

**THE UNIVERSITY OF WINNIPEG
BOARD OF REGENTS
BOARD MEETING AGENDA**

Monday, May 2, 2016
Convocation Hall
5:30 p.m.

- 5:30 p.m.** 1. Call to Order
2. Adoption of the Agenda
3. Adoption of Minutes – March 21, 2016
- 5:45 p.m.** 4. Reports
- 4.1 Chair's Remarks
- 4.2 President & Vice-Chancellor's Remarks
- 4.3 Governance & Community Relations Committee
- 4.3.1 Update on Activities – For Information
- 4.3.2 Revised Policy Development Approach – For Information
- 4.3.3 Campus Advertising and Corporate Sponsorship Policy – For Approval
- 4.3.4 Privacy Policy & Procedures – For Information
- 4.3.5 Board Capacities Matrix – For Discussion
- 7:30 p.m.** 5. In Camera
- 8:30 p.m.** 6. Adjourn

THE UNIVERSITY OF WINNIPEG
(the “University”)
Meeting of the Board of Regents (the “Board”) held on
Monday, March 21, 2016 at 5:30 p.m.

PRESENT: L. Adeleye-Olusae, B. Bileski, J. Blackman, E. Epp, B. Evans, H. Finnigan, A. Gerhard, K. Grower, H. Hickey J. Huebner, R. Ingram, D. Jacks S. Jonasson, P. McLeod, N. Murdock, J. Northam, E. Phillips, M. Roksandic, G. Schiak, B. Suderman, A. Trimbee, M. Vachon, G. Van Den Bosch, P. Veitch, T. Whalen

PRESENT WITH CONSENT OF THE BOARD:

A. Balan, M. Emslie, J. Forrest, H. Grant, J. Harrison, P. Hossack, , R. Jochelson, A. Lajoie-O’Malley, L. McGifford, C. Minaker, C. Morrison, M. Reimer, L. Repski, S. Rohan, C. Russell, M. Usman, W. Wachell

REGRETS: N. Besner, R. Campbell-Stovell R. Dunsmore, E. Johnstone, A. Moran, O. Siddiqui, R. Silver, N. Tajdin, L. Tolton, L. Waters

K. Grower acted as Chair of the meeting and C. Morrison acted as Secretary. Notice of Meeting having been given and a quorum of Regents being present, the Chair declared the meeting to be properly constituted for the transaction of business.

1. Approval of Agenda

K. Grower tabled the Agenda. On a motion by P. McLeod and seconded by M. Vachon:

RESOLVED THAT the Agenda is approved.

Carried.

2. Approval of the Minutes of the Meeting of January 25, 2016

K. Grower tabled the Minutes of the Meeting of January 25, 2016, and requested a motion for the approval of same. On a motion by J. Huebner and seconded by T. Whalen:

RESOLVED THAT the Minutes of the Meeting of January 25, 2016 be approved.

Carried.

3. Remarks of the Chair

K. Grower made remarks on behalf of E. Johnstone, in which he reminded Board members that the I Heart UWinnipeg dinner will take place on April 28, 2016. The Chair also distributed for the Board’s information “Donor Recognition Forms” received from the Foundation, in which recipients of awards provide brief description of their field of study.

4. Report of the President and Vice-Chancellor

A. Trimbee noted that her report focused on key developments as they relate to our strategic directions. She added that Wab Kinew has taken a leave of absence from the University, and J. Greyeyes is acting in the role of Associate Vice-President of Indigenous Affairs.

A. Trimbee highlighted the following items, contained in the President's Report:

- Academic Excellence and Renewal
 - o Consultations have taken place related to the Integrated Academic and Research Plan;
 - o Naheed Nenshi will be the next Distinguished Lecturer in the Lloyd Axworthy Lecture series, taking place on May 31st at The University of Winnipeg;
- Student Success
 - o the New Wellness Centre opened January 29, 2016;
 - o research has been undertaken on how to better retain and support students;
 - o "Student Planning" software was released in March 2016, which will greatly aid students, faculty and staff;
 - o The University of Winnipeg's Open House took place on February 17th, where approximately 1550 students and 150 parents attended;
- Research Excellence, Knowledge Mobilization and Impact
 - o J. Distasio and the Institute of Urban Studies have completed a major phase of work with the Manitoba Non-Profit Housing Association;
- Indigenization
 - o the first batch of courses proposed to satisfy the Indigenous Course Requirement will be considered by Senate this month.
- Financial and Institutional Resiliency
 - o The University of Winnipeg is conducting a risk assessment related to divestment; and
 - o the University of Winnipeg Community Renewal Corporation has been fostering partnerships with respect to its projects, including the Downtown Commons and the Merchants Hotel.

5. Finance Committee

(a) Renovation Projects for Summer 2016

B. Suderman presented the Campus Renovation Plans for summer 2016.

On a motion by B. Suderman and seconded by J. Huebner:

RESOLVED THAT The Board approve the renovation of the AnX at a cost of \$ 475,000.

FURTHER RESOLVED THAT The Board approve the renovation of Ashdown Hall at a cost of \$ 335,000.

6. **In Camera Discussion**

7. **Adjournment**

As there was no further business to come before the meeting, on a motion by M. Vachon:

RESOLVED THAT the meeting be terminated.

Carried.

Chair

Secretary

President's Report

Board of Regents – May 2, 2016

- This report covers the period from March – May 2016 and will address key developments as they relate to our strategic directions.
- The provincial election April 19 resulted in a new government for Manitoba. Indications in the media point to a spring legislative session and Budget. University of Winnipeg officials will be meeting with the new government after the Cabinet has been sworn in on May 3. The focus of these meetings will be consistent with our strategic directions, three-year budget strategy and our application to the federal infrastructure program.
- Work was initiated in January to identify potential projects for the federal infrastructure program announced in the federal government's first Speech from the Throne. This resulted in a specific project being developed for submission to the federal \$2.0B Strategic Investment Fund that was announced in the March 22 budget. Further information will be provided at the Board of Regents meeting, May 2 for the Board's consideration.
- The annual I Heart UWinnipeg celebration was held on April 28 and provided an opportunity for the University community to gather to celebrate our continuing commitment to working with the surrounding community, particularly as it relates to helping inner-city children develop a "university-bound" identity.

Academic Excellence and Renewal

The following external research grants were awarded:

- Rafael Otfinowski received \$28,592 from the Manitoba Beef & Forage Initiative for his work on the impact cattle grazing has on foxtail barley in wet meadow rangeland communities.

- Diane Santesso received a sub-award of \$41,880 from Carleton University for gambling research funded by the Manitoba Liquor and Lotteries Corporation.
- Ed Cloutis received a grant of \$15,000 from the Canadian Space Agency for his work on analogues for planetary exploration for the OSIRIS-Rex mission.
- Richard Westwood received a grant of \$21,800 from the City of Winnipeg for research contributing to the long-term management of the city's mosquito population.
- The Faculty of Business and Economics has finalized the details for two Summer Institutes (throughout July and August 2016) that will host two international student cohorts, one from Brazil and one from India. These cohorts will include a combination of graduate and undergraduate students.

Research Excellence, Knowledge Mobilization and Impact

- The University of Winnipeg is proud to welcome Mr. Lorne Pelletier to our campus for a one-year term as part of the federal Public Servant in Residence Program. Mr. Pelletier will be working with the President's Office and the Research Office primarily as it relates to knowledge mobilization and impact. In particular, Mr. Pelletier will focus on making connections between University researchers and the federal and provincial public service with a view towards building pathways and sustainable partnerships.
- Students in the Master's in Development Practice, Stephen Penner and Leah McDonnell, presented papers at the University of Manitoba's Indigenous Graduate Conference, Rising Up, in March.
- A total of \$30,000 of funds has been awarded to support ten experiential learning courses. These courses provide students, across a number of disciplines, with the opportunity to more actively participate in and apply their knowledge. Of note, the strong Indigenous focus of many of these

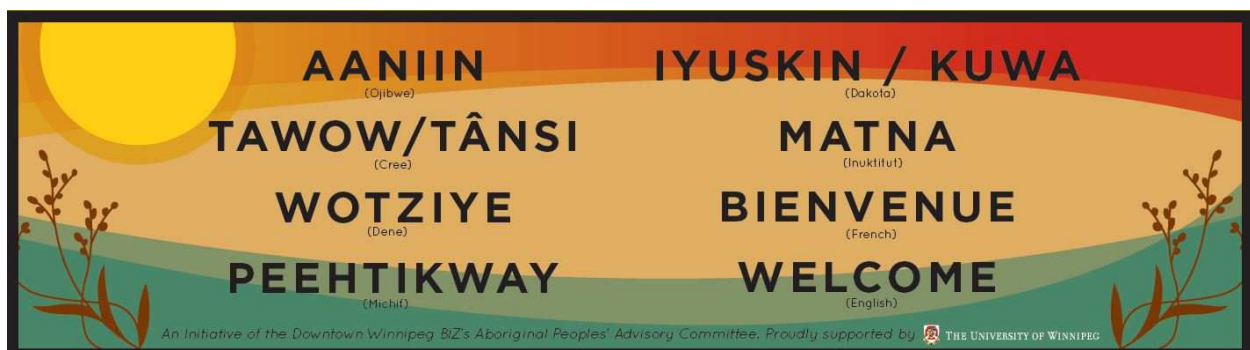
courses, such as a land based reconciliation course in Shoal Lake, are providing opportunities to further Indigenize the University.

