

PRIVACY POLICY

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|-------------|------------------------|-----------------------|---|
| Policy No. | PP-GV-95 | Date Approved | February 2020 |
| Prepared by | Privacy Committee | Date Implemented | |
| Approved by | Senior Leadership Team | Date Reviewed | January 2013, March 2016, January 2017, January 2020 |
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INTRODUCTION

Scarborough Centre for Healthy Communities (SCHC) recognizes and respects the dignity and self-worth of every person and their right to a safe, secure and trusting care environment. SCHC is committed to protecting individual's right to personal privacy and to decision-making affecting their health and well-being.

PURPOSE

SCHC Privacy Policy provides direction on the collection, use, retention, disclosure and disposal of personal information. SCHC will maintain the confidentiality of all information concerning clients, employees and volunteers. The personal information that is given to the organization in trust, will remain confidential, will not circulate outside of the agency in an unauthorized manner, and will not pass between employees for reasons other than for appropriate consultations.

POLICY

SCHC employees, volunteers, students, researchers, independent contractors and associates (hereafter referred to as "participants") with access to client information are expected to comply with the SCHC Privacy Policy, to adhere to the [Privacy Act](#), the ten principles set out in the [Personal Health Information Protection Act \(PHIPA\)](#) and the [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#). They declare their understanding and agree to abide the policy by signing the Confidentiality Oath. The obligation to maintain confidentiality remains in effect even after termination of employment or relationship with SCHC. The SCHC Privacy Policy has been developed in accordance with the following ten principles

1. Accountability
2. Purpose of Information Collection
3. Consent
4. Limit Collection
5. Limit Use, Retention and Disclosure
6. Accuracy
7. Safeguard
8. Openness
9. Individual Access
10. Challenging Compliance

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RESPONSIBILITIES

1. Accountability

SCHC is responsible for personal information received from or transferred to external healthcare professionals, for the security of the network that is under our control and for the personal information that is collected from clients, employees, volunteers, students, researchers, independent contractors and associates. All SCHC employees and affiliates share in this responsibility.

Accountability to ensure SCHC's compliance with this Privacy Policy rests on the Privacy Officer who provide support to the public with handling complaints, to the employees, volunteers and associates with training and education around awareness of and compliance with confidentiality procedures and to the management with performing audits of programs. The Privacy Officer may be contacted as follows:

By email: privacy@schcontario.ca

By phone: 416-847-4170

2. Purpose of Information Collection

SCHC will identify the purpose before or at the time of information collection explaining why it is needed and how it will be used and disclosed. SCHC will collect the following information including name, contact information, health card number, insurance, family physician and socio-demographic information for the purpose of providing or assisting in the provision of healthcare and related services. In addition, SCHC collects information from clients and employees for operational purposes in order to provide required statistics in an aggregated and anonymized manner to our funders as part of the data sharing agreement.

When SCHC identifies a new purpose of the personal information collected, it will request consent from the individual to whom the personal information belongs prior to using the information for the new purpose.

SCHC conducts quality improvement initiatives such as anonymous client and employee satisfaction surveys, in which cases expressed consent, will be sought and clients and employees will be notified that their participation is voluntary.

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3. Consent

SCHC will inform the participant the purpose of the collection, use or disclosure of their personal information and will obtain the individual's consent before or at the time of collection, and when a new use of their information is identified. There are two types of consents used at SCHC. The express consent where the individual explicitly agrees to the collection, use and disclosure of their personal information and which may be given in writing, verbally, by telephone or electronically. If written consent cannot be obtained, but verbal consent was received, a note in the client's file will indicate the time and date. The second type is the inferred consent where the individual agrees to share their personal information for referral purposes with other health service providers. Consent will never be implied if an individual specifically states that their personal information may not be collected, used or disclosed.

Consent will be obtained through an appropriate substitute decision maker when the individual does not have the capacity to consent. Failure to consent will not result in services being withheld, unless the information is required to provide a specific service. SCHC respects individuals' right to withdraw consent and will explain the implications, if any, to the client or employee.

In the case of emergency, to prevent serious and imminent harm to themselves or others, the client's or employee's information will be disclosed to the appropriate regulatory/professional body. In addition, if investigators appointed by the appropriate regulatory/professional body submit a written request to obtain personal records/information, SCHC will be legally obligated to make that information available to them. Such investigators must first furnish evidence of their appointment and the appropriate program director will be notified immediately.

