
<p>Subject: PRIVACY PRACTICES</p> <p>Section: Personal Health Information/Privacy</p> <p>Prepared by: Privacy and PHI Working Group</p> <p>Endorsed by: Providence Care Management Forum Clinical Documentation and Technology Committee</p> <p>Issued by: Director of Governance and Corporate Secretary</p>	<p>Number: ADM-PHI-10</p> <p>Page 1 of 8</p> <p>Initial Approval Date: November 20, 2008</p> <p>Review Date: January 15, 2023</p> <p>Revised Date: January 15, 2020</p> <p>Approved by: Operations Committee</p>
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POLICY

These policies and procedures have been created specifically for Providence Care and may not be applicable for other organizations. Providence Care accepts no responsibility for use of this material by any person or organization not associated with Providence Care. No part of the document should be used for publication without appropriate acknowledgement. A printed copy of this document may not reflect the most current, electronic version on the Providence Care Intranet.

Purpose:

To ensure that Providence Care complies with Federal and Provincial legislation that requires organizations to take steps that are reasonable in the circumstances to ensure all confidential information in any format in their custody or control in the workplace is protected against theft, loss, unauthorized access, use or disclosure.

Keywords: personal health information collection, use, disclosure, safeguarding, secure, privacy breach, unauthorized access

Policy Statement:

Personnel/agents of Providence Care are responsible to keep personal information and personal health information confidential whether the information is verbal, written, electronic, or in any other format by adhering to the following ten privacy principles.

Breaches of this policy and related privacy policies, misuse, failure to safeguard, or disclosure of personal information without appropriate approvals may be cause for disciplinary action up to and including termination of employment/contract or loss of appointment, placement, or affiliation with the organization or possible legal prosecution.

PRIVACY PRINCIPLES

1. Accountability

Providence Care is responsible for all confidential information under its custody and control and has designated an individual as Privacy Officer who is accountable for ensuring the organization's compliance with these principles.

The Providence Care Privacy Officer will monitor adherence to this policy and report to the appropriate governing bodies. Accountability for Providence Care compliance with this policy rests with the President and Chief Executive Officer or delegate, although other individuals within Providence Care, authorized agents, and/or third parties will be responsible for the day-to-day collection and processing of personal health information.

Providence Care will:

- a) Implement policies and procedures to protect all confidential information.
- b) Respond to complaints and inquiries.
- c) Educate all persons employed, appointed, and affiliated at Providence Care about privacy policies and practices as well as their duties, placement, providing services to clients, and observer experience when they relate to privacy and confidentiality of information. As a condition of employment, all new agents must sign the '[Confidentiality and Information Security Agreement](#)' form #400074. The organization conducts annual privacy awareness education to foster and promote a culture of privacy. Education is delivered to ensure personnel, agents and affiliates are provided with tools, training and support as appropriate to enable them to fulfill their duties as they relate to the privacy of all confidential information.

2. Identifying Purposes

Providence Care will identify the purposes for which confidential information is collected at or before the time of collection. These will be conveyed electronically or by means of posters and brochures or on forms used to collect the information. Personal health information (PHI) is used to deliver direct client care, for administration and management of the health care system locally, regionally, and provincially, for research, teaching and statistics, for fundraising, and to meet legal and regulatory requirements.

3. Consent

Providence Care will collect, use and disclose confidential information with the knowledge and consent of the client except where permitted by law. (Refer to policy ADM-PHI-27 'Disclosure of Personal Health Information'.) A client may withdraw consent for use and disclosure of his/her personal health information (PHI) at any time, subject to legal or accountability agreements and reasonable notice. (Refer to policies ADM-PHI-7 'Personal Health Information – Access and Release' and 'ADM-RES-1 'Health Research'.)

4. Limiting Collection

Providence Care will limit the collection of confidential information to that which is necessary for the purposes identified. Information will be collected by fair and lawful means.

5. Limiting Use, Disclosure, and Retention

Providence Care has established information retention guidelines that define consistent minimum standards and requirements for the length of time PHI, personal and business information is to be maintained. Confidential information, including PHI, will be securely destroyed in accordance with legislation, organizational policies, guidelines and procedures. The Archivist must be contacted prior to destroying original non-clinical records to secure authorization and complete the required documentation. (Refer to policy ADM-IM-7 'Records and Information Management'.)