- The Library and Research Office co-hosted the third installment of the Mobilizing Research Series on April 6th. In this installment, three faculty members (Ryan Bullock, Lorena Fontaine and Charles Wong) shared their approaches to mobilizing knowledge.
- The Climate Change and Action Fund grant from MB Conservation and Water Stewardship (to Dr. Ian Mauro and Dr. Danny Blair), towards the operation of the Prairie Climate Centre was finalized/signed in March 2016. This grant is for \$400K over two years.
- The MA in Environmental, Resource and Development Economics program was recently approved for the Public Service Commission's Post-secondary Co-operative Education and Internship Program.
- An MOU was signed with the City of Winnipeg to create a series of intentional experiential learning opportunities for students at City Hall. This program is in development and slated to begin in the fall of 2016.
- On Tuesday April 5, 2016, the Richardson College sponsored an all-party public forum on Fish and Fisheries in Manitoba. The event was organized by Dr. Scott Forbes of the Department of Biology. Representatives from each of the four major provincial political parties were in attendance. It was a standing room only event in Eckhardt-Gramatte Hall, hosted by Bartley Kives of the Winnipeg Free Press.
- On April 5, representatives of the Community Renewal Corporation met with the Federal Minister of Families, Children and Social Development to discuss poverty reduction and affordable housing strategies.

Indigenization

- Indigenous Math Leadership camp recently received \$19,000 in grants:
 - \$4000 from the Spence Neighbourhood Association
 - \$5000 from the Dr. Sandy and Pat Campbell Family Fund at the Winnipeg Foundation

- \$10,000 from the Summer Camp granting stream at the Winnipeg Foundation
- Indigenous Affairs sponsored an important community event in March called “Boys with Braids,” that focused on the Indigenous teachings surrounding braids.
- Winnipeg has again been selected as a finalist for the world’s most intelligent communities. A major reason for this is related to how the Wii Chiiwaakanak Learning Centre is delivering programs designed to engage inner-city children. As part of the selection process, the University hosted Robert Bell, co-founder of the Intelligent Community Forum and showed him how we deliver our community services and why it has such a profound impact on the surrounding community.
- At the March meeting of Senate, an initial 24 (existing) courses across five departments were approved as having met the criteria to fulfill the Indigenous course requirement (ICR). Additional courses continue to work their way through the evaluation/approval process including both existing and proposed courses.
- Dr. Annette Trimbee and the Downtown Biz collaborated on an Aboriginal language decal project. The University provided input on decals that have been placed in local business and community centres that feature a welcoming message in six Indigenous languages. A banner featuring words of welcome in many Indigenous languages has been installed over the main entrance to Centennial.



Student Success

- Graduate Students have been successful in recent scholarship competitions, including three applications being forwarded for the Mackenzie King Award (in the amount of \$8,000 each), students selected for SSHRC & NSERC scholarships (\$17,500.00), and student travel grants (\$750).
- International Student Services continues to support and promote our international students' success. In particular, ISS has assisted 325 students to file their Income Tax returns during this year's Income Tax Preparation Clinic.
- Classics honours student, Daniel Russell, won the Classical Association of Canada's national Junior Greek Sight Translation Competition, beating out students from other top schools in Canada, including the University of Toronto, McGill University, and McMaster University.
- Student Planning created a new online self-service platform for students that will host a continual influx of new capabilities. The first self-serve capabilities launched are:
 - updating emergency contact information;
 - application to graduate (starting with the October 2016 convocation);
 - automatic incorporation of granted course waivers into the registration process.

Financial and Institutional Resiliency

- The Office of Institutional Analysis presented the preliminary findings of the retention analysis to Senate on April 21. Over the past ten years, our retention rate has remained unchanged with an average of 37 per cent of undergraduate students leaving by the end of the second year. The next phase of this project will refine our retention framework for UWinnipeg

and work with the Office of the Vice President Academic to determine actions for the coming years.

- TSC staff teamed with Financial Services to implement successfully a new financial management system (FMIS) that went into production as planned on April 1. The project spanned two years from needs assessment to Request for Proposals to live use. Additional phases – including financial reporting, budgeting, and travel authorizations – will be rolled out over the next few months.

POLICY FRAMEWORK

INTRODUCTION

University policies reflect an institution's position, principles and values and set out standards and processes related to issues of central importance to the university community. The complexity of university operations necessitates an evidence-based and integrated approach to policy development, implementation and review that informs a prioritized annual policy agenda.

UWinnipeg's Policy Framework provides a standardized process for developing and implementing clear, concise, and well-written policies. The Framework details the policy cycle and defines the roles and responsibilities of stakeholders at each stage. The Framework provides the basis for ensuring compliance with legislative requirements, promoting best practices, mitigating institutional risk, and upholding the integrity of teaching and research scholarship. Further, the Framework ensures that a robust information gathering process with relevant members of the university community is completed, while also identifying the resources, infrastructure, communication, procedural changes, and education required to ensure the successful development and implementation of university policy.

Policies at UWinnipeg require approval from different bodies: Senate; Board; and Administration.

Effective [insert date], university policies will be:

- Developed in accordance with the Framework;
- Presented in a standardized template;
- Formally approved;
- Maintained in a central repository by the Office of Institutional Analysis (hard copy and online electronic database);
- Accessible to all members of the university community; and
- Administered and reviewed by the senior administrative/academic unit(s) with responsibility for the matter that is the subject of the policy.

KEY GROUPS RESPONSIBLE FOR UWINNIPEG POLICY

Board of Regents – the governing body of the University of Winnipeg responsible for the review and final approval of policy that is related to university business in accordance with the Policy Framework.

Senate – the governing body of the University of Winnipeg responsible for the review and final approval of academic policies and procedures, including scholarship, research, and creative activity in accordance with the Policy Framework.

POLICY FRAMEWORK

Executive Planning & Priorities (EPP) – the standing committee responsible for reviewing and approving administrative policies, as well as providing direction regarding proposals to develop new policies and revise existing policies.¹

The Office of Institutional Analysis – the office responsible for the overall stewardship of the UWinnipeg Policy Framework process, which involves the following central responsibilities:

- providing evidence-based research to inform policy development;
- ensuring new policies are based on best practices and integrated with existing policies;
- working with General Counsel who provides legal advice related to issues of compliance and consistency;
- ensuring that appropriate levels of approval are in place; and
- working with senior administration to establish criteria for prioritization of policy revision and evaluation to inform the annual policy agenda.

POLICY CYCLE

The purpose of the Policy Framework is to create an evidence-informed and integrated policy development and implementation process at UWinnipeg. This Framework ensures that policies are compliant with the legislative and regulatory framework and congruent with current best practices in the field of higher education (see Appendix A for a diagram representing the Policy Framework).

The Policy Framework is applicable to all university policies developed after [insert date] and the revision of all existing policies going forward.

There are 6 steps in the Policy Framework, detailed as follows:

1) Issue Identification & Analysis

EPP aims to be proactive and responsive to the Board of Regents and Senate. EPP is responsible for identifying an annual policy agenda. Policy-related issues are brought forward by the Board of Regents, Senate, or other members of the university community, and inform the annual policy agenda. The Issue Identification Template

¹ The Executive Planning & Priorities Committee consists of the President & Vice-Chancellor, Provost & Vice-President Academic, Vice-President Student Life, Vice-President Finance and Administration & CAO, Vice-President Human Resources Audit & Sustainability, Associate Vice-President Research & Innovation, Associate Vice-President Indigenous Affairs, Associate Vice-President Finance & Operations, General Counsel and University Secretary, President & CEO UWinnipeg Foundation, and the Senior Executive Officer & Advisor to the President of UWinnipeg.

POLICY FRAMEWORK

(see Appendix B) was developed to guide this process. This form includes the following components: a description of the issue with potential policy implications, a summary of the main points to be included in the policy, the individuals or groups to which the policy would apply, an assessment of the risks of not developing a policy on the issue, a description of required resources, reference to any associated procedures that would need to be developed, a list of other university policies that would be impacted, and a recommendation as to the consultation process to be employed should EPP approve the development of a policy.

Once completed, this form is submitted to the Office of Institutional Analysis who will, after consultation with EPP conduct an evidence-based review of the central issue identified.

2) *Evidence-Based Review & Policy Research*

This review is conducted by the Office of Institutional Analysis with guidance and direction from relevant members of senior administration. Ultimately, this review ensures that a range of policy alternatives and best practices learned from other institutions and academic scholarship are considered. The OIA will work with General Counsel to obtain legal advice regarding issues of compliance and consistency. Specific components of the review can include an environmental scan of how other post-secondary institutions approach the issue, a summary of current research and best practice approaches, an analysis of the issue's relationship to UWinnipeg's legislative framework, Strategic Directions, and existing policy. The review concludes by offering a series of options and recommendations. The Evidence-Based Review Template was designed to structure this review (see Appendix C).

Once completed, this review is forwarded to EPP for consideration.

3) *Policy Development*

EPP provides direction via the Office of Institutional Analysis as to whether the issue warrants development of a policy document. This direction will also include details regarding which stakeholder groups should be part of the consultation process and the appropriate approval body (i.e. Board, Senate, Board/Senate, or Administration).