SCHC may use electronic format to communicate schedule appointment reminders with the client. The client will be asked to participate and if agree, to sign a consent indicating their wish to communicate appointment reminders via electronic format. When a client expresses interest in communicating via electronic format, SCHC staff will scan the signed consent form and save it in the client's EMR profile. Electronic format reminders will replace phone call reminders once consent is signed. Electronic formats to execute these functions will include the upcoming scheduled appointment but no personal and / or health information will be disclosed via said electronic format, such as full name, date of birth etc. The electronic format reminders will be sent from a generic electronic or technical account and will not be used for two-way communication or to discuss medical history with healthcare providers.

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No Consent

There are certain activities for which consent is not required to use or disclose personal health information. These activities are permitted or required by law. For example, we do not need consent from patients to (this is not an exhaustive list):

- Plan, administer and manage our internal operations, programs and services
- Get paid
- Engage in quality improvement, error management, and risk management activities
- Participate in the analysis, administration and management of the health care system
- Engage in research (subject to certain rules)
- Teach, train and educate our Team Members and others
- Compile statistics for internal or mandatory external reporting
- Respond to legal proceedings
- Comply with mandatory reporting obligations

Withholding or Withdrawal of Consent

If consent is sought, a patient may choose not to give consent (“withholding consent”). If consent is given, a patient may withdraw consent at any time, but the withdrawal cannot be retrospective. The withdrawal may also be subject to legal or contractual restrictions and reasonable notice.

4. Limit Collection

SCHC will only collect personal information which is necessary for operational purposes and only by fair and lawful means directly from individuals. Each individual will choose what information to share and for what purposes SCHC may use this information. SCHC respects each person’s right to provide as much or as little personal information as they choose to share.

5. Limit Use, Disclosure and Retention

SCHC will not use or disclose personal information for the purposes other than those for which it was collected, unless the individual consents otherwise, or is authorized or required by law. SCHC uses personal information for providing services, case discussions, consultations, examinations, treatments and reporting purposes to the government and funders.

Except where required by law, participant information is never released without signed and dated consent, or that of the client’s substitute decision maker. Personal information within SCHC is restricted to employees, volunteers, administrative personnel and students who need access in order to provide services. When a provider refers a client to a service outside SCHC in order to maintain/provide appropriate level of consultation and/or supervision and continuity of care, certain client information may be required by that service provider. The consent is implied if the client agrees to the referral.

Clients wishing to limit access to or mask their information from a SCHC provider(s) or an external provider(s) must complete the Restriction of Personal and/or Health Information Form (previously referred to as ‘lockbox’).

Employees wishing to mask their information will complete a Restrict of Personal and/or Health Information Form.

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The appropriate manager/director working closely with IT is responsible for securing and maintaining the client masked file.

All client records shall be retained according to the Storage and Destruction of Client Records policy.

6. Accuracy

SCHC will assume that the personal information collected is accurate and complete since all the information comes directly from the individual. When providing their personal information, it is in the client's best interest to be truthful and accurate in order for SCHC to provide the most appropriate services. Individuals wishing to correct their information will complete the Request to Correct Personal and/or Health Information form. SCHC will ensure that opportunities exist for individuals to update their personal information on an ongoing basis.

7. Safeguard

SCHC will take reasonable precautions to protect all personal information against loss, theft, defacement, tampering, unauthorized access, disclosure, copying or modification. The following security safeguards will be used to provide necessary protection:

- Physical measures (e.g., locked file cabinets; archiving contractual agreements; shredding accessibility and restricting access to offices);
- Technological measures (e.g., passwords and encryption);
- Agency measures (e.g., policies governing access to information and contract);
- Ensuring that any 3rd party electronic record retention adheres to the Privacy Policy.
- Semi-annual privacy audits are conducted by staff to ensure client personal information is only accessed on need basis by proper staff

In the case of breach, where the personal information is lost, stolen or accessed by unauthorized persons, the Privacy Breach Protocol will be activated by Privacy Officer or delegate.

8. Openness

Information about our policies and practices relating to the management of personal health information are available to the public, including:

- Contact information for our Privacy Officer, to whom complaints or inquiries can be made;
- The process for obtaining access to personal health information we hold, and making requests for its correction;
- A description of the type of personal health information we hold, including a general account of our uses and disclosures; and
- A description of how a patient may make a complaint to SCHC

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9. Individual Access

At any time, individuals can challenge the accuracy and completeness of their personal information at SCHC and may have it corrected or updated, if appropriate. In order to access personal information, a written form called the Consent to Access Personal and/or Health Information will need to be filled out and sent to the Privacy Officer. Provided that SCHC is authorized to provide the information by law and that it will not result in harm to the individual or to another person, the individual will be given access to this information either directly or through a health custodian within 30 days of receiving the request.

The normal 30-day response time limit can be extended for a maximum of 30 additional days, according to specific criteria as follows:

- Responding to the request within the original 30 days would unreasonably interfere with activities of SCHC.
- Additional time is needed to conduct consultation, or is necessary to convert personal information to an alternate format.

SCHC will inform the individual seeking access to the information within 30 days of receiving the request, if it requires an extension. As well, SCHC will inform the individual of his or her right to submit a complaint to the Ontario Privacy Commissioner's Office.

10. Challenging Compliance

All enquiries about SCHC's compliance to the ten principles are to be directed to the Privacy Officer. SCHC will inform individuals who make inquiries or submit complaints about the complaint procedures. SCHC will investigate all complaints and breach of information. SCHC will take appropriate measures to ensure information handling practices and procedures are adhered to and will take appropriate measures, including, if necessary, amending our policies and practices.

RELATED DOCUMENTS

Administrative and Financial Records Retention
Confidentiality Oath
Consent to Access Personal and/or Health Information
Consent to the Collection, Use and Disclosure of Personal and/or Health Information
Consent to the Restriction of Personal and/or Health Information
Consent for appointment reminders via Documentation Policy
Lock Box Procedure

NOD Fob Policy
Request to Correct Personal and/or Health Information
Storage and Destruction of Client Records
[Privacy Act](#)
Privacy Breach Protocol
Privacy Policy
[Personal Health Information Protection Act \(PHIPA\)](#)
[Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#).

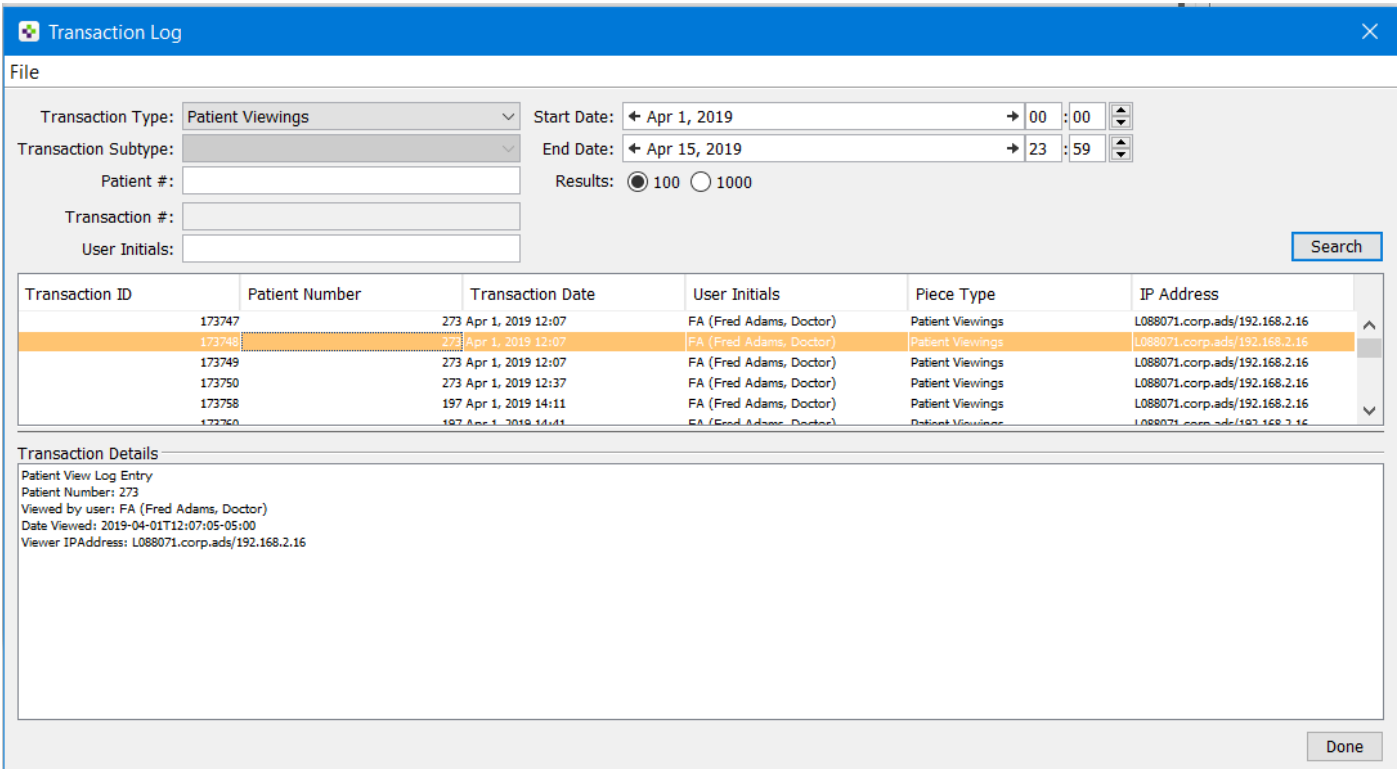
Appendix: Privacy Audit Instructions

1. Decision Support team to randomly select 2-10 charts for each program and add into a tracking file.
2. Decision Support team to notify managers to start the process through email.
3. Managers to review EMR activity for each client in PSS or CIMS by following these steps:
 - a. PSS

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- i. From the main toolbar, choose **File > Utilities > View Transaction Log**.
- ii. Select **EMR Activity** in the **Transaction Type** drop down menu and type the **Patient #** for a particular patient.
- iii. Select a **Start Date** and **End Date**, and the corresponding start and end times to narrow your search.
- iv. Specify whether you want the most recent 100 or 1000 results to load. (The default is 100).
- v. Click **Search** to view the results.
- vi. Click on any of the column headings to sort the transactions.
- vii. To print the results, choose **File > Print All Entries**.



The screenshot shows the 'Transaction Log' application window. At the top, there is a blue header with the title 'Transaction Log' and a close button. Below the header is a 'File' menu. The main interface contains several input fields: 'Transaction Type' (set to 'Patient Viewings'), 'Transaction Subtype', 'Patient #', 'Transaction #', and 'User Initials'. There are also date and time pickers for 'Start Date' (Apr 1, 2019, 00:00) and 'End Date' (Apr 15, 2019, 23:59). A 'Results' section has radio buttons for '100' (selected) and '1000'. A 'Search' button is located on the right side. Below the input fields is a table with the following columns: Transaction ID, Patient Number, Transaction Date, User Initials, Piece Type, and IP Address. The table contains several rows of data, with the first few rows highlighted in orange. Below the table is a 'Transaction Details' section, which is currently empty. At the bottom right of the window is a 'Done' button.

b. CIMS

- i. From the main toolbar, choose **Files > Clients**.
- ii. Find the client you need to audit and open the chart.
- iii. In the left menu panel, click on **File Access History** to view the results.

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|------------------------|--|----------|----------------------|----------------|
| Equipment Rentals | 20204540153507 8/5/2020 4:53:41.793 PM | Viewed | General | 20164540000017 |
| Activity Registrations | 20204540153506 8/5/2020 4:53:41.68 PM | Viewed | General | 20164540000017 |
| Wait Lists | 20204540138387 7/2/2020 2:23:27.607 PM | Viewed | Actual Schedule <F3> | 20164540000017 |
| Audit History | 20204540138386 7/2/2020 2:23:24.577 PM | Selected | Main List | 20164540000017 |
| File Access History | 20204540138385 7/2/2020 2:23:24.47 PM | Viewed | General | 20164540000017 |
| Deleted Records | 20204540138384 7/2/2020 2:23:24.34 PM | Viewed | General | 20164540000017 |
| Communication Log | 20204540138375 7/2/2020 2:05:38.503 PM | Viewed | Actual Schedule <F3> | 20164540000017 |
| Actual Schedule | 20204540138374 7/2/2020 2:05:33.923 PM | Selected | Main List | 20164540000017 |
| | 20204540138373 7/2/2020 2:05:33.837 PM | Viewed | General | 20164540000017 |

4. Managers to document findings in the tracking file and flag if there is any privacy breach found in the auditing process.
5. Managers to email the completed tracking file to Decision Support team.

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AUTHORIZATION

Jeanie Joaquin, CEO

February 2020

Scarborough Centre for Healthy Communities