



Privacy

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**POLICY:**

The organization is committed to patient and client privacy and to protecting the confidentiality of the health information we hold.

Geraldton District Hospital (GDH) is the health information custodian under the Personal Health Information Protection Act, 2004 (PHIPA).

The health information custodian is accountable for compliance with PHIPA and the protection of health records.

**Scope:**

In the Privacy policy, we use the language “team members” to capture the commitment of the organization and its staff, volunteers, affiliates, students, researchers and vendors to abide by this Privacy policy and to reflect our shared commitment to protecting personal health information.

**Purpose:**

The Privacy policy acts as the articulation of the privacy practices and standards to guide the health information custodian, the team members and any other agents. There are links to additional organizational privacy information listed in [APPENDIX A](#)

**Responsibility:**

- 1) Board of Directors: are responsible for adhering to all legislative requirements.
- 2) CEO: enforcing all staff to adhere to policy.
- 3) Senior leaders: ensuring all staff adheres to policy.
- 4) Privacy Officer: is accountable for compliance with the Privacy policy and PHIPA.
- 5) Staff, affiliates, volunteers and students: all must adhere to this policy.

**PROCEDURES:**

**1) Accountability for Personal Health Information:**

- a) The health information custodian is responsible for any personal health information held. The Hospital has designated a Privacy Officer who can be contacted at extension 123.
- b) The Privacy Officer is accountable for compliance with this Privacy policy and compliance with PHIPA.
- c) Our commitment to privacy is demonstrated by adherence to privacy policies and procedures to protect the personal health information we hold and by educating our staff and any others, who collect, use or disclose personal health information on our behalf about their privacy responsibilities.

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Reviewed on:		Approved on:	2018-07-19
Renewed by:	Dwayne Hunking	Revision Date:	2024-04-05
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**2) Identifying Purposes for Collecting Personal Health Information:**

- a) We collect personal health information for purposes related to direct patient care, administration and management of our programs and services, patient billing, administration and management of the health care system, research, teaching, statistical reporting, meeting legal obligations and as otherwise permitted or required by law.
- b) When personal health information that has been collected is to be used for a purpose not previously identified, the new purpose will be identified prior to use. Unless the new purpose is permitted or required by law, consent will be required before the information can be used for that purpose.

**3) Consent for the Collection, Use and Disclosure of Personal Health Information:**

- a) We require consent in order to collect, use, or disclose personal health information. However, there are some cases where we may collect, use or disclose person health information without consent as permitted or required by law.
- b) Express consent:
  - i) Should a patient, resident or client wish his/her other health care providers (outside of their health care providers at the organization) to have access to their health record, the patient, resident or client can provide a verbal or written consent to this effect, which will be communicated to the patient, resident or client's healthcare provider. See the organization "[Access and Correction Policy](#)".
  - ii) Should a patient, resident or client wish his/her lawyer, insurance company, family, employer, landlord or other third-party individuals or agencies (non-health care providers) have access to their health record, they must provide verbal or written consent to this effect, which will be communicated in accordance with the organization's policy on "[Access and Correction Policy](#)".
- c) Implied consent:
  - i) Patient, resident or client information may also be released to another of their care providers for healthcare purposes (within the "[circle of care](#)") without the express written or verbal consent of the patient, resident or client, as long as it is reasonable in the circumstances to believe that the patient wants the information shared with the other healthcare providers. No patient, resident or client information will be released to other healthcare providers if a patient, resident or client has stated he/she does not want the information shared (for instance, by way of the placement of a "[lockbox](#)" on his/her health records).
  - ii) A patient, resident or client request for treatment constitutes implied consent to use and disclose his/her personal health information for healthcare purposes, unless the patient, resident or client expressly instructs otherwise.

- iii) The circle of care includes (other providers of direct patient care, as authorized by PHIPA):
  - (1) Within the organization:
    - (a) Physicians
    - (b) Locums
    - (c) Medical students and residents
    - (d) Nursing and nursing students
    - (e) Pharmacist/pharmacy technicians
    - (f) Other allied healthcare professionals and students
  - (2) Outside of the organization:
    - (a) Hospitals
    - (b) Community Care Access Centre's
    - (c) Community Health Centre's
    - (d) Long-term care homes
    - (e) Family health teams
    - (f) Ambulance
    - (g) Pharmacists
    - (h) Laboratories
    - (i) Regulated health professionals in sole practice or group (physician clinics)
    - (j) Social workers and social service workers in sole practice or group
    - (k) A centre, program or service for community health or mental health whose primary purpose is the provision of health care (i.e. Public Health, Canadian MHA)
- d) No consent:
  - i) 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, consent is not required from patients, residents or clients to (this is not an exhaustive list):
    - (1) Plan, administer and manage our internal operations, programs and services
    - (2) Financial Compensation
    - (3) Engage in quality improvement, error management and risk management activities
    - (4) Participate in the analysis, administration and management of the health care system
    - (5) Engage in research (subject to certain rules)
    - (6) Teach, train and educate our team members and others
    - (7) Compile statistics for internal or mandatory external reporting
    - (8) Respond to legal proceedings
    - (9) Comply with mandatory reporting obligations
  - ii) A list of mandatory reporting obligations is found in the Organization's "Access and Correction – Release of Patient Information policy".
  - iii) If team members have questions about using and disclosing personal health information without consent, they should contact the Privacy Officer.