The member of senior administration who is responsible for the subject matter (or his or her delegate) will lead the development of a policy using the Official Policy Template (refer to Appendix D). Policies should be clear, concise, written in plain language, and

POLICY FRAMEWORK

reflect the outcomes and input from the consultation process. The Office of Institutional Analysis will provide support and feedback on policy drafts, as requested.

Note: Any relevant procedures should be developed, reviewed and approved at the same time as the applicable policy.

4) *Policy Review & Approval*

The Office of Institutional Analysis will track and ensure that new policies receive timely review and approval by the appropriate bodies. Approval indicates an institutional commitment to upholding the requirements articulated in the policy document. If applicable, this approval process revokes outdated or previous policy versions.

Note: Comprehensive revisions to existing policy require the same level of approval as new policy. Editorial revisions can be approved by the relevant member of senior administration.

5) *Communication & Training Plan*

The Office of Institutional Analysis will work with the member of senior administration responsible for the subject matter of the policy to develop a communication and training plan for new (and revised) policies. The Office of Institutional Analysis will ensure that new policies are communicated through a Policy Listserv (electronic mailing list), advertised in the Faculty and Staff Bulletin, and uploaded to the official UWinnipeg Policy Repository. Training may include presentations to committees, staff or student groups, information sessions or workshops.

Senior administration and management who receive information on new or revised policies are also responsible for ensuring that staff receive and understand the information.

6) *Evaluation & Revision*

The regular review of policies is important to ensure that all university policies have been successful in achieving desired outcomes identified during the development phase, as well as ongoing compliance with policy requirements. The purpose of the review process is to determine if a policy is still relevant or if it should be combined with another policy or rescinded, determine if revisions are required to improve the efficacy of the policy, and to ensure that appropriate awareness of the policy requirements exist (see Appendix E for a template to guide the review process).

POLICY FRAMEWORK

The Office of Institutional Analysis maintains a policy inventory and is responsible for tracking and initiating the review of all policies. The reviews are conducted collaboratively between the Office of Institutional Analysis and the member of senior administration responsible for the subject matter of the policy.



APPENDIX A: DIAGRAM OF FRAMEWORK

The following diagram provides a summary of the six steps involved in UWinnipeg's integrated and evidence-based Policy Framework.



APPENDIX B: ISSUE IDENTIFICATION

This form is to be used when identifying an issue with policy implications. The submission of this form initiates a review by the Office of Institutional Analysis in accordance with Step 1 of the UWinnipeg Policy Framework. This completed form should be forwarded to: policy@uwinnipeg.ca.

Proposed Policy Title

Contact Person (name, title, phone & email)

Description of Issue with Policy Implications

Why does UWinnipeg need a policy on this issue?

Provide an overview of the central issue including any developments, events, or conditions that provide a rationale for this proposed policy.

Summary of Proposed Policy

Provide a summary of the main points to be included in the proposed policy.

Scope of Proposed Policy

List the key groups of the UWinnipeg community to which this policy would apply.

APPENDIX B: ISSUE IDENTIFICATION

Preliminary Risk Assessment

Describe the anticipated risks (e.g. financial, legal, reputation, injury, property damage, academic etc.) should this policy not be implemented. Conversely, what positive opportunities might be missed if this policy is not implemented?

Indicate any timing issues to be considered related to the development and implementation of this policy. Include the effective date envisioned to best accommodate implementation.

Resource Requirements

Indicate resources required to implement this policy (e.g. human, financial, physical, technological, etc.). Specifically note whether current resources are sufficient or if new resources would be required.

Associated Procedures

Do procedures related to this issue currently exist? If yes, will these procedures change as a result of this new policy? If no, indicate whether any procedures are required to augment the proposed policy.

Associated Policies

List all policies or other university documents that would be impacted by this proposed policy.

Recommended Consultation Plan

List the primary groups / units that should be consulted in the development of this proposed policy.



APPENDIX C: EVIDENCE-BASED REVIEW

The evidence-based review is conducted by the Office of Institutional Analysis. This form is to be used to guide and summarize the evidence-based review of a proposed policy. This research is completed in consultation with relevant members of senior administration and submitted to EPP for review.

Proposed Policy Title

Summary of Issue

Environmental Scan

Provide an overview of how other post-secondary institutions approach the issue central to the proposed policy.

Literature Review

Summarize current research and best practice approaches to the central issue(s).

Legal Review of Compliance & Consistency

Consult with General Counsel, as required.

Alignment with University's Strategic Directions

Indicate how this policy aligns with and supports the official mission statement and strategic directions of UWinnipeg.



APPENDIX C: EVIDENCE-BASED REVIEW

Review of Related University Policy

Summarize how this proposed policy would complement / conflict with current UWinnipeg policies.

Options & Recommendations

Detail a range of options and recommendations in response to the Issue Identification submission.

APPENDIX D: POLICY TEMPLATE

POLICY TITLE: _____

EFFECTIVE DATE: _____

APPROVAL BODY: _____

POLICY STATEMENT

- *What are the main implications and requirements of the policy for the UWinnipeg community?*

PURPOSE

- *What is the overarching purpose of the policy?*

LEGAL AUTHORITY

- *List the specific acts and regulations that form the legal basis for the policy, if applicable.*

APPLICABILITY

- *Who does this policy apply to? Who is required to comply with this policy?*

RESPONSIBILITY

- *Who is the individual / unit responsible for the administering this policy?*

KEY DEFINITIONS

- *What are the key terms referenced in this policy?*

POLICY ELEMENTS

- *What are the main principles, conditions and/or requirements of the policy?*

ASSOCIATED PROCEDURES

- *If applicable, list the titles of procedures that relate to the policy that specify the action steps required for the policy's implementation.*

APPENDIX D: POLICY TEMPLATE

RELATED POLICIES

- *List related UWinnipeg policies.*

RELEVANT DATES

Approved: _____

Effective: _____

Scheduled Review: _____



APPENDIX E: EVALUATION & REVISION TEMPLATE

The Office of Institutional Analysis maintains the policy repository and tracks when policies are scheduled for review. The OIA will alert the relevant member of senior administration who is responsible for the subject matter of the policy when a policy is up for review. The member of senior administration (or his or her delegate) will then conduct a preliminary review of the policy in accordance with this form. This completed form should be forwarded to: policy@uwinnipeg.ca. Note: All recommended revisions are subject to approval by EPP, Senate or the Board and will be prioritized within the context of the three-year policy agenda.

POLICY TITLE: _____

EFFECTIVE DATE: _____

REVIEW DATE: _____

SENIOR ADMINISTRATION RESPONSIBLE FOR POLICY: _____

APPROVAL BODY: _____

From the following five options, please indicate which type of revision you recommend:

- No Change**
- Editorial Change – e.g. updated title or department name change**
- Minor Change – requires minimal consultation and analysis**
- Substantial Change – requires a major rewrite which includes evidence-based review and consultation**
- Rescind or Amalgamate – policies that are no longer relevant or policies that are redundant with other existing policies (or those under development)**

RATIONALE

Based on your selection above, briefly describe the reasons, events or conditions that support your recommendation. If applicable, briefly describe the proposed revision.



CAMPUS ADVERTISING AND CORPORATE SPONSORSHIP POLICY

AUTHORITY: The Board of Regents

RESPONSIBILITY: The President

Effective Date: June 1, 2016

Purpose: To guide decisions related to advertising on campus, sponsorship acquisition and retention.

Scope: Unless specifically exempted, this policy and related procedures applies to all corporate advertising on campus and sponsorship-related activities conducted by and in association with The University of Winnipeg and its Constituents, regardless of financial value, source, and primary relationship. It does not apply to the activities of Autonomous Groups affiliated with the University. It does not apply to the University's procurement operations, nor does it apply to academic research activities. It does not apply to the University's own advertising activities, either externally or on campus.

This policy does not apply to the activities of The University of Winnipeg Foundation or to corporate gifts and/or philanthropic relationships of any kind, which are generally provided without expectation of tangible benefits in return.

Responsibility: The President is responsible for the development, administration, and review of this policy. The Executive Director of Marketing and Communications (or designate) is responsible for the day-to-day interpretation and implementation. Exceptions to the policy may be authorized by the President upon recommendation from the Executive Director of Marketing and Communications.

Definitions:

"Autonomous Groups" means: groups or organizations that function independently or semi-independently of The University of Winnipeg, including The University of Winnipeg Foundation, The University of Winnipeg Community Renewal Corporation, student groups, campus tenants, and campus chapters of independent organizations.

"Assets" means: tangible items, programs, services, spaces, or activities owned by the University, including its brand/reputation, which may provide benefit to sponsors by association. Assets include, but are not limited to, marks, logos, signage, websites, materials, venues, media, events, programs, tickets, hospitality opportunities, and merchandise.



“Category Exclusivity”: means the right of a sponsor to be the only company with its product or service category associated with a University Asset. Category Exclusivity can also be granted University-wide, regardless of sponsorship focus.

“Constituents” means: academic and administrative units of The University of Winnipeg, including, but not limited to, faculties, departments, colleges, centres, and institutes.

