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Caring Is Our Reason For Being

SUBJECT: Privacy – Collection, Use & Disclosure		POLICY # A-100-84	
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MANUAL: Administration SECTION: Administrative PAST REVISION: DEC 2016, OCT 2018 CURRENT REVISION: NOV 2020		CROSS REFERENCE	
REVIEW DATE: NOV 2022		APPROVED BY: Jeff Renaud	

POLICY:

Ritz Lutheran Villa/West Perth Village regularly collects and retains personal information, which is used only for the delivery of care and services, quality management, research, billing and meeting legal and regulatory requirements.

The knowledge and consent of the individual are required for the collection, use, or disclosure of personal information, except where inappropriate (legal, medical, security reasons may make it impossible or impractical to seek consent).

Personal Health Information of the resident will be collected, used and disclosed only with the consent of the resident/SDM. Personal Health Information will be collected, used and disclosed for the purpose of: providing care, communicating with other health care providers within the circle of care (see below), monitoring and evaluating progress, for administration purposes, processing monthly payment, research, strategic planning, quality management and to meet legal and regulatory requirements.

Care Team: Includes Medical Doctor, nurse, nurse practitioner, personal support workers, program staff, dietitians, food service staff, physiotherapist, LHIN, hospitals that residents are transferred to, specialists, massage therapy, agency, lab, pharmacy, administrative staff, and consultants and others providing care and service to the resident.

PHIPA (Personal Health Information Protection Act):

1. A custodian may only collect, use or disclose personal health information if the individual consents or where it is permitted or required by law without consent.
2. A custodian must not collect, use or disclose personal health information if other information will serve the purpose.
3. A custodian must not collect, use or disclose more personal health information than is necessary to meet the purpose.



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NOTE: Mandatory Disclosure

PHIPA specifically permits the disclosure of personal health information for a number of purposes as required by other statutes. Consent is not required for these specific purposes. (i.e Court Subpoena, Coroner’s examination)

PROCEDURE:

The Administrator/designate will:

1. Obtain Express Consent on Admission for the collection, use and disclosure of personal health information.
2. Authorize personnel in the Care Team to access only personal health information that they need-to-know to care for the resident and only after the approved confidentiality agreement has been signed. If personnel do not have a need-to-know, access to resident personal health information is prohibited.
3. Limit the amount and the type of personal health information used and disclosed to that which is necessary to fulfill the purposes identified in the notice.

LEVELS OF PRIVACY BREACH AND CONSEQUENCES

A privacy breach occurs when there is unauthorized access to or collection, use or disclosure of personal information.

Maximum Breach

Examples include but are not limited to:

- Theft or Loss of equipment that is perceived to contain PHI
- Unauthorized access to or collection, use or disclosure of PHI for malicious intent
- Deliberate disregard for Privacy Agreement



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This action could result in:

Termination of employment/contract and/or possible legal action
 Investigation brought forward to the employee's college of profession (CPSO, CNO)
 Information Privacy Commissioners of Ontario's Involvement
 Client being notified of incident

Medium Breach

Examples include but are not limited to:

- Sensitive information being stored on unsecure portable devices (laptop, blackberry, memory stick etc.)
- Release of PHI to the incorrect health care provider
- Disclosure of PHI to a third party without express consent
- Viewing of Family, Friends, Neighbour PHI in our data base or in any other Health Service Provider database that has been granted authorized access
- Releasing PHI via non-secure or not approved mediums as outlined in Privacy Statement; leaving PHI in visible view, in car, on desk, in common work areas etc.
- Failure to comply with 3 verbal warnings

This action could result in:

Being brought before the Privacy Officer and Organization Executive.
 Record of infraction being documented in personnel file.
 Investigation brought forward to the employee's college of profession (CPSO, CNO)
 Information Privacy Commissioners of Ontario's Involvement
 Client being notified of Incident

Minimum Breach

Examples include but are not limited to:

- Leaving PHI in plain view on computer when not at your desk
- Allowing others to use your password



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- Not taking reasonable measures to avoid accidental exposure to PHI like ‘reader over the shoulder’ or discussing PHI at a loud volume in an area where it may be overheard by inappropriate individuals.
- Not taking reasonable means to ensure PHI is released to appropriate individuals
- Not signing out computer equipment

This action could result in:

Written and/or oral warning that may be documented in Personnel file.

*For more information on dealing with Privacy breaches see the [Privacy Breach Procedure](#) document.

NOTE: The Security Officer or delegate will perform Privacy Audits from time to time to ensure compliance. This could encompass system and Authorized Individual audits.