6. Accuracy

Providence Care will make every effort to ensure the information held is accurate, complete and up-to-date. A client is able to challenge the accuracy and completeness of the information and have it amended in accordance with policy ADM-PHI-7 'Personal Health Information – Access and Release'.)

7. Safeguards

Providence Care applies security safeguards appropriate to the sensitivity of confidential information to protect it against loss, theft, unauthorized access, disclosure, copying, use, or modification, regardless of its format. Protection may include physical measures (e.g. locked filing cabinets and restricted access), organizational measures (e.g. limiting access on a "need-to-know" basis), and technological measures (e.g. use of passwords, encryption and audits).

All access to information in an electronic health record is monitored and audited randomly to ensure compliance with organizational and legislative requirements. Where an audit by the Privacy Office reveals irregularities in a Providence Care electronic health record, investigations will be conducted in collaboration with the responsible Manager or delegate. (Refer to policy ADM-PHI-40 'Privacy Breach Management'.)

8. Openness

Providence Care will make information about its privacy policies and practices available by means of posted notices and brochures at registration points and other public areas as well as on the organization's Internet site. Information provided includes:

- a) Contact information for the Privacy Office, to which complaints or inquiries can be forwarded.
- b) The process for a client to access their PHI held by Providence Care.
- c) A description of the type of PHI, including a general explanation of its use, and common examples of how the information may be shared.

9. Individual Access

Clinical Records acts as the contact for PHI.

Human Resources acts as the contact for employee PHI.

The Freedom of Information/Privacy Office acts as the contact for non-health personal information.

Fees may apply for accessing or receiving copies of information.

10. Challenging Compliance

An individual will be able to address a concern with compliance of this policy to Providence Care's Privacy Officer. It is encouraged that concerns be dealt with through the organization's Privacy Officer, however if resolution is unsatisfactory, a complaint may be made to the Information & Privacy Commissioner/Ontario. The Commissioner is located at 2 Bloor St. E, Suite 1400, Toronto, ON, M4W 1A8; telephone (416) 326-3333 or 1-800-387-0073.

Policy Statement Only

Definitions:

Affiliate

Affiliates means individuals who are not employed by the organization, but perform specific tasks at, or for, the organization, including appointed professionals, researchers, contractors or contracted employees who may be members of a third party contract, or direct contract by the organization, and individuals working at the organization, but funded through an external source.

Agent

An agent is a person who acts for or on behalf of the custodian in exercising assigned powers or performing assigned duties with respect to personal/private information whether or not employed (or remunerated) including personnel such as physicians and staff or agents such as; volunteers, students, consultants, vendors, contractors, privately paid providers.

Breach

Breach of confidentiality includes any intentional or inadvertent unauthorized access to, or disclosure of, confidential information.

Circle of Care

Circle of Care is not specifically defined in the Personal Health Information Protection Act (PHIPA) or the Quality of Care Information Protection Act (QCIPA). Circle of Care is frequently used to assist in defining those individuals who have a 'need to know' and are directly involved in the treatment and provision of care of a particular client. This would include family physician, referring physician, referring healthcare institutions as documented in the client's personal health information record, hospitals within the South Eastern Ontario Health Sciences Centre, other health information custodians for the purpose of providing or assisting in providing health care to an individual, and community health care providers, correctional institution's infirmaries and any other health care providers identified in the follow-up care of the client.

PHIPA permits Providence Care personnel to share information with Health Information Custodians (HIC) based on implied consent provided that specified conditions are met. The broad categories of HIC's include:

- Public hospitals (may include Interprofessional Care Teams, among others, custodians external to the hospital who will be providing health care to the client upon discharge from the hospital)
- Community health programs and community health centres
- Primary care practices (may include the physicians, a nurse, a specialist, or other health care practitioner selected by the client such as a pharmacist or physiotherapist)
- Dentists
- Psychiatric facilities
- Pharmacies
- Laboratories
- Public Health Units
- Long-Term Care Homes

Some clients are supported by other service providers who are not HICs as defined by PHIPA, e.g. Food Banks, Ministry of Community and Social Services, Homebase Housing, Ontario Disability and Support Program (ODSP), Meals on Wheels, Retirement Homes, and the Children's Aid Society. Non-HICs require expressed consent by the client or their Substitute Decision-Maker to share personal information or personal health information, and that expressed consent must occur prior to disclosure.