“In-Kind Support” means a non-cash contribution that can be assigned a market dollar value and that replaces an existing or portion of an existing budgeted line item (also known as Value-In-Kind [VIK]) and has \$0 value applied against a predefined Sponsorship Fee if it is strictly being employed as a marketing tactic by the sponsor with no real benefit to the University.

“Inventory” means the totality of Assets available for sale to sponsors.

“Jurisdiction” means the designated areas on campus where sponsorship activities are permitted.

“Recognition and Benefits” mean the Asset usage provided to a sponsor in exchange for a Sponsorship Fee.

“Sponsorship” refers to the act of paying the cost of an activity or event in return for the right to advertise during that event or activity.

“Sponsorship Fee” means the cash fee and/or VIK provided for the Recognition and Benefits as negotiated between the parties.

Principles

The University of Winnipeg accepts advertising and sponsorship to help support events, fundraising activities, and to lessen operational budget demands for some services, programming, materials, events, and facilities.

The University’s reputation is a consideration when assessing brand association.

Campus advertising and sponsorships must not undermine or unduly influence the University’s mandate, mission, vision, and values, or the best interests of its students.

Campus advertising and sponsorship activities must not substantially undermine the primary operations of Constituents or University tenants.

The University, whenever possible, will engage sponsorship with like-minded, community-oriented, locally based and progressive organizations and businesses.



The University is committed to environmental sustainability and social justice and prefers sponsorship activities with organizations that share in this commitment.

Campus advertising and sponsorship activities are permitted only in designated areas of campus and must not be overtly disruptive to normal uses of those areas.

Procedures:

Potential sponsors aim to gain value through association with the University's brand and exposure to the varied University audience.

Ethics and Brand Association

- The University of Winnipeg will accept advertising or sponsorship from organizations or individuals whose brand, publicly known values, or primary activities are compatible with the University's brand or ideals.
- The University will not allow promotion or advertising that:
 - Presents demeaning or derogatory messaging or portrayals of individuals or groups
 - Endorses controlled substances, tobacco brands or vape products, weapons manufacturing, weight-loss products or cosmetic surgery, adult entertainment, cheque-cashing services or pawn dealers, or any other product or service that may be deemed exploitative
- The University will not allow the promotion of alcohol, gaming, or gambling to students of The University of Winnipeg Collegiate
- At no time may any Constituent endorse, or appear to endorse, a sponsoring company or its products.

Financial Considerations

- Constituents determine the allocation of Sponsorship Fees they have raised, or that have been raised on their behalf by the Marketing and Communications department, unless otherwise directed by the Associate Vice-President, Finance.
- Sponsorship Fees, Recognition and Benefits must represent a fair exchange of value between the University and the sponsor.

Jurisdiction

- Except for space-naming rights, sponsorship activity is not permitted in spaces that are primarily used for educational purposes, including but not limited to classrooms, laboratories, libraries, computer labs, and faculty research areas.
- Sponsorship activities in student association spaces are governed and administered by the University of Winnipeg Students' Association (UWSA).
- Unless authorized by the President upon recommendation from the Executive Director, Marketing and Communications, campus advertising and sponsorship activities may be conducted only in the following campus spaces:



1. Duckworth Centre
 2. Axworthy Health & RecPlex;
 3. Riddell Atrium;
 4. Centennial Hall corridors
 5. Student Central
- With authorization from the President upon recommendation from the Executive Director of Marketing and Communications, sponsorship activities for special events may be temporarily approved for areas otherwise designated as off-limits, including but not limited to student residences, campus front lawn, Riddell cafeteria, and common areas or corridors of campus buildings.

Administration and Implementation

- The Marketing and Communications department is responsible for overseeing campus advertising and sponsorship activities and Inventory as a whole. Constituents are responsible for administering sponsorship activities and Assets that are specific to their programming and spaces in non-University wide categories.
- The Marketing and Communications department shall act as lead, working collaboratively with Constituents as a resource for specific sponsorship activities, and to coordinate activities that involve or affect multiple Constituents, including Category Exclusivity.
- The Events and Conferences department is responsible for administering sponsorship activities that are specific to campus day table rentals and events within their purview.
- At the discretion of the Executive Director of Marketing and Communications, an advisory Sponsorship Council will be assembled to discuss sponsorship-related concerns and evaluate significant sponsorship and campus advertising opportunities. The Senior Executive Officer and Advisor to the President shall act as executive sponsor of this committee with members appointed from the following areas:
 - (a) Marketing and Communications (Chair)
 - (b) Athletics
 - (c) Campus Sustainability Office
 - (d) Finance Operations
 - (e) Academic
 - (f) University of Winnipeg Foundation
 - (g) Representative appointed by University of Winnipeg Students' Association (UWSA)
- Sponsorship agreements that exceed 12 months in length and/or \$10,000 in value require evaluation by the Sponsorship Council, including the completion of a Sponsor Suitability Scorecard.

Review:

This policy shall be reviewed at least once every five years.

PRIVACY POLICY

AUTHORITY: University Administration

RESPONSIBILITY: Provost and Vice-President, Academic

Effective Date: April 1, 2016

PART 1

INTRODUCTORY PROVISIONS

Purpose:

The purpose of the Privacy Policy is to ensure, as far as is reasonable and practicable, that the Collection, Use, Disclosure, retention, disposition, and security of Personal Information (PI) and Personal Health Information (PHI) by the University is done in compliance with requirements under legislation.

Scope:

This Policy applies to all University employees, contractors, volunteers, students, and other persons who may Collect, Use, Disclose, store, or destroy PI or PHI in the course of their association with the University.

Responsibility:

The Provost and Vice-President, Academic, on behalf of University Administration, is responsible for the development, administration, and review of this policy.

Definitions:

“Authorized Person” means: a University employee, contractor, volunteer, student, or other persons who may Collect, access, Use, or Disclose PI or PHI in the course of their association with the University only to the extent that they need to know the information to carry out

- a) the purpose for which the information was Collected or received,
- b) a purpose authorized under FIPPA or PHIA and cited in Table 1 below, or
- c) a Use or Disclosure of that information authorized by the consent of the individual the PI or PHI is about.

Approved: March 29, 2016

Revised:

Cross Reference:

Privacy Procedures

TABLE 1

| FIPPA | PHIA |
|--|------------------------------------|
| s.43 or 45 (Appendix “A” attached) | s.21 (Appendix “B” attached) |
| s.44 (Appendix “C” attached) | s.22 (Appendix “D” attached) |
| s.47 or 48 (Hyperlink) | s.24 (Hyperlink) |
| s.44.1 (Hyperlink) | s.25 (Hyperlink) |

“Collect,” “Collected,” “Collecting,” or “Collection” means: the assembly or accumulation of PI or PHI.

“Disclose,” “Disclosed,” “Disclosing,” or “Disclosure” means: the sharing, providing, exposing, making known, revealing, or otherwise releasing of PI or PHI to any person or entity that is not an Authorized Person.

“FIPPA” means: The Freedom of Information and Protection of Privacy Act C.C.S.M. c. F175 as amended from time to time.

“Health Care” means: any care, service, or procedure provided

- to diagnose, treat, or maintain an individual’s physical or mental condition,
- to prevent disease or injury or promote health, or
- that affects the structure or a function of the body, and includes the sale or dispensing of a drug, device, equipment, or other item pursuant to a prescription.

“Personal Information (‘PI’)” means: Recorded Information about an identifiable individual, including:

- the individual’s name, home address, or home telephone, facsimile, or email,
- the individual’s age, sex, sexual orientation, marital or family status,
- the individual’s ancestry, race, colour, nationality, or national or ethnic origin,
- the individual’s religion or creed, or religious belief, association or activity,
- personal health information about the individual,
- the individual’s blood type, fingerprints, or other hereditary characteristics,
- the individual’s political belief, association, or activity,
- the individual’s education, employment or occupation, or educational, employment, or occupational history,
- the individual’s source of income or financial circumstances, activities, or history,
- the individual’s criminal history, including regulatory offences,
- the individual’s own personal views or opinions, except if they are about another person,
- the views or opinions expressed about the individual by another person, and
- an identifying number, symbol or other particular assigned to the individual.

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Cross Reference:

Privacy Procedures

“Personal Health Information (‘PHI’)” means: Recorded Information about an identifiable individual that relates to:

- the individual’s health, or Health Care history, including genetic information about the individual,
- the provision of Health Care to the individual,
- payment for Health Care provided to the individual, and includes
- the personal health identification number and any other identifying number, symbol, or particular assigned to an individual, and
- any identifying information about the individual that is collected in the course of, and is incidental to, the provision of Health Care or payment for Health Care.

“PHIA” means: The Personal Health Information Act C.C.S.M. c. P33.5 as amended from time to time.

“Record” or “Recorded Information” means: a record of information in any form, and includes information that is written, photographed, recorded or stored in any manner, on any storage medium or by any means, including by graphic, electronic or mechanical means, but does not include electronic software or any mechanism that procedures records.

“Use,” “Used,” or “Using” means: the accessing, being exposed to, viewing, dealing with or otherwise employing PI or PHI.

PART 2

PRINCIPLES

Principles:

The protection of PI and PHI is of great importance to the University. The University strives to be in compliance with applicable legislation concerning the Collection, Use, Disclosure, retention, disposition, and security of PI and PHI. Accordingly, access to PI and PHI is restricted to only Authorized Persons. The Use and Disclosure of PHI shall only be for purposes authorized by FIPPA or PHIA.

