

Section: Professional Conduct of Business	Number: 2.01
Authorized by: Executive Director	Date Approved: October 26 2020
Policy Name: Privacy and Confidentiality Policy	Previous Approval Date: n/a

POLICY STATEMENT

The Alzheimer Society of Cornwall and District (ASCD or the Society) is committed to client privacy and to protecting the confidentiality of the health information it holds. It is a health information custodian under the *Personal Health Information Protection Act, 2004* (“PHIPA”, or the “Act”). The ASCD complies with PHIPA and protects “personal health information” (“PHI”) as defined under the Act.

In ASCD’s Privacy and Confidentiality Policy, we use the language of “Agent” to capture the commitment of its staff, management, volunteers and students to abide by this policy and to reflect a shared commitment to protecting PHI.

This Privacy Policy sets out privacy practices and standards to guide the ASCD and its Agents. All Agents are obliged to abide by those policies and procedures.

ACCOUNTABILITY FOR PHI

The ASCD is responsible for PHI in its custody and control, including information collected, used, or disclosed by its Agents.

Agents

“Agents”, including any person or entity that acts on ASCD’s behalf, have a defined role under PHIPA. They may collect, use, disclose, retain, or dispose of PHI on the Society’s behalf as permitted or required by law; and only as directed by the Society. Agents must notify the Society at the first reasonable opportunity if PHI they handle on behalf of ASCD is stolen, lost or accessed by unauthorized persons.

We require any Agent who collects, uses or discloses PHI on our behalf to be aware of the importance of maintaining the confidentiality of PHI. This is done through the signing of confidentiality pledges annually, privacy training, and contractual means (refer to Appendix A for the Employee Oath of Confidentiality).

Privacy Officer

At the ASCD, the Executive Director has been designated as the Privacy Officer. The Privacy Officer manages the Society’s compliance with this Privacy Policy and PHIPA.

IDENTIFYING PURPOSES FOR COLLECTING PHI

The ASCD collects PHI for purposes related to:

- Providing health support and services based on client needs
- Delivering programs and service
- Communicating with other healthcare professionals involved in client care

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- Seeking client consent (or consent of a substitute decision maker) where needed
- Planning, administering and managing internal operations
- Performing risk management, error management and quality improvement activities
- Gathering statistics
- Completing research
- Carrying out client surveys
- Following legal and regulatory requirements
- Fulfilling other purposes permitted or required by law

When PHI that has been collected is to be used for a purpose not previously identified, the new purpose will be identified prior to use. Unless the new purpose is permitted or required by law, consent will be required before the information can be used for that purpose.

CONSENT FOR THE COLLECTION, USE, AND DISCLOSURE OF PHI

The Society requires consent in order to collect, use, or disclose PHI. In some cases, ASCD may collect, use or disclose PHI without consent, but only as permitted or required by law.

For consent to be valid, the client must have capacity to consent and give consent directly. Where required, consent must be obtained from his/her substitute decision-maker, as defined under PHIPA. The consent must be voluntary, knowledgeable, and relate to the information in question.

Consent may be implied or expressed. There are certain activities for which consent is not required to use or disclose PHI. These activities are permitted or required by law. Please refer to the ASCD's Consent Policy for more information.

LIMITING COLLECTION, USE AND DISCLOSURE OF PHI

Collection

The Society limits the amount and type of PHI we collect to what is necessary to fulfill the purposes identified. We will not collect PHI if other information, such as de-identified information (eg. information without client names, or other client identifiers), will serve the purpose for the collection. Information is collected directly from the client, unless the law permits or requires collection from third parties.

Agents may only initiate their own projects to collect new PHI from any source with permission of the Society or the Privacy Officer.

Use

PHI is not used for purposes other than those for which it was collected, except with the consent of the client or as permitted or required by law. The Society will not use PHI if other information, such as de-identified information, will serve the purpose.

PHI may only be used within the limits of each Agent's role. Agents may not read, look at, receive or otherwise use PHI unless they have a legitimate "need to know" as part of their position. If an Agent is in doubt whether an activity to use PHI is part of his or her position, he or she should ask the Privacy Officer. For example, self-directed learning is not allowed (randomly or intentionally looking at health records for self-initiated educational purposes) without specific authorization.

Disclosure

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PHI is not disclosed for purposes other than those for which it was collected, except with the consent of the client or as permitted or required by law. PHI will not be disclosed if other information, such as de-identified information, will serve the purpose for the disclosure.

PHI may only be disclosed within the limits of each employee's role. Employees may not share, talk about, send to or otherwise disclose PHI to anyone else unless that activity is an authorized part of their position. If an employee is in doubt whether an activity to disclose PHI is part of his or her position, he or she is expected to ask the Privacy Officer.