e) **Withholding or Withdrawal of Consent:**

- i) If consent is sought, a patient, resident or client 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.
- ii) **Lockbox:**
  - (1) PHIPA gives patients, resident and client the opportunity to restrict access to any personal health information or their entire health record by their healthcare providers within the organization or by external healthcare providers.
  - (2) Although the term “lockbox” is not found in PHIPA, lockbox is commonly used to refer to a patient, resident or client ability to withdraw or withhold consent for the use or disclosure of their personal health information for health care purposes. See the organization’s “Lockbox policy”

**4) Limiting Collection of Personal Health Information:**

- a) We limit the amount and type of personal health information we collect to that which is necessary to fulfill the purposes identified. Information is collected directly from the patient, resident or client, unless the law permits or requires collection from third parties. For example, from time to time we may need to collect information from patient, resident or client or other healthcare providers.
- b) Personal health information may only be collected within the limits of each team member’s role. Team members should not initiate their own projects to collect new personal health information from any source without being authorized by the organization or the Privacy Officer.

**5) Limiting Use, Disclosure and Retention of Personal Health Information:**

- a) **Use:**
  - i) Personal health information is not used for purposes other than those for which it was collected, except with the consent of the patient, resident or client or as permitted or required by law.
  - ii) Personal health information may only be used within the limits of each team member’s role. Team members may not read, look at, receive or otherwise use personal health information unless they have a legitimate “need to know” as part of their position. If a team member is in doubt whether an activity to use personal health information is part of his/her position, he/she should ask the Privacy Officer. For example, self-directed learning is not allowed (randomly or intentionally looking at health records for self-initiated educational purposes) without specific authorization.
- b) **Disclosure:**
  - i) Personal health information is not disclosed for purposes other than those for which it was collected, except with the consent of the patient or as permitted or required by law.

- ii) Personal health information may only be disclosed within the limits of each team member's role. Team members may not share, talk about, send to or otherwise disclose personal health information to anyone else unless that activity is an authorized part of their position. If a team member is in doubt whether an activity to disclose personal health information is part of his/her position, he/she should ask the Privacy Officer.
- c) **Retention:**
  - i) Health records are retained as required by law and professional regulations and to fulfill our own purposes for collecting personal health information.
  - ii) There may be reasons to keep records for longer than this minimum period.
  - iii) Personal health information that is no longer required to fulfill the identified purposes is destroyed, erased, or made anonymous safely and securely. Refer to the organization's "[Storage & Retention Policy](#)"

## 6) Accuracy of Personal Health Information:

- a) We will take reasonable steps to ensure that information we hold is as accurate, complete, and up-to-date as is necessary to minimize the possibility that inappropriate information may be used to make a decision about a patient.

## 7) Safeguards for Personal Health Information:

- a) We have put in place safeguards for the personal health information we hold, which include:
  - i) Physical safeguards, such as locked filing cabinets and rooms).
  - ii) Safeguards, such as permitting access to personal health information by staff on a "need-to-know" basis only.
  - iii) Technological safeguards, such as the use of passwords and user audit trails.
- b) We take steps to ensure that the personal health information we hold is protected against theft, loss and unauthorized use or disclosure. The details of these safeguards are set out in the organization's "[Safeguarding Health Information Guidelines](#)".
- c) We require anyone who collects uses or discloses personal health information on our behalf to be aware of the importance of maintaining the confidentiality of personal health information. This is done through the signing of confidentiality pledge, privacy training and contractual means.
- d) Care is used in the disposal or destruction of personal health information, to prevent unauthorized parties from gaining access to the information.

## 8) Openness about Personal Health Information:

- a) Information about our policies and practices relating to the management of personal health information are available to the public, including:
  - i) Contact information for our Privacy Officer, to whom complaints or inquiries can be made.

- ii) The process for obtaining access to personal health information we hold, and making requests for its correction.
  - iii) A description of the type of personal health information we hold, including a general account of our uses and disclosures.
  - iv) A description of how a patient, resident or client may make a complaint to the organization or to the Information and Privacy Commissioner of Ontario
- 9) **Patient Access to Personal Health Information:**
- a) Patients, residents and clients may make written requests to have access to their records of personal health information, in accordance with the organizations' "[Access and Correction Policy](#)".
  - b) We will respond to the request for access within reasonable timelines. Costs to the patient, resident or client will be associated, as governed by law. We will take reasonable steps to ensure that the requested information is made available in a format that is understandable.
  - c) Patients, residents and clients who successfully demonstrate the inaccuracy or incompleteness of their personal health information may request that we amend their information. In some cases, instead of making a correction, the patient, resident or client may ask to append a statement of disagreement to their file.