No person shall Collect, Use, or Disclose PI or PHI in the course of their association with the University except in accordance with law and the provisions of this Policy. Failure to comply may result in penalties or disciplinary action being taken up to and including removal from position or office, termination of contract, employment, or association, or commencement of legal action as may be applicable.

PART 3

Approved: March 29, 2016

Revised:

Cross Reference:

Privacy Procedures

REVIEW

Review:

This Policy shall be reviewed at least once every five years or more frequently as required to reflect changes in legislation or to related University policies, procedures, and processes.

Approved: March 29, 2016

Revised:

Cross Reference:

Privacy Procedures

PROCEDURES: PRIVACY POLICY

AUTHORITY: University Administration

RESPONSIBILITY: Provost and Vice-President, Academic

Effective Date: April 1, 2016

PART 1

INTRODUCTORY PROVISIONS

Purpose:

To implement the Privacy Policy the procedures outlined in this document shall be followed.

Responsibility:

The Provost and Vice-President, Academic, on behalf of University Administration, is responsible for the development, administration, and review of this Policy.

Definitions:

“Commercial Activity” means: any particular transaction, act, or conduct or any regular course of conduct that is of a commercial character, including the selling, bartering, or leasing of donor, membership, or other fundraising lists.

“Department” means: a University faculty, department, office, centre, or other unit.

“Electronic Devices and Media” means: compact discs, computers, photocopiers, scanners, tablets, diskettes, tapes, hard drives, thumb or jump drives, phones, and all other moveable or removable devices and media that may be used for the Use, Disclosure, or storage of PI or PHI.

“Information Manager” means: an individual, corporate organization, business, or association that processes, stores, or destroys PI or PHI, or provides information management or information technology services to or on behalf of the University.

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Cross Reference:

Privacy Policy

“Integrity” means: the preservation of the content of PI or PHI throughout its storage, Use, transfer, and retrieval so that there is confidence that the information has not been tampered with or modified other than as authorized.

“PIPEDA” means: The Personal Information Protection and Electronic Documents Act S.C. 2000, c.5 as amended from time to time.

“Privacy Breach” means: the Collection, Use, Disclosure, or destruction of PI or PHI in contravention of FIPPA, PHIA, or PIPEDA.

“Responsible Administrator” means: Department Heads including Vice-Presidents, Associate Vice-Presidents, Deans, Chairs, Directors, and Managers.

“Secured Place” means: a physical environment for the temporary or permanent storage of, or for the Use, processing, or communication of PI or PHI which physical environment has the following characteristics:

- is readily accessible to only Authorized Persons,
- is keyed or otherwise locked to allow entrance or access to Authorized Persons only,
- is protected by controls to protect against theft, vandalism, or accidental destruction or loss,
- is protected by controls to minimize loss, destruction, or deterioration caused by fire, water, humidity, or other hazards, and
- has proper containers and adequate labelling to reduce accidental loss or destruction.

“Social Media” means: websites and digital applications that enable users to create and share information, ideas, and similar content and create connections.

“Trustee” means: a university, health professional, Health Care facility, public body, or health services agency that Collects or maintains PHI as provided for under PHIA.

“University Human Research Ethics Board-approved Protocol” means: a protocol approved pursuant to the UHREB’s Policies and Procedures ([Hyperlink](#)).

Additionally, all Definitions in the Privacy Policy are incorporated into these Procedures and shall apply as fully as if they had been set out verbatim herein.

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Cross Reference:

Privacy Policy

PART 2

COMMON REQUIREMENTS IN RESPECT OF PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION

Collection of Personal or Personal Health Information

1. Only Authorized Persons may Collect PI or PHI.
2. Collection must be authorized by a statute or alternatively where the information Collected relates directly and is necessary for an existing service, program, or activity of the University.
3. PI or PHI shall be Collected in a manner and location that ensures the security, accuracy, Integrity, and confidentiality of the information, to the extent that it is reasonable to do so.
4. Collection shall be limited to only as much PI or PHI as is reasonably necessary to accomplish the purpose for which it is being Collected, and that a reasonable person would consider appropriate in the circumstances.
5. Whenever possible, PI or PHI shall be Collected directly from the individual to whom the information relates, unless a method of indirect Collection authorized under FIPPA or PHIA is necessary.
6. If Collecting PI or PHI directly from the individual to whom the information relates, he or she shall be provided with the purpose and the contact information of a University employee who can answer questions about the Collection, unless the University has recently provided the individual with this information about the Collection of the same or similar PI or PHI for the same or a related purpose.
7. If Collecting PI directly from the individual to whom the information relates, the individual shall also be provided with the legal authority under which the information is Collected, unless the University has recently provided the individual with this same information about the Collection of the same or similar PI for the same or a related purpose.
8. If Collecting PI or PHI in the course of Commercial Activity, the consent of the individual to whom the information relates is required, unless
 - a. Collection without consent is permitted under sections 7 to 7.4 of PIPEDA ([Hyperlink](#)),
 - b. it is impossible or impractical to seek consent, or
 - c. the PI or PHI is not sensitive and the individual to whom the information relates would reasonably expect that consent is implied.

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Cross Reference:

Privacy Policy

Access to Personal or Personal Health Information

Only Authorized Persons may access PI or PHI and only as required for authorized, necessary purposes.

Use and Disclosure of Personal or Personal Health Information

1. Only Authorized Persons may Use and Disclose PI or PHI and only as required for the purpose for which it was Collected or Disclosed unless the individual to whom the information relates has provided consent for other Use or Disclosure, or Use or Disclosure is otherwise authorized under FIPPA or PHIA and cited in Table 1 below.

TABLE 1

| FIPPA | PHIA |
|--|------------------------------------|
| s.43 or 45 (Appendix "A" attached) | s.21 (Appendix "B" attached) |
| s.44 (Appendix "C" attached) | s.22 (Appendix "D" attached) |
| s.47 or 48 (Hyperlink) | s.24 (Hyperlink) |
| s.44.1 (Hyperlink) | s.25 (Hyperlink) |

2. PI may be Used or Disclosed for a consistent purpose in accordance with s.45 of FIPPA (see Appendix "A" attached).
3. The Use and Disclosure of PI or PHI shall be in a manner and location that ensures the security, accuracy, Integrity, and confidentiality of the information, to the extent that it is reasonable to do so.
4. The Use and Disclosure of PI or PHI shall be limited to the minimum amount of information necessary to accomplish the purpose for which the information is Used or Disclosed and that a reasonable person would consider appropriate in the circumstances.
5. The Use and Disclosure of PI or PHI shall be limited to the fewest persons necessary to carry out the purpose for which the information is Used or Disclosed.
6. PI or PHI shall not be Disclosed to any person, unless the individual to whom the information relates has provided consent for the Disclosure, or Disclosure is otherwise authorized under FIPPA or PHIA and cited in Table 1 above.
7. Before Using or Disclosing PI or PHI, Authorized Persons shall take reasonable steps to ensure that the information is accurate, up-to-date, complete, and not misleading.
8. Disclosure to an Information Manager may only be made as permitted under s.44.1 of FIPPA ([Hyperlink](#)) or s.25 of PHIA ([Hyperlink](#)).

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Privacy Policy

9. Disclosure for research may only be made as permitted under s.47 of FIPPA ([Hyperlink](#)) or s.24 of PHIA ([Hyperlink](#)) and in compliance with a University Human Research Ethics Board-approved Protocol.
10. If Using or Disclosing PI or PHI in the course of Commercial Activity, the consent of the individual to whom the information relates is required, unless
 - a. Use or Disclosure without consent is permitted under sections 7 to 7.4 of PIPEDA ([Hyperlink](#)),
 - b. it is impossible or impractical to seek consent, or
 - c. the PI or PHI is not sensitive and the individual to whom the information relates would reasonably expect that consent is implied.

Consent for Collection, Use, and Disclosure of Personal or Personal Health Information

Where consent is required for the Collection, Use, or Disclosure of PI or PHI, that consent shall:

1. be in writing or otherwise electronically or manually recorded,
2. relate to the purpose for which the information is Used or Disclosed,
3. be knowledgeable, so that it is reasonable to expect that an individual to whom the University's activities are directed would understand the nature, purpose, and consequences of the Collection, Use, or Disclosure of the PI or PHI to which they are consenting, including the implications of withdrawal of consent where applicable,
4. be voluntary, and
5. not be obtained through misrepresentation.

Security of Personal or Personal Health Information

1. Responsible Administrators shall implement reasonable administrative, physical, and technical security safeguards that ensure the confidentiality, security, accuracy, and Integrity of the PI or PHI in their custody or under their control and protect against risks such as unauthorized access, Use, Disclosure, or destruction.
2. In determining the reasonableness of security safeguards, Responsible Administrators shall take into account the degree of sensitivity and medium of the PI or PHI to be protected.
3. Reasonable safeguards shall, at a minimum, include the safeguards outlined in these Procedures.

