

<u>SUBJECT:</u>	PRIVACY (Personal Health Information Protection Act)	APPROVED: BD. of GOV: June 14, 2006 REVISED: BD. of GOV: REVIEWED: BD. of GOV: September 2007 SUPERSEDES ALL PREVIOUS POLICIES
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POLICY:

To ensure the Deep River & District Hospital is compliant with the Personal Health Information Protection Act (PHIPA November 2004), the hospital will create policy and procedures within the corporation and Departments pertaining to the handling, protection and distribution of personal and health information. It will be the responsibility of the CEO and Department Managers to ensure that the Department policies are compliant with the Privacy principles as identified within PHIPA.

PROCEDURE:

1. Accountability for Personal Information

The Deep River & District Hospital is responsible for the personal information under it's control and through the CEO, has designated a privacy contact person who is accountable for the DRDH's compliance with the following principles.

- The name of the Privacy Contact Person is identified for public contact.
- The Hospital is responsible for personal information in its possession or custody, including information that has been transferred to a third party for processing. The hospital will establish a contract with the third party to provide a comparable level of protection for the information in their possession.

The hospital will ensure compliance by:

- Implementing procedures to protect personal information
- Establishing procedures to the access, correction, inquiry and complaints of concern with personal health information

- Creating training programs and continuing education in regard to compliance and changes in information handling with staff and volunteers.

2. Identifying Purposes for the Collection of the Personal Information

The hospital will identify the purpose for which the personal information is being collected.

If personal information is being collected to be used for a purpose other than stated previously, the new purpose will be identified and communicated to the patient along with requested consent from the patient.

Individuals collecting the information will be able to communicate why they are collecting the information to the patient.

3. Consent for Collection, Use and Disclosure of Personal Information.

- a. Consent must be provided by the patient or their legal substitute decision maker in order for the hospital to use personal information it must be either implied or expressed consent. The act of seeking and consenting to treatment provides sufficient consent to use personal information.
- b. Personal information can be collected, used or disclosed **without the knowledge and/or consent of the individual** in certain circumstances:
 - i. Legal, medical or security reasons may make it impractical to obtain consent.
 - ii. Information is being collected for fraud detection by law enforcement.
 - iii. When an individual is a minor, seriously ill or mentally incapacitated.
 - iv. The hospital does not have direct relationship with the individual, who therefore is not able to give consent.

The hospital will make a reasonable effort to ensure that the individual is advised on how their information is to be utilized. The form of consent may vary depending upon the circumstances and the type of information.

An individual may withdraw or revoke their consent at any time subject to legal or contractual considerations and reasonable notice.

4. Limiting Collection of Personal Information

The hospital will collect personal information only for purpose identified by the hospital in a lawful means. It will not be collected indiscriminately or by misleading the individuals about the purpose for which it is being collected.

5. Limiting Use, Disclosure and Retention of Personal Information

Personal information will not be used or disclosed for purposes other than those for which it has been collected **except with the consent of the individual or as required by law.**

Personal information will be retained only as long as necessary for the fulfillment of these purposes or for a retention period specified by other legal acts according to the Departmental specific retention policy..

Personal information will be limited to authorized staff as part of the "**Circle of Care**". The "CIRCLE" is not defined in PHIPA but refers to the health care team who are involved in the care and treatment of a particular patient.

Note: See Glossary for definition of "Circle of Care"

6. Accuracy of Personal Information

Personal information will be as accurate, complete and as up to date as is necessary for the purpose for which it is used.

7. Safeguards for Personal Information

Personal Information will be protected by security safeguards appropriate to the sensitivity of the information regardless of the format in which it is held.

- Physical measures - locked filing cabinets, restricted access to offices
- Organizational measures - need to know basis
- Technological measures - passwords, encryption.

The hospital will educate their employees on the importance of confidentiality of personal information via orientation. All employees and agents must sign a pledge of confidentiality.

8. Openness about Personal Information Policies and Practices

The Deep River and District Hospital will make available to individuals information about its policies and practices in regard to the management of personal information.

This will include:

- The name and number of the Privacy Contact Person for the Hospital.
- The means of gaining access to personal information kept by the hospital.
- The description of types of personal information held by the hospital and how it is used.
- What personal information is made available to related organizations ie Foundation
- A copy of the statement, brochure or other information that explain the hospital's policies.

9. Individual's Access to Personal Information

An individual upon request may access their personal information. They may review and challenge the accuracy and completeness of that personal information and have it corrected according to the Hospital policies and procedures

In cases where the hospital is not able to provide access to all personal information on an individual because:

- Too costly to provide
- Contains reference to other individuals
- Prohibited by legal and/ or security reason

The reasons for denied access will be provided to the person on request.

Upon request, the hospital will inform the individual if it has personal information about that individual. The hospital will provide an account of the use it has made of this information.

The hospital will respond within a reasonable time frame not to exceed 30 days according to **PHIPA** and at a reasonable cost.

If a challenge to the accuracy or completeness of the record has successfully been made, the hospital will amend the record according to its current policy and procedure.

If the challenge cannot be resolved, it shall be recorded as such according to the current policy and procedure for record correction.

10. Challenging the Deep River & District Hospital's (DRDH) Privacy Policy and Practices

An individual is able to challenge the policies and practices of the DRDH and bring it to the Hospital's Privacy Contact Person.

The DRDH has accessible policies and procedures in place to deal with this type of challenge. The hospital will inform the individual of these policies and procedures and will provide if necessary documentation to this fact.

The DRDH will investigate all complaints of this nature and will (if substantiated) take appropriate action to correct this situation to the satisfaction of the individual bringing the challenge.

Policies and Procedures will be amended if necessary or as revisions to the PHIPA are made known.