



PRIVACY POLICY – STAFF OBLIGATIONS

1. **Purpose:**

Q'wemtsin Health Society (QHS) is responsible for the management of all Personal Information it collects or it has access to, including Personal Information about its clients and its employees.

In health care, the right to privacy and consent are essential to maintaining public trust and the integrity of the relationships with clients, staff, and external medical service providers. As health care information is highly sensitive personal information, it must be treated with the highest level of confidentiality. Individuals have a right to determine with whom to share their Personal Information and to exercise control over its collection, accuracy, use, disclosure, and retention.

QHS respects and upholds an individual's right to privacy and is committed to ensuring compliance with the *Personal Information Protection Act* and other applicable privacy laws.

The purpose of this Privacy Policy – Staff Obligations is to establish the guiding principles by which QHS, its Staff, and its service providers will respect patient and staff privacy and will also comply with the obligations set out in applicable privacy laws.

2. **Scope:**

The obligations in this policy apply to all Staff with respect to their handling of Personal Information in *any format* including paper, electronic, and film records, as well as to collection of Personal Information through verbal communication.

3. **Definitions:**

“Personal Information” means individually identifiable information about an individual. It does not include aggregate information which cannot be associated with a specific individual and it does not include the name, title, business address, business e-mail address, or business telephone number of an individual.

“QHS” means Q'wemtsin Health Society.

“Staff” for the purposes of this policy mean persons in an employment relationship with QHS, healthcare workers providing services to QHS clients on QHS premises, and students on placement at QHS.

“Clients” mean all persons receiving services from QHS including patients and their authorized or legal representatives.

“PIPA” means the *Personal Information Protection Act*.

“Privacy Breach” means the unauthorized access to or collection, use, disclosure, or disposal of personal information. Such activity is unauthorized if it occurs in breach of this policy or in breach of the PIPA. The most common Privacy Breach happens when client or employee Personal Information is lost or mistakenly disclosed. Examples are when a laptop containing Personal Information is stolen, a binder containing Client information is lost, or Personal Information is faxed by mistake to the wrong person.

4. Responsibilities:

4.1 Accountability

a. *Accountability and Governance*

QHS is accountable for all Personal Information in its control, including any Personal Information it allows third party service providers access to.

The Health Director is accountable for maintaining this policy and for providing oversight of the QHS Privacy Management Program.

All Staff are required to protect the privacy of other Staff, Clients, and all other individuals from whom QHS collects personal information. Staff is required to follow the obligations in this policy regarding the management of Personal Information.

b. *Confidentiality Agreements and Privacy Protections in Service Contracts*

All Staff are required to sign confidentiality agreements which form part of their employment contract or services contract with QHS. The requirement to maintain confidentiality as set out in the confidentiality agreement extends beyond the term of employment/ duration of the services contract.

Any persons other than Staff who have access to Personal Information on QHS premises, such as cleaners or information technology consultants, must have privacy and confidentiality clauses that meet the requirements of the PIPA included in their contracts.

c. *Mandatory Privacy Training*

All Staff are required to complete training in privacy requirements. Staffs are also required to complete any additional privacy training that is required by the professional regulatory association they are affiliated with or that QHS may require for their role.

d. *Consequences of Breach of Policy*

Breach of this policy may result in disciplinary action for an employee, up to and including dismissal. Breach of this policy may result in the cancellation of a contract for services.

4.2 Collection of Personal Information

a. *Purposes of Collection*

QHS collects Personal Information from Clients for the following purposes:

- to provide care for the Client;
- to administrate the care that is provided; and
- To meet legal and regulatory requirements.

QHS collects Personal Information from job applicants and employees for the purposes set out in the *Human Resource Management Privacy Policy*.

Staff must ensure that they do not collect Personal Information for any purposes other than those specified above.

Staff must only collect Personal Information on a “need to know” basis. They must not collect any Personal Information unless such collection is required for the performance of their job duties.

b. *Limiting Collection*

QHS collects Personal Information only for purposes identified above.

Staff must ensure that they do not collect more information than is required for the specific purpose for which the information was collected.

4.3 Use of Personal Information

QHS and its Staff will not use Personal Information for any other purpose than that for which it was collected, except as required by law or with express consent.

Staff must not access or use any Personal Information unless such access or use is required for the performance of their job duties.

4.4 Disclosure of Personal Information

The only circumstances under which Personal Information may be disclosed to third parties is for the fulfillment of any purposes identified above, with express consent, or as required or authorized by law. If Personal Information is disclosed to third parties for the fulfillment of any purposes identified above QHS will ensure that appropriate security measures are employed to protect the transfer and use of personal information.

Rules regarding disclosure to other health care providers and disclosures authorized or required by law are set out below.

Clients asking that their health information be disclosed to third parties, such as insurance providers or physicians outside of the QHS “circle of care”, must be directed by Staff receiving this request to complete the *Authorization to Release Health Care Information* form. The Client request will be handled according to the *Procedures for Handling Access Requests to Health Care Information*.

a. Disclosure to Other Health Care Providers as Required For Care

By virtue of a Client seeking care from QHS, QHS has the implied consent of the Client to share his/ her Personal Information with other health care providers as is required for his/her care.

Clients may withdraw their consent to have their information shared with other healthcare providers. Should Clients wish to withdraw consent to this sharing of their information Staff must take steps to ensure that the Client understands the consequences to their care of withdrawing consent.

Where disclosure to other health care providers is required for a Client’s care, staff does not need to have the express written consent of the Client in order to disclose this information. Staff must take care to limit the information they disclose to only that which is necessary for Client care.

b. Disclosures Authorized or Required By Law

Outside of the context specified above, QHS is permitted to disclose Personal Information to third parties without express consent in certain limited circumstances. Circumstances permitting disclosure are specified in PIPA and include:

- if required by court order;
- if required by legislation such as the *Public Health Act*; and

- If the disclosure is necessary for the medical treatment of the individual and the individual does not have the legal capacity to consent.

Staff unsure about whether a disclosure is required or authorized by law must consult with the Health Director prior to disclosing any Personal Information further to this section of the policy.

4.5 Limiting Retention

Personal Information is retained only as long as is necessary for the fulfillment of the purposes for which it was collected, or as required by law.

Personal Information used to make a decision directly affecting the individual the information is about must be retained for a minimum of one year from the date that it is used to make this decision.

4.6 Accuracy of Personal Information

QHS Programs and Staff must make every reasonable effort to ensure that Personal Information they collect is accurate and complete.

QHS Programs and Staff must document in the Client's chart or in the Client's electronic health record the information they use to make a treatment decision regarding a Client.

4.7 Handling Requests for Correction of Personal Information

A Client who believes that there is an error in his or her Personal Information record has a right to request correction of this record. Where the Client successfully demonstrates that the Personal Information is inaccurate, QHS must correct the record. If no correction or addition is made, the record must be annotated with the correction that was requested but not made.

Staff should refer all Client requests for correction of their Personal Information to the Health Director.

4.8 Safeguarding

Staff must make all reasonable efforts to ensure that Personal Information is protected against such risks as loss, theft, unauthorized access, disclosure, copying, use, modification, or destruction.

Staff must not remove Personal Information from QHS offices unless the Health Director expressly authorizes them to do so.

Staff must not e mail Client Personal Information to any person outside of the QHS computer network unless the email message is encrypted, or with the express authorization of the Health Director.

When leaving their offices for a temporary period during the day, staff must ensure that all records containing Personal Information are securely locked away and that they have “locked” access to their workstation computer so that it cannot be accessed without the input of their network password. At the end of their work day, staff must:

- log off and turn off their workstation computers; and
- Return all Client charts located in their office to the file room.

Staff must follow the safeguarding standards specific to their program areas.

All staff must make sure that no Personal Information is transferred or stored outside of Canada, except with the written consent of the individual the information is about and with the authorization of the Executive Director.

4.9 Procedures for Secure Disposal/ Destruction

Personal Information no longer required must be destroyed in a secure manner.

If hard copy records are no longer required they must be shredded onsite. Staff must not dispose of any Personal Information in a Client chart, however, without the authorization of the Health Director.

Prior to the disposal of any electronic data devices containing Personal Information (eg. surplus laptop and workstation computers, internal and external hard drives, the hard drive in a fax machine etc.) QHS will seek the advice of an information technology expert to ensure that the Personal Information on these devices is securely destroyed.

4.10 Responding to Access Requests

Clients have the right to access their Personal Information under the control of QHS. Staff must assist individuals requesting access to their Personal Information.

Clients asking for access to their own health information must be directed by staff to complete the *Authorization to Release Health Care Information* form. The Client request must be handled according to the *Procedures for Handling Access Requests to Health Care Information*.

Employees who wish to access their Personal Information are referred to the *Human Resource Management Privacy Policy*.

In certain exceptional situations, further to privacy legislation, QHS may not be able to provide access to certain Personal Information that it holds about an individual. Examples of where QHS may not provide access include, but are not limited to, the following:

- where provision may reveal Personal Information about another individual;
- where the information is subject to solicitor-client privilege;
- where provision could reasonably be expected to cause serious harm to the safety or the physical or mental health of the individual making the request;
or
- Where provision could reasonably be expected to threaten the health or safety of another individual.

4.11 Openness Regarding Policy and Practices

QHS will make available to Clients specific information about its policies and practices regarding the management of personal information. Questions about these Personal Information policies or practices should be forwarded to the Office Manager or the Health Director.

4.12 Reporting Actual or Suspected Privacy Breach

Staff must report any actual or suspected Privacy Breach to the Health Director, in accordance with the *Managing Privacy Breaches* policy. If the Health Director is not available, Staff must report the Privacy Breach to the Office Manager. Privacy Breaches involving highly sensitive information or involving a significant number of Clients must be reported immediately. All Staff with information relevant to the actual or suspected Privacy Breach must assist the Health Director in investigating and containing the breach.

4.13 Revisions to This Privacy Policy

The development of QHS's policies and procedures for the protection of Personal Information is an ongoing process. Due to changes in technology and legal requirements we may revise this Policy from time to time.

Staff must ensure that they are familiar the current version of QHS's Privacy Policy. Any changes to the Privacy Policy will be identified by the Health Director in Staff meetings and the updated policy will be forwarded to all Staff.

4.14 Concerns or Questions Regarding QHS's Privacy Practices

Staff receiving any questions from Clients regarding QHS privacy practices or regarding QHS's compliance with any aspect of this policy should direct these Clients to contact the Health Director.

QHS will investigate any complaints received in writing. If a complaint is found to be justified, QHS will take appropriate measures to resolve the complaint including, if necessary, amending its policies, procedures, and practices. QHS will inform an individual, in writing, of the outcomes of the investigation regarding the complaint, if permitted by law.