Security of Personal or Personal Health Information – Administrative Safeguards

1. Only Authorized Persons may have access to PI or PHI.

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2. University employees shall regularly attend privacy training offered by the University's Information and Privacy Officer or complete other training as may be required by the University.
3. Authorized Persons who may Collect, Use, Disclose, store, or destroy PHI shall complete PHIA training and sign the PHIA Pledge of Confidentiality (see Appendix "E" attached).
4. As may be required, specific, Department-level policies and procedures regarding the Collection, Use, Disclosure, and protection of PI or PHI according to its sensitivity, shall be implemented, and copies provided to the University's Information and Privacy Officer.

Security of Personal or Personal Health Information – Personal Safeguards

1. Physical access to PI or PHI shall be limited to Authorized Persons only.
2. Authorized Persons shall not discuss others' PI or PHI in the presence of those who are not authorized to know the information, and therefore shall not discuss others' PI or PHI in public, unsecured, or open places where those who are not authorized to know the information are likely to be or have access.
3. Paper files and Electronic Devices and Media containing PI or PHI shall be stored in a Secured Place at all times other than when being Used as a necessary function of work.
4. PI or PHI shall not be transported or otherwise removed from a Secured Place unless necessary.
5. If transporting or otherwise removing PI or PHI from a Secured Place, only the minimum amount of information necessary may be transported and it must be secured in a briefcase or similar closed, opaque container and under the care and control of an Authorized Person
6. Whenever practicable, PI or PHI shall be de-identified before removing it from a Secured Place.
7. PI or PHI should not be left unattended or stored in a vehicle.
8. Where file folders, records storage boxes, Electronic Devices and Media, and other storage containers contain PI or PHI, labelling or other means of identification shall only reveal the minimum amount of information that is necessary for identification and Use.

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Cross Reference:

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Security of Personal Health Information – Technical Safeguards

1. Access to PI or PHI maintained in electronic form shall be limited to Authorized Persons.
2. Software, hardware, or operating system access controls such as strong passwords ([Hyperlink](#)) shall be used to prevent against unauthorized Use, Disclosure, or destruction of PI or PHI.
3. Display screens shall be cleared without delay.
4. Computers shall be logged off or shut down when not in use.
5. If communicating PI or PHI through the mail or by fax, telephone, email, or Social Media, Authorized Persons shall consult the *Guidelines for the Communication of Personal and Personal Health Information* ([Hyperlink](#)) and take appropriate action.
6. Password protection/encryption ([Hyperlink](#)) shall be used if transporting PI or PHI on Electronic Devices and Media.
7. The Use and Disclosure of PI or PHI shall be audited and tracked within the resources available.
8. When Electronic Devices and Media are disposed of or used for another purpose, all PI or PHI shall be completely and effectively removed or destroyed by overwriting deleted information, reformatting the electronic storage medium, or physically destroying the electronic storage medium.

Security of Personal or Personal Health Information – Destruction

PI or PHI shall be destroyed in a manner that takes into account the sensitivity of the information and protects the security, accuracy, Integrity, and confidentiality of the individual's information, including at a minimum:

1. shredding of all paper Records, and
2. effective and complete deletion of the information on all Electronic Devices and Media.

Security of Personal or Personal Health Information – Shared Network Drives

1. Where a Department utilizes a shared network drive to maintain PI or PHI, the Responsible Administrator shall:
 - a. ensure that access to PI or PHI is restricted to Authorized Persons only,
 - b. maintain a Record of the persons authorized to access PI or PHI, and
 - c. regularly review the authorizations and update as required.

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Cross Reference:

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Privacy Breaches

1. Any complaint received about a Privacy Breach, or any knowledge of a Privacy Breach or a reasonable suspicion of a Privacy Breach, shall be immediately reported to the University's Information and Privacy Officer and the Responsible Administrator.
2. The University's Information and Privacy Officer and the Responsible Administrator shall determine whether the alleged Privacy Breach warrants investigation, taking into consideration:
 - a) the length of time that has elapsed since the alleged Privacy Breach,
 - b) if the alleged Privacy Breach is trivial, or the complaint is otherwise not in good faith or frivolous, and
 - c) if the circumstances of the alleged Privacy Breach warrant investigation.
3. If a Privacy Breach warranting investigation is confirmed as a Privacy Breach under FIPPA, PHIA, or PIPEDA, the University's Information and Privacy Officer and Responsible Administrator shall:
 - a) take steps to contain the Privacy Breach, and
 - b) implement corrective procedures to address the Privacy Breach and lessen the likelihood of future Privacy Breaches.
4. The University's Information and Privacy Officer shall generate a Record of the Privacy Breach and the subsequent investigation and shall report the matter to
 - a) the President or the President's delegate under section 81 of FIPPA or section 58 of PHIA, and
 - b) in the case of serious Privacy Breaches or Privacy Breaches in the course of Commercial Activity, the Ombudsman of Manitoba, the Privacy Commissioner of Canada, or law enforcement agencies as may be appropriate.

Retention and Disposition of Personal or Personal Health Information

1. PI or PHI used to make a decision that directly affects the individual to whom the information relates shall be retained for a reasonable period of time in accordance with all applicable legislation, regulation, and University policy.
2. PI or PHI identified for destruction shall be destroyed in a manner that prevents unauthorized access, Use, or Disclosure, as set out in this Policy

Research Involving Personal or Personal Health Information No person shall Collect, Use, or Disclose PI or PHI for research except as permitted by a University Human

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Cross Reference:

Privacy Policy

Research Ethics Board-approved Protocol and in accordance with FIPPA ([Hyperlink](#)) or PHIA's ([Hyperlink](#)) requirements.

Requests for Access to Personal Information

1. Excepting only where there is an existing procedure for access to PI or where access is provided for under a collective agreement, individuals who wish to examine or receive a copy of their PI must submit a FIPPA request on the prescribed form to the University's Information and Privacy Officer together with any fees that may be required to pay.

Requests for Access to Personal Health Information

1. Individuals who wish to examine or receive a copy of their PHI must submit a request to the Department that retains the information or to the University's Information and Privacy Officer.
2. The Department or the University's Information and Privacy Officer shall make every reasonable effort to assist the individual making a request and to respond openly, accurately, completely, and without delay.
3. The Department or the University's Information and Privacy Officer shall respond within 3 days of receiving a request for access, if the information refers to an individual who is currently receiving Health Care at the University, or within 30 days in any other case, unless the request is transferred to another Trustee.
4. If the time limit to respond to a request for access expires on a statutory holiday or a University closure day, the time limit is extended to the next day on which the University is open.
5. If a Department is unsure about releasing the requested information or anticipates that search and preparation of the requested Records will require more than 2 hours, or if the requested Records exceed 50 pages, the Department shall contact the University's Information and Privacy Officer or direct the requester to make an application through the University's Information and Privacy Officer.
6. Prior to permitting an individual to examine or receive a copy of his or her PHI, the Department or the University's Information and Privacy Officer shall confirm the identity of the requester.
7. On request, the Department or the University's Information and Privacy Officer shall provide the individual with an explanation of any term, code, or abbreviation used in the PHI.

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Revised:

Cross Reference:

Privacy Policy

8. The Department or the University's Information and Privacy Officer is not required to permit an individual to examine or copy his or her PHI pursuant to subsection 11(1) of PHIA ([Hyperlink](#)).
9. A Department or the University's Information and Privacy Officer who refuses to permit an individual to examine or receive a copy of their PHI pursuant to subsection 11(1) of PHIA ([Hyperlink](#)) shall, to the extent possible, sever, redact or otherwise remove the PHI that cannot be released, permit the individual to examine and receive a copy of the remainder of the information, and inform the individual of their right to complain to the Ombudsman of Manitoba about the refusal.

Requests for Correction of Personal or Personal Health Information

1. Individuals may submit a request for correction of PI or PHI in writing to the University's Information and Privacy Officer.

Exercising Rights of Another Person

1. Any right or power conferred on an individual by this Policy may be exercised by another person pursuant to section 79 of FIPPA ([Hyperlink](#)) or section 60 of PHIA ([Hyperlink](#)).

PART 3

ADDITIONAL REQUIREMENTS IN RESPECT OF PERSONAL HEALTH INFORMATION

Definitions:

“Demographic or Eligibility Information” means: PHI about an identifiable individual as defined in PHIA, including the individual's:

- name,
- signature,
- address,
- email,
- phone number,
- sex,
- date of birth,
- date of death,
- family associations,

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- eligibility for Health Care coverage,
- jurisdiction of residence,
- Manitoba Health family registration number,
- Personal Health Identification Number (PHIN),
- a unique identifier equivalent to the PHIN assigned by another jurisdiction that pays for Health Care,
- a unique identifier – not including a social insurance number or, except as provided above, any other pre-existing identifier – assigned to an individual by a trustee for its own purposes, when accessed by any trustee, and
- A non-Canadian unique health identification number.

“Electronic Health Information System” means: a computer system or systems delegated to hosting PHI for access by Authorized Persons.

“Record of User Activity” means: a Record about access to PHI maintained on an Electronic Health Information System, which identifies the following:

- individuals whose PHI has been accessed,
- persons who accessed PHI,
- when PHI was accessed,
- the Electronic Health Information system or component of the system in which PHI was accessed, and
- whether PHI that has been accessed is subsequently disclosed under s.22 of PHIA (see Appendix “D” attached).