RETENTION, STORAGE, & DISPOSAL OF PHI

Health records are retained as required by law and to fulfill the Society's purposes for collecting PHI. There may be reasons to keep records for longer than standard minimum periods.

PHI that is no longer required to fulfill the identified purposes is securely destroyed, erased, or made anonymous safely and securely. Please see the Society's Retention, Storage, and Disposal Policy.

ACCURACY AND OPENNESS ABOUT PHI

ASCD will take reasonable steps to ensure that information we hold is as accurate, complete, and up to date as is necessary to minimize the possibility that inappropriate information may be used to make a decision about a client.

We make available the following information about the Society's policies and practices relating to the management of PHI:

- Contact information for our Privacy Officer, to whom complaints or inquiries can be made;
- The procedure for obtaining access to PHI we hold, and making requests for its correction;
- Notice of information practices; and
- A description of how the client may make a complaint to the Society or to the Information and Privacy Commissioner of Ontario (the "IPC").

SAFEGUARDS FOR PHI

The Society has put in place safeguards for the PHI we hold, which include:

- Physical safeguards (such as locked filing cabinets and rooms);
- Organizational safeguards (such as permitting access to PHI by Agents on a "need-to-know" basis only); and
- Technological safeguards (such as the use of passwords, encryption, and audits).

We take steps to ensure that the PHI we hold is protected against theft, loss and unauthorized use or disclosure. The details of these safeguards are set out in the Society's Information Security Policy.

PRIVACY BREACHES & AUDITS

A privacy breach occurs whenever a person contravenes or is about to contravene a rule under PHIPA or this Privacy Policy or related policies and procedures of the Society, including in cases where a client's information is lost, stolen or accessed by an unauthorized person.

The Society will conduct random audits routinely, and as deemed necessary in a given circumstance. Failure to comply with PHIPA, this Privacy Policy, related policies and procedures of the Society, whether

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intentionally or inadvertently, may result in disciplinary action of the Agent, up to and including termination of employment or services.

If a privacy breach occurs, we will make every reasonable effort to contain the situation, which includes locating and retrieving all PHI and other personal information outside of our control, as well as ascertaining whether other PHI and other personal information is at risk of exposure. All privacy breaches must be reported immediately to the Privacy Officer, who is responsible for reporting and documenting required throughout the breach. The Alzheimer Society will notify a client or a person authorized to act on his or her behalf at the first reasonable opportunity if PHI is lost, stolen or accessed by unauthorized persons (i.e. a privacy breach). ASCD will then take any steps necessary to minimize the chances of a similar future breach.

CLIENT ACCESS TO AND CORRECTION OF PHI

Clients may make written requests to have access to or correction of their records of PHI, in accordance with the Society's relevant Access and Correction Policy.

ASSESSMENTS OF AND CHALLENGES TO COMPLIANCE WITH THE SOCIETY'S PRIVACY POLICIES AND PRACTICES

Any person may ask questions or challenge our compliance with this policy or with PHIPA by contacting the Society's Privacy Officer, who will:

- Receive and respond to complaints or inquiries about the Society policies and practices relating to the handling of PHI.
- Inform clients who make inquiries or lodge complaints of other available complaint procedures.
- Investigate all complaints. If a complaint is found to be justifiable, the Society will take appropriate measures to respond.

The IPC oversees the Society's compliance with privacy rules and PHIPA. Anyone can make an inquiry or complaint directly to the IPC by writing to or calling:

Information and Privacy Commissioner of Ontario
2 Bloor Street East, Suite 1400
Toronto, Ontario M4W 1A8 Canada
Phone: 1 (800) 387-0073 (or 416-326-3333 in Toronto)
Fax: 416-325-9195
www.ipc.on.ca

The Society conducts routine assessments of new and modified work procedures or systems, as well as operational compliance with this policy and with PHIPA routinely.

Related Policies

Access and Correction Policy
Information Security Policy
Record Retention and Destruction Policy
Consent Policy

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APPENDIX A – EMPLOYEE OATH OF CONFIDENTIALITY (moved here from the Intake Policy)

Oath of confidentiality

Information revealed or discussed concerning individuals consulting with or employed with the Alzheimer Society of Cornwall and District (the Society) is to remain confidential unless written or verbal consent has been given by that individual to do otherwise.

No member or employee of the Society shall divulge confidential information obtained as a result of their appointment or employment unless legally required to do so, nor shall such information be used for personal gain or benefit. Violation of this confidentiality can be cause for dismissal from the Society.

I, the undersigned, agree that any confidential information obtained during or through my employment or involvement, including volunteering with the Society may not be revealed or discussed or used for the purpose of obtaining personal gain or profit and may not be discussed with anyone not employed by this Society, without the individual's express written or verbal permission.

Name (Please print clearly):

Signature:

Date (DD/MMM/YYYY):

Witness:
