breach occurred; however we do use these incidents as opportunities to learn where there are vulnerabilities and to improve processes. All employees are required to take privacy training on an annual basis and re-sign the SHA's Pledge of Confidentiality.

February 11, 2025, [name of Manager, WHU/Peds/Surgery] emailed you a summary of the discussion [they] had with you and your [spouse] and in that summary [they] addressed your concern about the lab reports being faxed to the department. [They] stated that after discussions it was *“decided that there would not be any changes to labs received by Dr’s office for prenatal patients at this time. In order to provide safe patient care, staff need that information ahead of time and it would be very time sensitive to have search for that information and prepare a chart when patient comes in. The lab does not know patients estimated date of delivery so need to send all prenatal as ordered by Dr. The staff on the unit don’t often know either until ultrasound is completed. It is an expectation that privacy and confidentiality is maintained at all times.”*

On behalf of the Saskatchewan Health Authority, we extend our sincerest apologies for any distress or uncertainty that this situation may have caused. The Saskatchewan Health Authority takes the protection of your personal health information and your personal privacy very seriously, and we are continuously working to improve our confidentiality and safeguard measures.

[9] On July 21, 2025, OIPC followed up with the Complainant to inquire if they were satisfied with the response from SHA. The Complainant responded on the same day stating:

I received the letter and am dissatisfied. I had heard that the investigation interview took place without replacing the staff member involved leaving the floor short staffed resulting in shortened interviews. Additionally I would love to see Moose Jaw’s policy compared to other regional and tertiary centers offering obstetric care as I believe keeping faxed records for patients less than twenty weeks gestation is not in patients best interest and allows for potential privacy breeches...

[10] On September 8, 2025, this office notified SHA and the Complainant that OIPC would undertake an investigation to determine whether a privacy breach occurred.

[11] On October 8, 2025, SHA provided OIPC with its *Report of Personal Information/Personal Health Information Privacy Breach* (internal privacy breach report) in lieu of OIPC *Privacy Breach Investigation Questionnaire*.<sup>3</sup>

## II DISCUSSION OF THE ISSUES

### 1. Jurisdiction

[12] *The Health Information Protection Act (HIPA)*<sup>4</sup> is engaged when three elements are present: 1) personal health information; 2) a trustee; and 3) the trustee has custody or control of the personal health information. What follows is a jurisdictional analysis.

#### *i. First element – personal health information*

[13] Section 2(1)(m) of *HIPA* provides as follows:

2(1) In this Act:

...

(m) “**personal health information**” means, with respect to an individual, whether living or deceased:

(i) information with respect to the physical or mental health of the individual;

(ii) information with respect to any health service provided to the individual;

(iii) information with respect to the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance of the individual;

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<sup>3</sup> OIPC [\*Privacy Breach Investigation Questionnaire\*](#).

<sup>4</sup> [\*The Health Information Protection Act\*](#), S.S. 1999, c. H-0.021, as amended.

(iv) information that is collected:

(A) in the course of providing health services to the individual; or

(B) incidentally to the provision of health services to the individual  
or

(v) registration information;

[14] “Registration information” is defined at 2(1)(q) of *HIPA* as follows:

2(1) In this Act:

...

(q) “**registration information**” means information about an individual that is collected for the purpose of registering the individual for the provision of health services, and includes the individual’s health services number and any other number assigned to the individual as part of a system of unique identifying numbers that is prescribed in the regulations;

[15] The information at issue involves a laboratory requisition and the resulting laboratory report containing the results of the Complainant’s bloodwork.<sup>5</sup> SHA did not retain a copy of the laboratory requisition.<sup>6</sup> When there is a privacy complaint, trustees should retain copies of relevant documentation to ensure this information is available, should an investigation arise. Sections 42(1)(c) and 42(2)(c) of *HIPA* provides that within one year of discovery of the alleged contravention, a person may apply for a review by the Commissioner where they believe there has been a contravention of the Act. In a previous investigation report, this office noted that laboratory requisitions often contain information that qualifies as personal health information pursuant to section 2(1)(m) of *HIPA*.<sup>7</sup> SHA

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<sup>5</sup> SHA stated that the lab results were bloodwork primarily employed to determine a pregnancy. SHA shared a snippet of the laboratory report showing that it reported the bloodwork results for various tests, including a “Prenatal Panel”.

<sup>6</sup> In an email dated November 3, 2024, SHA advised that it was unable to provide this office with a copy of the requisition as “the Moose Jaw Lab department confirmed that they only keep requisitions for 3 months...”.

<sup>7</sup> In OIPC [Investigation Report 145-2023, 147-2023](#) at paragraph [9], this office found that personal health information was present in laboratory samples and requisitions. The type of

provided OIPC with a snippet of the laboratory report showing the specific blood tests that would have been ordered. In past reports, this office has also found that laboratory reports contain personal health information as defined by section 2(1)(m) of *HIPA*.<sup>8</sup>

[16] Additionally, the Complainant has alleged that Employee 1 shared with others at a social event that the Complaint was pregnant. This information would also qualify as personal health information pursuant to section 2(1)(m) of *HIPA*.

[17] The first element is present for *HIPA* to be engaged.

*ii. Second element – a trustee*

[18] SHA qualifies as a “trustee” pursuant to section 2(1)(t)(ii) of *HIPA*. SHA stated in an email dated August 20, 2025, that the laboratory and the WHU are both SHA facilities and located at Dr. F.H. Wigmore Regional Hospital in Moose Jaw (Moose Jaw Hospital); the Moose Jaw Hospital is also an SHA facility.<sup>9</sup>

[19] *The Health Information Protection Regulations, 2023 (HIPA Regulations)* provides the following definition of an employee:<sup>10</sup>

2(1) In these regulations:

...  
“employee” means:

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personal health information would include patient’s full name, date of birth, health services number (registration information), diagnoses, medical history, test ordered and lab results.

<sup>8</sup> OIPC [Investigation Report 272-2021](#) at paragraph [9] and OIPC [Investigation Report 126-2021](#) at paragraph [7].

<sup>9</sup> SHA submitted on August 20, 2025, that “the lab and Women’s Health are both SHA facilities and they are both located at Wigmore Regional Hospital.” SHA website, [Facilities & Locations](#) and [Saskatchewan Health Authority Laboratory Services Locations](#) webpages.

<sup>10</sup> [The Health Information Protection Regulations, 2023](#), c. H-0.021 Reg 2 (August 1, 2023), as amended by Saskatchewan Regulations 68/2023.

(a) an individual:

(i) who is employed by a trustee, including an individual retained under a contract to perform health services for the trustee; and

(ii) who has access to personal health information; or

...

but does not include a health professional who is retained under a contract, what is not an employment agreement, to perform services for the provincial health authority;

[20] The Complainant alleged that they learned from Employee 2 that Employee 1 verbally shared their personal health information at a social event.<sup>11</sup> SHA has indicated that both Employee 1 and Employee 2 are employees at Moose Jaw Hospital. Employee 1 works on WHU and Employee 2 in Pediatrics. Given their profession, they would have access to personal health information. Therefore, these individuals qualify as “employees” as defined at section 2 of *HIPA Regulations*.

[21] The second element is present for *HIPA* to be engaged.

***iii. Third element – the trustee must have custody or control over the personal health information***

[22] “Custody” is the physical possession of a record by a trustee combined with a measure of control. “Control” connotes authority. Personal health information is under the control of a trustee when the trustee has the authority to manage the information, including restricting, regulating and administering its use, disclosure or disposition. Custody is not a requirement for control to be present.<sup>12</sup>

[23] In a January 23, 2025 email to Client Concerns, Integrated Rural Health, the Complainant stated that “lab work was done on December 18, 2024... The lab work was ordered by

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<sup>11</sup> The privacy complaint indicates that their personal information was shared with “others”; however no further details were provided.

<sup>12</sup> OIPC [Investigation Report 306-2019](#) at paragraphs [15] and [16].

[Physician 1].” In a November 3, 2025 email, the Complainant advised OIPC that they were “seen by [Physician 1] at Prairie Medical.” On November 6, 2025, SHA advised OIPC that Prairie Medical is a private medical clinic.<sup>13</sup>

[24] In this case, the laboratory requisition originated from a physician providing the Complainant with health services at Prairie Medical, outside the scope of SHA jurisdiction.<sup>14</sup> The laboratory requisition was collected by an SHA laboratory to provide laboratory services. The SHA laboratory then faxed the laboratory report containing the Complainant’s bloodwork results to the SHA WHU within the Moose Jaw Hospital. As the laboratory report originated from the SHA laboratory and was faxed to another area of SHA, the WHU, the personal health information in the laboratory report would be in the custody or control of SHA.<sup>15</sup>

[25] The Complainant alleges that Employee 1 verbally shared with others at a social event that the Complainant was pregnant. The Complainant asserted that “the only way [Employee 1] could have known about our pregnancy is by improperly accessing or observing my medical information, such as ultrasound results or bloodwork.” Employee 1 works in the WHU where the Complainant’s laboratory report with the bloodwork results were faxed. The personal health information in question would be in the custody or control of SHA.

[26] Therefore, the third element is also present.

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<sup>13</sup> The Complainant requested OIPC investigate their privacy concerns involving SHA, not Prairie Medical. As SHA has asserted that Prairie Medical is not an SHA facility, the Complainant would need to submit a privacy complaint to the trustee responsible for that medical clinic.

<sup>14</sup> OIPC notes that the Complainant submitted a privacy breach complaint to SHA, and so this investigation focusses on the actions of SHA in relation to the instructions provided on the laboratory requisition. As such, the actions taken by Physician 1 at Prairie Medical are outside the scope of this investigation.

<sup>15</sup> In OIPC [Investigation Report 083-2018, 084-2018](#) at paragraph [8] it was found that SHA had custody or control of lab reports that originated from a department in SHA.

[27] There is a finding that the three elements are present for *HIPA* to be engaged and OIPC has jurisdiction to undertake this investigation under the jurisdiction afforded by *HIPA*.

## 2. Did privacy breaches occur?

[28] A privacy breach occurs when personal health information is collected, used and/or disclosed without authority under *HIPA*.

[29] The term “use” is defined at sections 2(1)(u) of *HIPA* as follows:

2(1) In this Act:

...  
 (u) “**use**” includes reference to or manipulation of personal health information by the trustee that has custody or control of the information, but does not include disclosure to another person or trustee.

[30] *HIPA* does not define the term “disclosure.” OIPC has defined “disclosure” as the sharing of personal health information with a separate entity, not a division or branch of the trustee in custody or control of that information.<sup>16</sup>

[31] Below is a table depicting the flow of the information at issue, based on the materials provided to this office by SHA and the Complainant:

Date	Flow of Information at Issue
Unknown date	Complainant attended Prairie Medical and received laboratory requisition from Physician 1 for laboratory work.
December 18, 2024	Complainant attended Moose Jaw Hospital laboratory for laboratory services.
December 23, 2024	Pursuant to the instructions of a physician, the Moose Jaw Hospital laboratory faxed the Complainant’s results to the WHU of the Moose Jaw Hospital. SHA advised the information in the laboratory report indicated bloodwork for a pregnancy.

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<sup>16</sup> OIPC [Investigation Report 293-2024; 009-2025](#) at paragraph [20].

December 23 to 26 and 29, 2024	Employee 1 worked shifts on the WHU.
December 31, 2024	Employee 1 and Employee 2 attended a social event in Moose Jaw.
January 1, 2025	The day after the social event, Employee 2 communicated with the Complainant via Snapchat informing them that “[Employee 1] told me you’re expecting”.

[32] The Complainant alleged that a privacy breach occurred when their laboratory results were faxed to the WHU, which is part of SHA. The Complainant also alleged that Employee 1 shared news of their pregnancy as a social event and surmised that “the only way [Employee 1] could have known about our pregnancy is by improperly accessing or observing my medical information”. SHA verified that Employee 1 worked at the WHU on the days outlined in the above table and leading up to the social event. In each case, SHA concluded that no privacy breach occurred. This office will consider these issues separately.