Requirements

Security of Personal Health Information – Electronic Health Information Systems

1. Where a Department utilizes an Electronic Health Information System to maintain PHI, the Responsible Administrator shall:
 - a) create and maintain, or have created and maintained, a Record of User Activity for at least three years,
 - b) ensure that at least one audit of the Record of User Activity is performed to detect Privacy Breaches before the Record is destroyed, and
 - c) provide a copy of the completed audit to the University’s Information and Privacy Officer.
2. A Record of User Activity may be generated manually or electronically.
3. A Record of User Activity is not required:
 - a) if the PHI is limited to, or qualifies or further describes, Demographic or Eligibility Information, or

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Cross Reference:

Privacy Policy

- b) if PHI is accessed or disclosed while an Authorized Person is generating, distributing, or receiving a statistical report, as long as the Responsible Administrator:
 - i. maintains a Record of the persons authorized to generate, distribute, and receive such reports, and
 - ii. regularly reviews the authorizations.

Audit of Personal Health Information Security Safeguards

1. The University shall conduct an audit of administrative, physical, and technical security safeguards employed to protect PHI in the custody or under the control of the University at least every two years.
2. If an audit identifies deficiencies in the University's security safeguards, the University's Information and Privacy Officer shall make recommendations to the Responsible Administrator to take steps to correct the deficiencies as soon as is practicable to do so.
3. The University's Information and Privacy Officer shall document the findings of the audit along with any recommendations to monitor and ensure compliance under PHIA.

Notice of Right to Access Personal Health Information

1. Departments that retain PHI must use a sign, poster, brochure, or other similar type of notice to inform individuals of their rights to examine and receive a copy of their PHI and to authorize another person to examine and receive a copy of the PHI subject to the right of the University to refuse as set out under PHIA ss. 11(1) ([Hyperlink](#)).
2. The sign, poster, brochure, or similar type of notice must be prominently displayed in as many locations and in such numbers as the Responsible Administrator reasonably considers adequate to ensure that the information is likely to come to the individuals' attention.

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Revised:

Cross Reference:

Privacy Policy

PART 4

REVIEW

Review:

These Procedures shall be reviewed in conjunction with the Policy review at least once every five years or more frequently as required to reflect changes in legislation or to related University policies, procedures, and processes.

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Revised:

Cross Reference:

Privacy Policy

APPENDIX “A”**RESTRICTIONS ON USE OF PERSONAL INFORMATION**

The Freedom of Information and Protection of Privacy Act, C.C.S.M. c. F175

Use of personal information

- 43 *A public body may use personal information only*
- (a) for the purpose for which the information was collected or compiled under subsection 36(1) or for a use consistent with that purpose under section 45;*
 - (b) if the individual the personal information is about has consented to the use; or*
 - (c) for a purpose for which that information may be disclosed to the public body under section 44, 47 or 48.*

Consistent purposes

- 45 *For the purpose of clauses 43(a) and 44(1)(a), a use or disclosure of personal information is consistent with the purpose for which the information was collected or compiled if the use or disclosure*
- (a) has a reasonable and direct connection to that purpose; and*
 - (b) is necessary for performing the statutory duties of, or for delivering an authorized service or program or carrying out an activity of, the public body that uses or discloses the information.*

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Privacy Policy

APPENDIX “B”

RESTRICTIONS ON USE OF PERSONAL HEALTH INFORMATION

The Personal Health Information Act, C.C.S.M. c. P33.5

Restrictions on use of information

- 21 *A trustee may use personal health information only for the purpose for which it was collected or received, and shall not use it for any other purpose, unless*
- (a) the other purpose is directly related to the purpose for which the personal health information was collected or received;*
 - (b) the individual the personal health information is about has consented to the use;*
 - (c) use of the information is necessary to prevent or lessen a serious and immediate threat to*
 - (i) the health or safety of the individual the information is about or another individual, or*
 - (ii) public health or public safety;*
 - (c.1) the information is demographic information about an individual, or his or her PHIN, and is used to*
 - (i) confirm eligibility for health care or payment for health care, or*
 - (ii) verify the accuracy of demographic information or PHIN;*
 - (c.2) the information is demographic information about an individual and is used to collect a debt the individual owes to the trustee, or to the government if the trustee is a department;*
 - (d) the trustee is a public body or a health care facility and the personal health information is used*
 - (i) to deliver, monitor or evaluate a program that relates to the provision of health care or payment for health care by the trustee, or*
 - (ii) for research and planning that relates to the provision of health care or payment for health care by the trustee;*
 - (e) the purpose is one for which the information may be disclosed to the trustee under section 22; or*
 - (f) use of the information is authorized by an enactment of Manitoba or Canada.*

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Cross Reference:

Privacy Policy

APPENDIX “C”

RESTRICTIONS ON DISCLOSURE OF PERSONAL INFORMATION

The Freedom of Information and Protection of Privacy Act, C.C.S.M. c. F175

Disclosure of personal information

- 44(1) *A public body may disclose personal information only*
- (a) for the purpose for which the information was collected or compiled under subsection 36(1) or for a use consistent with that purpose under section 45;*
 - (b) if the individual the information is about has consented to its disclosure;*
 - (c) in accordance with Part 2;*
 - (d) for the purpose of complying with an enactment of Manitoba or Canada, or with a treaty, arrangement or agreement entered into under an enactment of Manitoba or Canada;*
 - (e) in accordance with an enactment of Manitoba or Canada that authorizes or requires the disclosure;*
 - (f) to a minister or an elected official of the public body, if the information is necessary to carry out his or her responsibilities;*
 - (f.1) to an officer or employee of a public body, for the purpose of delivering a common or integrated service, program or activity, if the information is necessary to deliver the service, program or activity and the officer or employee to whom the information is disclosed needs the information to carry out his or her responsibilities;*
 - (g) for the purpose of managing or administering personnel of the Government of Manitoba or the public body;*
 - (h) to the Auditor General or any other person or body for audit purposes;*
 - (i) to the Government of Canada in order to facilitate the monitoring, evaluation or auditing of shared cost programs or services;*
 - (j) for the purpose of determining or verifying an individual’s suitability or eligibility for a program, service or benefit;*
 - (j.1) for the purpose of*
 - (i) evaluating or monitoring a service, program or activity of the Government of Manitoba or the public body, or*
 - (ii) research and planning that relates to a service, program or activity of the Government of Manitoba or the public body;*
 - (k) for the purpose of enforcing a maintenance order under The Family Maintenance Act;*
 - (l) where necessary to protect the mental or physical health or the safety of any individual or group of individuals;*

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- (m) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information or with a rule of court that relates to the production of information;*
- (n) for use in providing legal advice or legal services to the Government of Manitoba or the public body;*
- (o) for the purpose of enforcing a legal right that the Government of Manitoba or the public body has against any person;*
- (p) for the purpose of*
- (i) determining the amount of or collecting a fine, debt, tax or payment owing by an individual to the Government of Manitoba or to the public body, or to an assignee of either of them, or*
 - (ii) making a payment;*
- (q) for use in existing or anticipated legal proceedings to which the Government of Manitoba or the public body is a party;*
- (r) for law enforcement purposes or crime prevention;*
- (s) if the public body is a law enforcement agency and the information is disclosed to*
- (i) another law enforcement agency in Canada, or*
 - (ii) a law enforcement agency in a foreign country under an arrangement, written agreement, treaty or legislative authority;*
- (t) for the purpose of supervising an individual in the custody of or under the control or supervision of a correctional authority;*
- (u) where disclosure is necessary for the security of a correctional institution;*
- (v) by transfer to the Archives of Manitoba or to the archives of the public body for records management or archival purposes;*
- (w) to an officer of the Legislature, if the information is necessary for the performance of the duties of that officer;*
- (x) to an expert for the purposes of clause 24(b);*
- (x.1) if the personal information is information of a type routinely disclosed in a business or professional context, and the disclosure*
- (i) is limited to the individual's name, position name or title, business address, telephone number, facsimile number and e-mail address, and*
 - (ii) does not reveal other personal information about the individual or personal information about another individual;*
- (y) for the purpose of*
- (i) contacting a relative or friend of an individual who is injured, incapacitated or ill,*
 - (ii) assisting in identifying a deceased individual, or*
 - (iii) informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual's death;*

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(z) to a relative of a deceased individual if the head of the public body reasonably believes that disclosure is not an unreasonable invasion of the deceased's privacy;

(aa) to an information manager in accordance with section 44.1;

(bb) when the information is available to the public;

(cc) in accordance with section 47 or 48; or

(dd) if the public body is an educational institution and the disclosure is for the purpose of fundraising activities of the educational institution, but only if

(i) the disclosure is of information in the alumni records of the educational institution and is reasonably necessary for the fundraising activities, and

(ii) the educational institution and the persons to whom the information is disclosed have entered into a written agreement that complies with subsection (1.1).