Client

Client means patient, resident, client. For the purposes of this policy, client also means personnel, i.e. physicians, medical residents, staff, volunteers, students when there is personal health information on a file in Human Resources or Occupational Health & Safety Departments.

Confidential Information

Confidential information includes information, in any format, created or received by the organization in the course of its business, including client information, Executive and Corporate information (including, but not limited to, information pertaining to the hospital medical staff, Board and Executive Committee meeting minutes, working drafts of corporate documents), financial information, human resources information (including, but not limited to, payroll, personnel, or legal information, and staff health records), that is not public information.

Custodian

PROVIDENCE CARE is defined as the Custodian as indicated

in the Personal Health Information Protection Act, 2004 (PHIPA) as “a person or organization who has custody or control of Personal Health Information as a result of or in connection with performing the person’s or organization’s powers or duties or the work as described in section 3 (1) of the Act.”

Personal Information

Personal information means recorded information about an identifiable individual, including,

- a) information relating to the race, national or ethnic origin, colour, religion, age, sex, gender identification, sexual orientation or marital or family status of the individual,
- b) information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved,
- c) any identifying number, symbol or other particular assigned to the individual,
- d) the address, telephone number, fingerprints or blood type of the individual,
- e) the personal opinions or views of the individual except where they relate to another individual,
- f) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence,
- g) the views or opinions of another individual about the individual, and
- h) the individual’s name where it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual.

Personal Health Information

Personal health information in the Act is described as “Identifying information about an individual in oral or recorded form” as it relates;

- a) to the physical or mental health of the individual, including information that consists of the health history of the individual’s family,
- b) to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual,

- c) to the plan of service within the meaning of the Long-Term Care Act, 1994 for the individual,
- d) to payments or eligibility for health care in respect of the individual,
- e) to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,
- f) to the individual's health number, or,
- g) to the identification of an individual's substitute decision-maker.

Workplace

All Providence Care premises, work assignments that occur off Providence Care property, off site work-related social events and functions, work-related seminars, conferences, travel and training, and other locations where work related responsibilities are carried out. Phone calls, communications, faxes, and electronic mail that are related to workplace activity made with communication devices are considered an extension of the workplace

References:

Personal Health Information Act

[Personal Health Information Protection Act](#)

Canadian Standards Association. The CSA Model Code for the Protection of Personal Information. 10 Privacy Principles

Kingston General Hospital Administrative Manual Policy #01-221 'Privacy Practices' 2015-04

Cross-References:

Providence Care Administrative Manual Policy and Procedure #ADM-IM-7 'Records and Information Management'

Providence Care Administrative Manual Policy and Procedure #ADM-PHI-7 'Personal Health Information – Access and Release'

Providence Care Administrative Manual Policy and Procedure #ADM-PHI-27 'Disclosure of Personal Health Information'

Providence Care Administrative Manual Policy and Procedure #ADM-PHI-40 'Privacy Breach Management'

Providence Care Administrative Manual Policy and Procedure #ADM-RES-1 'Health Research'

Related Policies:

Providence Care Administrative Manual Policy and Procedure #ADM-PHI-4 'Destruction of Confidential Information'

Providence Care Administrative Manual Policy and Procedure #ADM-PHI-36 'Personal Health Information – Technology Based Practice

Providence Care Administrative Manual Policy and Procedure #ADM-PHI-37 'Privacy and Personal Health Information Record Security Governance and Accountability

Providence Care Administrative Manual Policy and Procedure #ADM-PHI-39 'Lock-box/Consent Directives'

Providence Care Administrative Manual Policy and Procedure #ADM-QRM-1 'Incident Reporting and Management'