[33] The authority to collect, use and disclose personal health information is set out in *HIPA*. This authority is subject to the overarching rule that trustees and their employees should only collect, use or disclose personal health information where reasonably necessary for the authorized purpose. These rules or principles are commonly referred to as the “need-to-know” and “data minimization” principles which are set out in section 23 of *HIPA* which states, in part, as follows:

**23(1)** A trustee shall collect, use or disclose only the personal health information that is reasonably necessary for the purpose for which it is being collected, used or disclosed.

(2) A trustee must establish policies and procedures to restrict access by the trustee’s employees to an individual’s personal health information that is not required by the employee to carry out the purpose for which the information was collected or to carry out a purpose authorized pursuant to this Act.

[34] Sections 26 and 27 of *HIPA* are also relevant because these provisions further restrict use and disclosure of personal health information by trustees in absence of the consent of the

subject individual unless it is for a specific enumerated authorized purpose. Obviously, consent is not an issue in this analysis.

***Did a privacy breach occur when the SHA laboratory faxed the Complainant's personal health information to the WHU of SHA?***

- [35] The Complainant indicated that they were seen by a Resident (Physician 1) at Prairie Medical, who ordered laboratory work for the Complainant. As previously noted, SHA was unable to provide OIPC with a copy of the laboratory requisition showing the laboratory work ordered as the laboratory department confirmed it only keeps copies of requisitions for three months.
- [36] In its January 13, 2025, response, the Manager of the SHA laboratory advised that they reviewed the Complainant's laboratory requisition, which stated that "the physician ordered a copy of the results be sent to Women's Health...". SHA provided OIPC with a portion of the laboratory report showing Physician 1 listed in the "Ordered By" field. The laboratory report also indicated that the laboratory results were to be copied to the WHU of SHA and to two named physicians.
- [37] The ordering physician, or Physician 1, in this case provided health services to the Complainant at Prairie Medical, which is outside the jurisdiction of SHA. The SHA laboratory noted that Physician 1 instructed that the Complainant's laboratory results were to be forwarded to the WHU, which is covered by SHA jurisdiction. Based on the details and documentation provided by SHA, as well as information supplied by the Complainant, OIPC is satisfied that these facts and chain of events represent what occurred. There is a finding that a privacy breach did *not* occur when the SHA laboratory faxed the laboratory report containing the Complainant's bloodwork results to the WHU of SHA. Physician 1's instructions provided the requisite foundation for this action.

***Did Employee 1 breach the Complainant's privacy by sharing their personal health information with Employee 2 at a social event?***

[38] The Complainant alleged that Employee 2 contacted them by Snapchat the day after the social event. The Complainant provided this office with screenshots of the Snapchat messages as follows:<sup>17</sup>

**Employee 2**  
also [Employee 1] told me you're expecting!!

**Complainant**  
What?

...  
**Complainant**  
Haha well that's a rumour

**Employee 2**  
Oh what  
thats super weird  
Idk why [they'd] say that then

**Complainant**  
I legit haven't seen [them] in like two months  
...

**Employee 2**  
Weird  
[They] just randomly was talking anout staff on WHU lol  
And then said you'd be going off eventually cause baby  
and I was like oh weird I feel like [the Complainant] and I talk enough that I would know that hah

**Complainant**  
Haha like I think everyone knows we're trying?

**Employee 2**  
and I know how you feel about [Employee 1] lol  
I was just like oh good I'm glad I know they've been wanting babies!! And then  
I was just like I don't like gossiping lol and shut it down

[Emphasis added]

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<sup>17</sup> The Complainant has indicated that this communication occurred in the evening of January 1, 2025. We reproduce it verbatim.

- [39] In OIPC [Investigation Report 222-2020](#) this office found that hard evidence is required to substantiate allegations from a telephone conversation based on hearsay alone. Facts must be established on reliable and trustworthy evidence in order to support, on a balance of probabilities, what is alleged is likely to have occurred.<sup>18</sup>
- [40] The Complainant asserted that “the only way [Employee 1] could have known about our pregnancy is by improperly accessing or observing my medical information, such as ultrasound results or bloodwork.”
- [41] In response to the Complainant’s concerns, SHA conducted audits of the eHR Viewer (Viewer) and the Sunrise Clinical Manager (SCM) for the timeframe December 14, 2024 to January 3, 2025.<sup>19</sup> SHA confirmed that Employee 1 did not access the Complainant’s personal health information in these two systems during the given timeframe. SHA provided OIPC with copies of the audit reports to support this.
- [42] In a July 17, 2025 letter to the Complainant, SHA acknowledged that the Complainant’s results were faxed to the WHU on December 23, 2025, and that the faxed copy could have been viewed by employees on the WHU. As noted earlier in this Investigation Report, SHA indicated that the faxed laboratory results were bloodwork for a pregnancy. SHA added that “this leaves potential for someone to misuse your personal health information.” This could have included Employee 1, who was working on the WHU on the date the results were faxed and worked shifts on four other days between the date of the fax and the social event.
- [43] On January 13, 2025, SHA conducted an interview with Employee 2 as part of its investigation into the Complainant’s privacy concerns. SHA confirmed that in that

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<sup>18</sup> OIPC [Investigation Report 222-2020](#) at paragraphs [25] and [26].

<sup>19</sup> In an email dated October 24, 2025, SHA noted that “...the audit was ran from Dec. 14/24 to Jan. 3/25. We knew the individual had blood work done on Dec. 18/24, therefore we chose to run audits from Dec. 14, 2024 to Jan. 3, 2025 to ensure we captured all activity around this timeframe.”

interview, Employee 2 maintained that Employee 1 relayed the news of the Complainant's pregnancy during the course of their conversation.

[44] SHA met with Employee 1 on January 22, 2025, as part of its investigation into the Complainant's privacy concerns. In that interview, Employee 1 denied relaying knowledge of the Complainant's pregnancy and denied making a gesture in the course of a conversation with Employee 2.

[45] On January 30, 2025, SHA conducted a follow-up meeting with Employee 1 during which Employee 1 denied filing any paperwork.

[46] There is a finding that there is insufficient evidence that there was a privacy breach of the Complainant's personal health information at a social event on December 31, 2024.<sup>20</sup> Even the snapchat conversation described in paragraph [38] of this Investigation Report contained a concession on the part of the Complainant that it was common knowledge they were planning a family. Nonetheless, the discussion between Employee 1 and Employee 2 at the December 31, 2024 social event was certainly ill-advised and highly unprofessional.

[47] This office has commended SHA for the excellent privacy training it provides to its employees including instruction on the "need-to-know" principle. The SHA has also addressed the dangers of public discussion of personal health information and gossip in the workplace and without.<sup>21</sup> SHA makes privacy training available to employees on an annual basis, and its *Pledge of Confidentiality (Staff and Practitioner Staff)* includes a statement that employees complete all mandatory privacy training on an ongoing basis, including the completion of privacy training and a review of the *Pledge of Confidentiality* annually.<sup>22</sup> This investigation should serve as a reminder to all those employed in the healthcare arena of the need to refrain from workplace gossip with respect to fellow employees. Such

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<sup>20</sup> The interviews yielded inconclusive results. The SHA audit of access to the eHR Viewer and SCM cleared Employee 1 from any suspicion of unauthorized snooping.

<sup>21</sup> OIPC [Investigation Report 103-2025, 104-2025](#) at paragraph [49].

<sup>22</sup> See SHA website, [Pledge of Confidentiality \(Staff and Practitioner Staff\)](#), statement number 5.

unprofessional activities will surely lead to claims of privacy breaches and result in tiresome investigations involving the employer and possibly this office.

[48] There will be a recommendation that SHA take no further action with respect to this matter.

### **III FINDINGS**

[49] The three elements are present for *HIPA* to be engaged.

[50] OIPC undertakes this investigation pursuant to the jurisdiction afforded by *HIPA*.

[51] A privacy breach did *not* occur when the SHA laboratory faxed the laboratory report containing the Complainant's bloodwork results to the WHU of SHA. Physician 1's instructions provided the requisite foundation for this action.

[52] There is insufficient evidence that there was a privacy breach of the Complainant's personal health information at a social event on December 31, 2024.

### **IV RECOMMENDATION**

[53] I recommend that SHA take no further action with respect to this matter.

Dated at Regina, in the Province of Saskatchewan, this 12<sup>th</sup> day of January, 2026.

Grace Hession David  
Saskatchewan Information and Privacy Commissioner