

# Yee Hong Centre For Geriatric Care

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## PURPOSE

In keeping with provisions of the Federal and Provincial legislations pertaining to the protection for personal health information, this Yee Hong Centre Privacy Policy outlines the rules for the collection, use, disclosure, and retention of personal health information by the organization and staff.

## POLICY

1. In compliance with applicable Canadian and Ontario privacy legislations, the Yee Hong Centre for Geriatric Care is committed to protecting the privacy of the personal health information (PHI) of its constituents (residents/clients, employees and other stakeholders).
2. Yee Hong Privacy Policy will incorporate ten (10) internationally recognized privacy principles concerning PHI:
  - o Accountability
  - o Explicit purpose
  - o Consent for the collection, use, and disclosure
  - o Limitation on collection to necessity for provision of care and services
  - o Restriction on use, disclosure and retention to optimize privacy protection
  - o Accuracy
  - o Security
  - o Openness in regards to privacy policies and practices
  - o Respect for individual right to access
  - o Provision for challenging compliance
3. The Centre will take necessary actions to ensure that information in any format (paper or electronic) is protected so that the relationship of trust between the constituent and The Centre is upheld.
4. All staff shares the responsibility for adhering to the Privacy Policy.
5. Consistent with provisions of Ontario's Personal Health Information Protection Act (PHIPA), where other legislations legally compel the disclosure of PHI, compliance with such requirements is considered to take precedence over those of PHIPA.
6. The Yee Hong Privacy Steering Committee reviews the Privacy Policy, Privacy – Confidentiality Policy, and Privacy – Complaint Process Policy at least annually to ensure lessons learnt and changes in related policies enacted by the Government of Ontario are incorporated.

## PROCEDURES

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1. Accountability for privacy practice is overseen by a Corporate Privacy Officer, with the support of a Privacy Steering Committee.
  - 1.1 The Centre is responsible for personal and personal health information in its possession or custody. It will use contractual or other means to provide a comparable level of protection while the information is being processed by a third-party.
  - 1.2 The Centre has assigned internal responsibility and accountability for the compliance of the Privacy Policy to the Director of Corporate Development (DCD) as Corporate Privacy Officer.
  - 1.3 The Corporate Privacy Officer reports directly to the Chief Executive Officer (CEO) of the Centre, acts as the primary contact and internal consultation resource on information privacy and security matters.
  - 1.4 A cross-departmental Privacy Steering Committee has been established. This committee meets every six months, or at the call of the Corporate Privacy Officer, to discuss privacy matters concerning the Centre as they occur.
  - 1.5 Privacy training is to be conducted on a regular basis to ensure that practices conform to the Privacy Policy, including as a mandatory part of the orientation program for all new staff and volunteers joining the Yee Hong organization.
  - 1.6 Privacy practices for various activities are to be reviewed and audited regularly, and the relevant policies will be updated accordingly.
2. When PHI is collected directly from its constituents, staff will identify the purposes for which PHI is collected at or before the time of collection.
  - 2.1 Primary purposes include the delivery of direct resident/client care, the administration of business activities like billing, communication through the use of newsletter, service updates and letter, research, teaching, statistics, health surveillance, and compliance with legal and regulatory requirements.
  - 2.2 When PHI collected is to be used for a purpose not previously identified, the new purpose will be identified prior to use. Unless law requires the new purpose, the consent of the individual is required before information can be used for that purpose.
3. The knowledge and consent of a person is required for the direct collection, use or disclosure of PHI except where mandated by law. (The client consent form used by Yee Hong is appended to this document.)
  - 3.1 In certain circumstances PHI can be collected, used, or disclosed without the knowledge and consent of the individual. For example,
    - Disclosure for the purpose of providing health care to an individual if it is not reasonably possible to obtain the individual's consent in a timely manner, but not if the individual has instructed the custodian not to disclose the information;
    - Disclosure to a Medical Officer of Health for public health protection purposes;
    - Disclosure for the purposes of research to be performed in accordance with a research plan approved by the research ethics board;
    - Disclosure to Ontario's Ministry of Health and Long-Term Care for monitoring payments for health care funded in whole or in part by the Ministry;
    - Disclosure of health information to the health data institute for the purposes of analysis with respect to the management or evaluation of all or part of the health system, and

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- Disclosure if another Legislative Act permits or requires it, such as collection of information for the detection and prevention of fraud or for law enforcement.
- 3.2 Consent is not required for use of information that can be found in the public domain, such as a physician's name, office address, office telephone.
  - 3.3 An individual can withdraw consent at any time, subject to legal or contractual restrictions and reasonable notice. Staff will inform the individual of the implications of such withdrawal.
  - 3.4 A person whom an individual has authorized to act on his or her behalf may give consent for the individual.
    - 3.4.1 If an individual is incapable of giving consent, a substitute decision-maker may give consent.
    - 3.4.2 Substitute decision-makers for an incapable individual are ranked according to provisions of the Substitute Decision Act of Ontario.
  - 3.5 Personal information including name, address or e-mail address and phone number may be shared with Yee Hong Community Wellness Foundation for fundraising activities if the individual has expressly or implicitly consented.
    - 3.5.1 An individual may withdraw consent at any time; the Foundation must have a means to allow individuals/donors to easily opt out and the procedures in place to record and respect this request.
4. The Centre does not collect personal health information indiscriminately
    - 4.1 Collection is limited to what is necessary for the purposes identified.
    - 4.2 Personal health information must be collected by fair and lawful means not through deception or misrepresentation.
  5. The Centre only uses or discloses PHI for the purposes for which it was collected, except with the consent of the individual or as required by law (such as where communicable disease, child abuse, required reporting to WSIB, to avoid serious risk or harm to a person is involved).
    - 5.1 The Centre does not trade, sell, rent or disclose PHI to third-parties such as marketing companies and/or bulk mailers.
    - 5.2 PHI is retained only as long as necessary to satisfy an intended purpose or a legal requirement for retention.
    - 5.3 PHI that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous.
    - 5.4 Where the authority of another Legislative Act is invoked to supersede protections otherwise afforded by the PHIPA, adherence to procedural requirements of those Acts is to be required. Such would include the presentation by a law enforcement officer of a warrant or subpoena, or a similarly authorized government official of the proper instrument of legal authority to the Centre before access to PHI in the possession of the Centre can be granted.
  6. The Centre ensures that ongoing PHI, including information that is disclosed to third parties, are sufficiently accurate, complete and up-to-date by using the information for its stated purposes, and by responding promptly to any indications of inaccuracy or requests for correction.
    - 6.1 PHI is not routinely updated unless such a process is necessary to fulfill the purposes for which the information was collected.
  7. The Centre provides adequate security for all personal information including PHI, in its possession regardless of the format in which it is held.

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- 7.1 PHI is protected with security safeguards appropriate to the sensitivity of the information.
  - 7.2 The security safeguards protect personal information against loss or theft as well as unauthorized access, disclosure, copying, use or modification.
  - 7.3 All individuals (employee, member of the Board of Directors, physician, volunteer, student, vendor, contractor, researcher and consultant) associated with the Yee Hong Centre must sign a Confidentiality Agreement (see Policy CGA -III-15)
8. The Centre makes its policies for managing PHI readily available to residents/clients, families and the public.
- 8.1 Privacy Policy is available to view on its website at [www.yeehong.com](http://www.yeehong.com).
  - 8.2 A print version of the Privacy Policy can be requested from the Corporate Privacy Officer at 416-321-6333 ext. 1108, via regular mail, or e-mail addressed to the Director of Corporate Development.
9. Upon receipt of request in writing, The Centre will provide individuals with access to their PHI, and will be informed of the existence, use, and disclosure of personal health information of the individual including any third party to whom it may have been disclosed.
- 9.1 In the context of the Long-Term Care Homes (LTCH), only the Executive Director (ED) or Director of Care (DRC) can authorize access to medical records. Either the ED or the DRC must be present when an individual reviews a medical record so as to address any query that might arise.
  - 9.2 In the context of Social Services, only the Director of Social Services (DSS) or his/her designate can authorize access to client records. Either the DSS or designate must be present when an individual reviews a medical record so as to address any query that might arise.
  - 9.3 Upon review, the individual can challenge the accuracy and completeness of the information and seek to have it amended. Only the ED or DRC, and the DSS or designate can authorize such amendments where the validity of the change sought is deemed appropriate.
10. The Centre investigates all complaints about allegation of privacy breaches.
- 10.1 If a complaint is found to be justified, The Centre will take appropriate measures, including, if necessary, amending its policies and practices.
  - 10.2 A challenge concerning compliance with these policies should first follow the steps outlined in the Privacy – Complaint Process Policy (CGA-III-16) and, if necessary, be communicated to the Corporate Privacy Officer at 416-321-6333 ext. 1108, or via regular mail, or e-mail addressed to the Director of Corporate Development.