

 PERSONAL HEALTH INFORMATION		POLICY #	PHI-003	
SUBJECT	Privacy Breach and Complaint	Created	September 25, 2017	By L. Foreshow
		Last Revised		By

1.0 POLICY

Maison McCulloch Hospice (MMH) will respond to and manage privacy breaches and complaints in accordance with the requirements of *The Personal Health Information Protection Act, 2004 (PHIPA)*

2.0 PURPOSE

Among the purposes of PHIPA, residents and clients of MMH have the right for an independent review and resolution of complaints with respect to personal health information. They also have the right to be provided with effective remedies for contraventions of this Act.

A person who has reasonable grounds to believe that another person has contravened or is about to contravene a provision of PHIPA or its regulations may make a complaint to the Ontario Information and Privacy Commissioner.

3.0 DEFINITIONS

3.1 What is a Privacy Breach?

A privacy breach happens when personal health information is collected, used, disclosed or disposed of in a way that does not comply with the Act.

3.2 The most common privacy breaches are:

3.2.1 Unauthorized collection of personal health information

3.2.2 Unauthorized disclosure of personal health information through:

3.2.2.1 Loss (a file is misplaced),

3.2.2.2 Theft (a laptop is stolen), or

3.2.2.3 Mistake (a letter addressed to one person gets faxed to the wrong person), and

3.2.2.4 Unauthorized or unsecured disposal of personal health information (an un-shredded file is left in the garbage).

4.0 PROCEDURE

4.1 Addressing a Privacy Breach

Staff who learn of a privacy breach should take immediate action. The first two priorities are to contain the breach and notify anyone affected.

4.1.1 Containment

4.1.1.1 Identify the extent of the privacy breach and take appropriate steps to contain it. If the breach is a serious one please contact your immediate

supervisor and the Director of Care (by telephone or email) as soon as possible.

4.1.2 Best Practices

- 4.1.2.1 Retrieve the hard copies of any personal health information that has been disclosed.
- 4.1.2.2 Ensure that the person who was not authorized to receive the information did not make or keep copies. Obtain that person's contact information in case you need to follow up.
- 4.1.2.3 Specify (by telephone and/or in writing as appropriate) to the individual whose privacy has been breached, what information and how much personal health information was affected.
- 4.1.2.4 Explain (by telephone and/or in writing as appropriate) to the individual immediate and long-term steps you and others have taken to rectify the breach.
- 4.1.2.5 Notify your immediate supervisor (verbally or in writing) and the Director of Care of the breach. Consult with the Director of Care prior to notifying a resident/client about a privacy breach.

4.2 Addressing a Privacy Complaint

- 4.2.1 An individual may make a written complaint about MMH's compliance with its privacy policies, procedures or practices to:
Chief Privacy Officer
Maison McCulloch Hospice
1028 South Bay Road
Sudbury, ON
P3E 6J7
- 4.2.2 The written complaint should provide:
 - 4.2.2.1 Sufficient details to permit an investigation.
 - 4.2.2.2 Contact information for communication with the complainant.
- 4.2.3 Upon receipt of a complaint the Chief Privacy Officer or designate sends an acknowledgement indicating that:
 - 4.2.3.1 The complaint has been received, and;
 - 4.2.3.2 Explains the complaint process.
- 4.2.4 When the complaint relates to MMH's handling of an access or correction request, the Chief Privacy Officer or designate will investigate.
- 4.2.5 The Chief Privacy Officer or designate works with the parties involved to seek resolution of the complaint.
- 4.2.6 The Chief Privacy Officer or designate responds to the complaint within a specified timeframe as per the complaint management policy.
- 4.2.7 The Chief Privacy Officer or designate will provide a written response to the complainant, which will summarize the nature and findings of the investigation

and when appropriate, outlines the measures that MMH is taking in response to the complaint. The response may include, but is not limited to, amending its privacy policies, procedures and practices.

4.2.8 The Chief Privacy Office or designate:

4.2.8.1 Documents all complaints.

4.2.8.2 Provides information on all complaints to appropriate levels of the organization.

4.2.8.3 Reserves the right to seek council from the MMH Board of Directors if required, for resolution.

4.2.8.4 Delivers an annual summary of all complaints to the MMH Board of Directors. (This summary does not include any private, personal or confidential information on residents/clients).