

Société Alzheimer Society

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Privacy Policy

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| Policy: Client Privacy and the Collection, Use and Disclosure of Personal Health Information | Number: PS-PRI-01 |
| Effective Date: June 2024 Review Date: January 2026 | Pages: 16 |

POLICY

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

In this Privacy Policy (the “**Privacy Policy**”), we use the language of “**Agent**” to capture the commitment of the Society and its agents, which includes but is not limited to, the board of directors, staff, volunteers, students, and vendors and any other agents. All are bound by law and ethics to safeguard PHI.

This Privacy Policy sets out privacy practices and standards to guide the Society and its Agents. Additionally, regulated health professionals will be guided by the standards of practice governing their profession.

The responsibility of the protection of personal information, including PHI, outlives the professional relationship and continues indefinitely after the provider has ceased to care for the client.

This Privacy Policy acts as the articulation of the privacy practices and standards to guide all Agents. There are additional privacy procedures that are included by reference to this Privacy Policy and are listed in Appendix A. All Agents agree to abide by those procedure polices as well.

ACCOUNTABILITY FOR PERSONAL HEALTH INFORMATION

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

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.

Privacy Officer

The following personnel has been designated as the Privacy Officer:

Executive Director
privacycornwall@alzheimer-cornwall.ca

The Privacy Officer manages the Society's compliance with this Privacy Policy and PHIPA.

Our commitment to privacy is demonstrated by adherence to our privacy policy and procedures to protect the PHI we hold and by educating our staff and any others who collect, use, or disclose PHI on our behalf about their privacy responsibilities.

IDENTIFYING PURPOSES FOR COLLECTING PERSONAL HEALTH INFORMATION

The Society collects PHI for purposes related to:

- Treat and care for you
- Provide services to you
- Provide appointment or preventative care reminders to you and/or send client surveys to you
- Update you of upcoming events, activities and programs
- Coordinate your care with your other health care providers including through shared electronic health information systems such as Ontario Health Teams, Ontario Laboratory Information Systems (OLIS), HealthLinks, Connecting Ontario, AlayaCare, and local, regional and provincial programs
- Deliver and evaluate our programs
- Plan, administer and manage our internal operations
- Be paid or process, monitor, verify or reimburse claims for payment
- Conduct risk management, error management and quality improvement activities
- Educate our staff and students
- Dispose of your information
- Seek your consent (or consent of a substitute decision-maker) where appropriate
- Respond to or initiate proceedings
- Conduct research (subject to certain rules)
- Compile statistics
- Allow for the analysis, administration and management of the health system
- Comply with legal and regulatory requirements
- Fulfill other purposes permitted or required by law
- Our collection, use and disclosure (sharing) of your personal health information is done in accordance with Ontario 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 PERSONAL HEALTH INFORMATION

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The Society, in general, requires consent to collect, use, or disclose PHI. However, in some cases, we 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 the capacity to consent and give consent directly. Where required, consent must be obtained from their substitute decision-maker, as defined under PHIPA and Health Care Consent Act. The consent must be voluntary, knowledgeable, and related to the information in question.

Types of consent:

Implied Consent – (Disclosures to other health care providers for health care purposes for care)

The Society relies on implied consent for health care. PHI may also be released to a client’s other health care providers for health care purposes (within the “circle of care”) without the express written or verbal consent of the client if it is reasonable in the circumstances to believe that the client wants the information shared with the other health care providers. No information will be released to other health care providers if the client has stated he or she does not want the information shared.

A client’s request for care constitutes implied consent to use and disclose PHI for health care purposes unless the client expressly instructs otherwise.

Who can be in the “circle of care” includes (among others providing direct care if authorized by PHIPA):

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| <ul style="list-style-type: none">• Staff• Volunteers• Students | <ul style="list-style-type: none">• Home and Community Care, and Community Health Centers• Hospitals• Long-term care homes• Family health teams• Ambulance• Pharmacists• Laboratories• Regulated health professionals in sole practice or group• Social workers and social service workers• A program, or service for community health or mental health whose primary purpose is the provision of health care Ontario Health Teams |
|---|---|

For clarity – the following groups are NOT in the “circle of care” and we do not share personal health information about our clients with them relying on implied consent. That does not mean we never disclose to these individuals and groups - but we only do so if we have express consent or if we are otherwise permitted or required by law to disclose:

- Police
- Landlords
- Employers
- Children’s Aid Societies
- External unregulated care providers
- Spiritual leaders/healers

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- o Insurance companies

Express Consent - For Release of Records

Clients may provide verbal or written consent if they wish for the Society to release their information to their external health care providers not actively providing care. See our *“Access and Correction Procedures – Release of Client Information”*. The Society requires express consent for purposes not related to healthcare, and when health records are requested. The client must sign a release of information form to have PHI released. Examples where written express consent is required for the release of information include, but are not limited to: lawyers, police, spiritual leaders/healers, insurance company, family, employers, landlords or other third-party clients or agencies (non-health care providers).

No Consent – For Limited Activities

There are certain activities for which consent is not required to use or disclose PHI. These activities are permitted or required by law. For example, we do not need consent from clients to (this is not an exhaustive list):

- Plan, administer and manage our internal operations, programs and services
- Receive payment for services
- Engage in quality improvement, error management, and risk management activities
- Participate in the analysis, administration and management of the health care system
- Engage in research (subject to certain rules, e.g., Research Ethics Board approval, creation of a research plan)
- Teach, train and educate our staff, volunteers and students
- