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|  BOARD OF DIRECTORS GOVERNANCE POLICY | Policy Number: GP-010 | |
| SUBJECT: Protection of Personal Health Information & Confidentiality; Privacy Breach & Complaint | Date Created & Approved: June 1/16 <i>Subject to Annual Review</i> | By: MMH Gov Cte |
| | Date Last Revised & Approved: June 13/16 | By: MMH BOD |

SCOPE

This policy, which governs the manner in which Maison McCulloch Hospice (MMH) collects, uses, maintains, and discloses information, applies to all officers, employees, volunteers, and students.

PURPOSE

MMH will have in place information practices (**Part A - Protection of Personal Health Information**) which comply with the requirements of *The Personal Health Information Protection Act, 2004* (the Act). Furthermore, MMH will have in place information practices (**Part B - Confidentiality**) that protect the confidentiality of administrative or personnel information, medical staff records, and other sensitive information available to persons employed by, or associated with, the organization. In addition, MMH will have practices in place by which it will respond to and manage privacy breaches and complaints (**Part C – Privacy Breach and Complaint**).

All officers, members of staff and management, volunteers, students, and other agents associated with MMH have a legal, ethical and, at times, a professional obligation to protect the confidentiality of personal health information and other sensitive information.

PART A – PROTECTION OF PERSONAL HEALTH INFORMATION

The information practices will comply with the requirements of *The Personal Health Information Protection Act, 2004* (PHIPA). The requirements stem from six basic principles. The principles set out rules and guidelines for the collection, use, disclosure, retention, access, correction, and disposal of personal health information, as well as provide the public with an independent review and complaint resolution process. The principles are:

1. Accountability

The organization is responsible for personal health information under its control and shall designate an individual who is accountable for the organization's compliance with the legislation's privacy principles.

1. Compliance with the policy rests with the Executive Director, although other individuals within MMH are responsible for the day-to-day collection, use, and disclosure of personal health information. In addition, other individuals within MMH are delegated to act on behalf of the Executive Director, such as the Director of Administrative Services the Director of Care.
2. The name of the Director of Care, who is designated by MMH to oversee its compliance with these principles, is a matter of public record.
3. MMH will implement policies and practices to give effect to this policy, including:
 - a) Implementing procedures to protect personal health information.
 - b) Establishing procedures to receive and respond to complaints and inquiries related to its information practices.
 - c) Providing staff, medical staff, management, volunteers, and others information about MVH privacy &

- confidentiality policies and practices.
- d) Developing public notices, pamphlets, and other information tools to explain MMH information practices.

2. Identifying Purpose

The purposes for which personal health information is collected, used, and disclosed must be identified by the organization at or before the time the information is collected. The primary purposes are the delivery of direct resident or client care, the administration of health care services, conducting risk management and quality improvement activities, fundraising, conducting research, teaching, compiling statistics, and meeting legal and regulatory requirements. Health information custodians may rely on notices to give residents and clients information describing why their personal health information is collected, used, and disclosed.

3. Consent

The knowledge and consent of the individual are required for the collection, use, or disclosure of personal health information, except where inappropriate and/or subject to specific exceptions. Residents and clients have the right, at any time, to withdraw their consent to the use of personal information. See Consent to Release Information section of agreements for the Residential Care Program, Shared Care Team, and Visiting Hospice Service.

4. Limiting Collection, Use, Disclosure, and Retention

The collection of personal health information shall be limited to that which is necessary for the purposes identified by the organization. Information shall be collected by fair and lawful means.

Personal health information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal health information shall be retained only as long as necessary for the fulfillment of those purposes.

MMH will have clear procedures with respect to the retention and disposal of personal health information. See MMH Archiving procedure.

5. Protection of Information

Personal health information shall be protected by security safeguards, appropriate to the sensitivity of the information. MMH must take steps to ensure that the records containing the information are protected against unauthorized access, copying, modification, or disposal. **(See Part C – Privacy Breach & Complaint)**

6. Access and Accuracy

Personal Health Information shall be as accurate, complete, and up-to-date as is necessary for the purposes for which it is to be used. Residents and clients will have the right to review and amend any personal data if he/she believes that it may be out of date or incorrect.

MMH shall make readily available to individuals specific information about its policies and practices relating to the management of personal health information.

PART B – CONFIDENTIALITY

MMH will have information practices that protect the confidentiality of administrative or personnel information, medical records, and other sensitive information available to persons employed by or associated with the organization.

All employees, volunteers, students, and other agents associated with MMH are required to review this policy and sign a Confidentiality Agreement for MMH.

PART C – PRIVACY BREACH AND COMPLAINT

An individual shall be able to address a challenge concerning compliance with the above principles to the designated individual or individuals accountable for the organization's compliance or to the Information and Privacy Commissioner, which is the oversight body for the Act. MMH will have in place procedures to receive and respond to complaints or inquiries about its policies and practices relating to the handling of personal health information, including its accuracy. If a complaint is found to be justified, MMH will take appropriate measures including, if necessary, amending its policies and guidelines and/or taking disciplinary action.

If personal health information is stolen, lost, or accessed by unauthorized persons, the Director of Care, on behalf of MMH, must inform the resident or client of this occurrence.

An external agent is required to notify the Director of Care (others as required) at the first reasonable opportunity if personal health information handled by the agent on behalf of the custodian is stolen, lost, or accessed by unauthorized persons.

MMH recognizes that residents and clients have the right to file a complaint against MMH if they feel their privacy has been breached. Upon request, an individual will be informed of the use and disclosure of his or her personal health information.

Occasional adjustments to this policy, which will be posted on the MMH website, may be required. MMH retains the right to make changes when necessary.