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APPENDIX “D”

RESTRICTIONS ON DISCLOSURE OF PERSONAL HEALTH INFORMATION

The Personal Health Information Act, C.C.S.M. c. P33.5

Disclosure without individual’s consent

- 22(2) *A trustee may disclose personal health information without the consent of the individual the information is about if the disclosure is*
- (a) to a person who is or will be providing or has provided health care to the individual, to the extent necessary to provide health care to the individual, unless the individual has instructed the trustee not to make the disclosure;*
 - (b) to any person if the trustee reasonably believes that the disclosure is necessary to prevent or lessen a serious and immediate threat to*
 - (i) the health or safety of the individual the information is about or another individual, or*
 - (ii) public health or public safety;*
 - (c) for the purpose of*
 - (i) contacting a relative or friend of an individual who is injured, incapacitated or ill,*
 - (ii) assisting in identifying a deceased individual, or*
 - (iii) informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual’s death;*
 - (d) to a relative of a deceased individual if the trustee reasonably believes that disclosure is not an unreasonable invasion of the deceased’s privacy;*
 - (e) required for*
 - (i) the purpose of peer review by health professionals,*
 - (ii) the purpose of review by a standards committee established to study or evaluate health care practice in a health care facility or health services agency,*
 - (iii) the purpose of a body with statutory responsibility for the discipline of health professionals or for the quality or standards of professional services provided by health professionals, or*
 - (iv) the purpose of risk management assessment;*
 - (f) in accordance with subsection 22(2.2) (disclosure to another government), section 23 (disclosure to patient’s family), section 23.1 (disclosure to religious organization), section 23.2 (disclosure for fundraising), section 24 or 24.1 (disclosure for health research) or section 25 (disclosure to an information manager);*
 - (g) for the purpose of*

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- (i) delivering, evaluating or monitoring a program of the trustee that relates to the provision of health care or payment for health care, or*
- (ii) for research and planning that relates to the provision of health care or payment for health care by the trustee;*

(g.1) to another trustee who requires the information to evaluate or monitor the quality of services the other trustee provides;

(g.2) for the purpose of determining or verifying the individual's eligibility for a program, service or benefit, if the information disclosed is limited to the individual's demographic information;

(g.3) to another trustee for the purpose of de-identifying the personal health information;

(h) to a computerized health information network established by a body specified in subsection (2.1), in which personal health information is recorded for the purpose of

- (i) providing health care,*

- (ii) facilitating the evaluation or monitoring of a program that relates to the provision of health care or payment for health care, or*

- (iii) facilitating research and planning that relates to the provision of health care or payment for health care;*

(i) to the government, another public body, or the government of another jurisdiction or an agency of such a government, to the extent necessary to obtain payment for health care provided to the individual the personal health information is about;

(i.1) for the purpose of collecting a debt owed by the individual to the trustee, or to the government if the trustee is a department, if the information disclosed is limited to demographic information;

(j) to a person who requires the personal health information to carry out an audit for or provide legal services to a trustee, if the trustee reasonably believes that the person will not use or disclose the personal health information for any other purpose and will take appropriate steps to protect it;

(k) required in anticipation of or for use in a civil or quasi-judicial proceeding to which the trustee is a party, or to which the government is a party if the trustee is a department;

(k.1) required in anticipation of or for use in the prosecution of an offence;

(l) required to comply with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of the personal health information, or with a rule of court concerning the production of the personal health information;

(l.1) required by police to assist in locating an individual reported as being a missing person, if the information disclosed is limited to demographic information;

(m) for the purpose of

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- (i) an investigation under the enforcement of an enactment of Manitoba respecting payment for health care, or*
- (ii) an investigation or enforcement respecting a fraud relating to payment for health care;*
- (n) for the purpose of complying with an arrangement or agreement entered into under an enactment of Manitoba or Canada; or*
- (o) authorized or required by an enactment of Manitoba or Canada.*

Computerized health information network

22(2.1) For the purpose of clause (2)(h), a computerized health information network may be established by

- (a) the government or a government agency;*
- (b) the Government of Canada or of another province or territory or any agency of such a government;*
- (c) an organization representing one or more governments; or*
- (d) a trustee that is a public body specified in the regulations.*

Disclosure by minister to another government

22(2.2) The minister or his or her designate may disclose an individual's personal health information to the government of another jurisdiction in Canada, or an agency of such a government, without the individual's consent, if

- (a) the individual the information is about normally resides in the other jurisdiction;*
- (b) the information is about health care he or she received in Manitoba; and*
- (c) the government of the other jurisdiction requires the information for the purpose of monitoring or evaluating the extra-jurisdictional provision of health care to its residents.*

Limit on disclosure

22(3) A trustee may disclose information under subsection (2), (2.1) or (2.2) only to the extent the recipient needs to know the information.

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APPENDIX “E”

PHIA PLEDGE OF CONFIDENTIALITY

I acknowledge that I have completed personal health information (PHI) training offered through the University of Winnipeg (the University). I have read and understood the Privacy Policy and Procedures governing the collection, use, disclosure, retention, disposition, and security of PHI, which is in accordance with The Personal Health Information Act (PHIA) and Regulation.

I understand that unauthorized use or disclosure of PHI may result in a disciplinary action up to and including termination of employment/contract/association/appointment with the University, the imposition of fines under PHIA, and where appropriate a report to my professional regulatory body.

I further understand that my obligations concerning the collection, use, disclosure, retention, disposition, and security of PHI relate to all PHI acquired through my employment/contract/association/appointment with the University.

I hereby agree that I will not, during or after my employment/association/contract/appointment with the University, collect, use, disclose, retain, or dispose any PHI except as may be required in the course of my duties and responsibilities and in accordance with the University Privacy Policy and Procedures and any applicable legislation and University policies governing the collection, use, disclosure, retention, disposition, and security of PHI.

Name of Authorized Person: _____

Signature: _____

Date: _____

Witness: _____

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THE UNIVERSITY OF WINNIPEG

BOARD OF REGENTS CAPACITY MATRIX

The University of Winnipeg Board of Regents seeks to have a diverse representation of communities and cultures within its membership that reflects our broader community. To ensure the University is governed by a strong and diverse Board that is representative of its varied constituencies and able to fulfil the mission and strategic directions of the institution, it is important that the capacities required by the Board be clearly identified and periodically assessed.

This self-assessment tool is designed to assist the University of Winnipeg Board of Regents in assessing the level of experience each Board member related to various capacities.

Please rate your knowledge using the following scale:

1 = Beginner / No Experience – *You may have no experience or you may have limited experience in this area.*

2 = Intermediate / Some Experience – *You have experience as a leader or you have formal training in this area. You can speak on this subject matter from experience.*

3 = Advanced / Experienced – *You have experience as a decision maker in this area or you may have a relevant professional designation or similar advanced experience. You can speak on this subject matter with authority.*

NAME: _____

NUMBER OF YEARS ON BOARD: _____

TERM EXPIRATION DATE: _____

| Skills | Rating | Comments |
|---|--------|----------|
| LEADERSHIP CAPACITIES | | |
| Governance & Board Experience | | |
| Organizational Leadership & Business Management | | |
| Strategic Planning | | |
| PROFESSIONAL CAPACITIES | | |
| Accounting, Auditing & Compliance | | |
| Facilities Management & Property Development | | |
| Fundraising | | |
| Government Relations | | |
| Human Resources & Labour Relations | | |
| Information Technology | | |
| Legal Expertise | | |
| Marketing | | |
| Post-Secondary Education | | |
| Public Relations & Communications | | |
| Risk Assessment & Management | | |
| CURRENT STRATEGIC DIRECTION CAPACITIES | | |
| Environmental Sustainability | | |
| Indigenous Cultures & Traditions | | |
| International Relations | | |



THE UNIVERSITY OF WINNIPEG

BOARD OF REGENTS CAPACITY MATRIX

CAPACITY DEFINITIONS:

Accounting, Auditing & Compliance – experience with the external financial reporting and auditing requirements of a complex public or private institution.

Environmental Sustainability – experience developing strategies, policies, procedures and standards, compliance and/or incidence reporting related to environmental stewardship.

Facilities Management & Property Development – experience with commercial real estate planning, building, development and/or management. Experience with multi-year capital planning and management of existing buildings within a dynamic, urban environment.

Fundraising – experience at a senior level with the planning and implementation of fundraising campaigns and strategies.

Governance & Board Experience – experience establishing and managing the framework of rules and practices by which a board of directors ensures accountability, fairness, and transparency in its relationship with all of its stakeholders.

Government Relations – experience working with government officials to achieve particular objectives or protect particular interests.

Human Resources & Labour Relations – experience at a senior level in human resources management in a complex public or private institution.

Indigenous Cultures & Traditions – knowledge and understanding of Indigenous cultures and traditions.

Information Technology – experience at a senior level related to information systems and technologies.

International Relations – experience in an international business or educational community and the ability to offer informed and current perspectives on international markets, trends, and opportunities.

Legal Expertise – experience in the interpretation and application of law, particularly as concerns complex public or private institutions.

Marketing – experience in a marketing role and knowledge of future trends, economic and demographic shifts that affect long-term planning.

Organizational Leadership & Business Management – experience in a senior management role dealing with issues and challenges that face complex public or private institutions.

Post-Secondary Education – experience at a post-secondary institution in a board, administrative, faculty, association or government level role, or experience as a current student at UWinnipeg.

Public Relations & Communications – experience in public relations, communication and media in a complex public or private institution.

Risk Assessment & Management – experience understanding, analyzing and communicating the consequences of risk and experience in developing risk mitigation strategies.

Strategic Planning – experience at a senior level in strategic planning, implementation and assessment in a complex public or private institution.