

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 (YHC) 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, YHC is committed to protecting the privacy of personal, and personal health, information (PHI) of its constituents (residents/clients, employees and other stakeholders).
2. YHC Privacy Policy will incorporate ten (10) internationally recognized privacy principles concerning PHI:
 - Accountability
 - Explicit purpose
 - Consent for the collection, use, and disclosure
 - Limitation on collection to necessity for provision of care and services
 - Restriction on use, disclosure and retention to optimize privacy protection
 - Accuracy
 - Security
 - Openness in regards to privacy policies and practices
 - Respect for individual right to access
 - Provision for challenging compliance
3. YHC 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 YHC 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 YHC Privacy Steering Committee reviews all YHC Privacy Policies at least annually to ensure lessons learnt and changes in related policies enacted by the Government of Ontario are incorporated.

PROCEDURES

1. Accountability for privacy practice is overseen by a Corporate Privacy Officer, with the support of a Privacy Steering Committee.
 - 1.1 YHC is organizationally 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 Every YHC staff is responsible and accountable for respecting the privacy rights of the everyone whose PHI s/he handles or is exposed to.
 - 1.3 YHC has assigned internal responsibility and accountability for overseeing the compliance of the Privacy Policy to the Director of Corporate Development (DCD) as Corporate Privacy Officer.
 - 1.4 The Corporate Privacy Officer reports directly to the Chief Executive Officer (CEO) of YHC, acts as the primary contact and internal consultation resource on information privacy and security matters.
 - 1.5 A cross-departmental Privacy Steering Committee has been established. This committee meets periodically in accordance with established Terms of Reference, or at the call of the Corporate Privacy Officer, to discuss privacy matters concerning the Centre as they occur.
 - 1.6 Privacy training is to be conducted on a regular basis to ensure that practices conform to the Privacy Policies, including as a mandatory part of the orientation program for all new staff and volunteers joining the Yee Hong organization.
 - 1.7 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 owner, 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, fundraising conducted in accordance with provisions of the PHIPA, 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 (MOHLTC) for monitoring payments for health care funded in whole or in part by MOHLTC;
 - 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
 - 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 mean to allow individuals/donors to easily opt out and the procedures in place to record and respect this request.
4. YHC does not collect personal health information indiscriminately
 - 4.1 Collection is limited to what is necessary for the purposes identified.
 - 4.2 PHI must be collected by fair and lawful means not through deception or misrepresentation.
5. YHC 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 the Workers' Safety and Insurance Board WSIB, to avoid serious risk or harm to a person is involved).

- 5.1 YHC 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 YHC before access to PHI in the possession of YHC can be granted.
6. YHC 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. YHC provides adequate security for all personal information including PHI, in its possession regardless of the format in which it is held.
 - 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 YHC must sign a Confidentiality Agreement (see Policy CAD-VI-02)
8. YHC 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 <http://www.yeehong.com/centre/corporate04.php> .
 - 8.2 A print version of the Privacy Policy can be requested from the Corporate Privacy Officer - usually a role assumed by the Director of Corporate Development.
9. Upon receipt of request in writing, YHC 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. YHC investigates all complaints about allegation of privacy breaches.

- 10.1 If a complaint is found to be justified, YHC 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 (CAD-VI-03) and, if necessary, be communicated to the Corporate Privacy Officer (usually the Director of Corporate Development) in person, by telephone, via regular mail, or e-mail.



**Yee Hong Centre
For Geriatric Care**
頤康中心

**Client Consent to Collection,
Use and Disclosure of
Personal Health Information**
使用服務者同意書

(關於收集、使用和透露個人健康資料)

I, _____,
(Print Client's or Substitute Decision Maker's full name)

hereby give the Yee Hong Centre for Geriatric Care permission to collect personal health information, from me and from the organizations and persons listed below, and to release such information to the following organizations and/or persons for the purpose of providing care to me and for the purpose of information sharing in support of care planning and service provision.

本人, _____,

(請用正楷填寫使用服務者或指定代決定人的全名)特此准許頤康中心收集本人的健康資料, 包括向本人及下列機構與人士收集本人的健康資料; 又或向下列機構和/或人士提供本人的健康資料, 以配合為本人提供護理服務所需和訂定護理程序和服務時資料交流之用。

	Mark as Appropriate	請✓ 合適部份
1. Health Care Team (e.g. physician, pharmacist, PT, OT, recreation therapist, lab, nurses, dietitian, social worker, volunteer, etc)	<input type="checkbox"/>	中心醫療護理組 (例如: 醫生、藥劑師、物理治療師、職業治療師、康樂治療師、化驗所、護士、營養師、社工、義工等)
2. Health Care Institution/Agency (e.g. CCAC, Acute Care Hospital, Complex Continuing Care, Long-Term Care Facility, Home Care, etc)	<input type="checkbox"/>	醫療護理設施/機構 (例如: 社區護理服務中心、急性病護理醫院、綜合延續護理院、長期護理設施、家居護理等)
3. External physician (e.g. family physician, specialists)	<input type="checkbox"/>	外界醫護人員 (例如: 家庭醫生、專科醫生)
4. Designated family member (name)	<input type="checkbox"/>	指定之親屬 (姓名)
5.	<input type="checkbox"/>	

Other purposes include:

- i) Reviews by regulatory bodies (e.g. College of Nurses, MOHLTC Compliance Officer)
- ii) Coroner reviews
- iii) Quality reviews (e.g. chart audits)
- iv) _____

其他用途包括:

- i) 監管機構檢討報告 (例如: 護士學會、安省衛生及長期護理廳監察人員)
- ii) 驗屍官報告
- iii) 服務質素檢討報告 (例如: 圖表審核)
- iv) _____

I understand that this consent is valid so long as I choose to remain a client of the Yee Hong Centre.

本人明白在我繼續選擇接受頤康中心服務期間, 此同意書將會持續生效。

I understand that this consent allows for the sharing of information with the entities listed above, in confidence, by any method including telephone, fax, or email, unless otherwise stated.

除非另作聲明, 本人明白此同意書允許上述機構以保密的方式, 包括電話、傳真或電子郵件等, 傳遞有關資料。

PTO 請轉後頁

I understand that I may request access to my personal health information or any of the Yee Hong Centre policies which direct the privacy, security and protection of my personal health information.

本人明白可以要求查詢本人的個人健康資料或頤康中心任何有關處理個人私隱、儲存及保護本人健康資料的政策。

I may rescind or amend this authorization in writing at any time sent to the Applicable Senior Director of the Centre.

本人可以隨時致函中心的有關高級總監取消或修改此項授權。

Upon discharge from Yee Hong Centre, any request for The Centre to share/release client specific information acquired through the episode of care will require a specific informed consent from the client or substitute decision maker for release of specifically requested information.

在本人離開頤康中心後，任何有關本人在中心接受護理服務情況的查詢，都必須先知會本人或本人之指定代決定人及獲得明確的同意後才可透露有關資料。

I hereby release Yee Hong Centre for Geriatric Care from all legal responsibilities or liability that may arise from the act I have authorized above.

本人特此聲明豁免頤康中心就本人以上作出的授權負上任何法律責任。

Signature of Client or
Substitute Decision Maker
使用服務者或其指定代決定人簽名

Signature of Witness
證人簽名

Date
日期

If the client does not read or understand English, the consent form must be interpreted for the client. The person who acts as the interpreter must sign the form as a witness to confirm that this has been done. Please indicate if the interpreter is related to the client.
如果使用服務者不懂英語，此同意書須由傳譯員向他解釋。傳譯員必須在此同意書簽名以確認有關程序。請說明傳譯員是否與使用服務者有任何關係。

Signature of Interpreter
傳譯員簽名

Name of Interpreter/Relationship
to Client if Any (Please Print)
傳譯員姓名/與使用服務者的關係
(請用正楷填寫)

Date
日期