**Please Note:**

In certain situations, we may not be able to provide access to all the personal health information we hold about a patient, resident or client. Exceptions to the right of access requirement will be in accordance with law. Examples may include information that could reasonably be expected to result in a risk of serious harm or the information is subject to legal privilege.

**Challenging Compliance with the Organization Privacy Policies and Practices:**

Any person may ask questions or challenge our compliance with this policy or with PHIPA by contacting our Privacy Officer at (807) 854-1862 or [privacy.officer@geraldtondh.com](mailto:privacy.officer@geraldtondh.com). We will receive and respond to complaints or inquiries about our policies and practices relating to the handling of personal health information. We will inform patients who make inquiries or lodge complaints of other available complaint procedures. We will investigate all complaints. If a complaint is found to be justified, we will take appropriate measures to respond.

The Information and Privacy Commissioner of Ontario oversees our compliance with privacy rules and PHIPA. Any individual can make an inquiry or complaint directly to the Information and Privacy Commissioner of Ontario by writing to or calling:

2 Bloor Street East  
Suite 1400  
Toronto, ON M4W 1A8  
Phone: 1-(800)-387-0073  
[www.ipc.on.ca](http://www.ipc.on.ca)

## **DEFINITIONS**

### **Affiliate:**

For the purpose of this policy, affiliate refers to the hospital's physicians who need to abide by this policy and the policies set out by the College of Physicians & Surgeons of Ontario (CPSO).

### **Agent:**

In relation to health information custodian, means a person that, with the authorization of the custodian, acts for or on behalf of the custodian in respect of personal health information for the purpose of the custodian, and not the agent's own purpose, whether or not the agent had authority to bind the custodian, whether or not the agent is employed by the custodian and whether or not the agent is being remunerated.

### **Health Information Custodian:**

A person or organization described in one of the following paragraphs who has custody or control of personal health information as a result of or in connection with performing the person's organization's power or duties or work describes in the paragraph, if any:

- ✓ health care practitioners or a group practice of health care practitioners
- ✓ persons or organizations providing a community service under the Long-Term Care Act, 1994
- ✓ a community care access centre (in the capacity both as provider of community services and as placement coordinator for long-term care facilities)
- ✓ public or private hospitals
- ✓ psychiatric facilities under the Mental Health Act
- ✓ an institution under the Mental Hospitals Act
- ✓ an independent health facility under the Independent Health Facilities Act
- ✓ a long-term care facility under the Nursing Homes Act, Charitable Institutions Act, or Homes for the Aged and Rest Homes Act
- ✓ a "care home" within the meaning of the Tenant Protection Act, 1997, which may be, for example, a retirement home
- ✓ a pharmacy
- ✓ a laboratory or a specimen collection centre under the Laboratory and Specimen Collection Centre Licensing Act
- ✓ an ambulance service
- ✓ a home for special care under the Homes for Special Care Act
- ✓ an evaluator under the Health Care Consent Act, 1996 or an assessor under the Substitute Decisions Act, 1992

- ✓ a board of health together with its medical officer of health under the Health Protection and Promotion Act
- ✓ the Ministry of Health and Long-Term Care
- ✓ any other person prescribed by the regulations as a health information custodian
- ✓ a centre, program or service for community health or mental health whose primary purpose is the provision of health care
  
- ✓ Any other person prescribed as a health information custodian if the person has custody or control of personal health information as a result of or in connection with performing prescribed powers, duties or work or any prescribed class of such persons.

## **APPENDIX A**

### **Additional Privacy Information**

The following policies and documents are incorporated into the Privacy policy and must be followed by the organization, its staff, and affiliates.

#### **Forms:**

- [Form - Consent to Disclose/Collect Personal Health Information](#)
- [Form - Lockbox Alert Notice for Chart](#)
- [Form - Patient Lockbox Request Consent](#)
- [Form - Request Access to Personal Health Record](#)

#### **Policies & Procedures**

- [Access & Correction](#)
- [Lockbox](#)
- [Lockbox Information Brochure](#)
- [Lockbox of Personal Health Information](#)
- [Patient & Family Bill of Rights & Responsibilities](#)
- [Patient & Family Bill of Rights & Responsibilities - French](#)
- [Patient Rights Regarding Personal Information](#)
- [Privacy](#)
- [Privacy Breach](#)
- [Protecting the Privacy of Your Personal Health Information](#)
- [Protecting the Privacy of Your Personal Health Information - French](#)
- [Release of Patient Information Guidelines](#)
- [Safeguarding of Patient Information](#)
- [Security & Confidentiality of Personal & Personal Health Information](#)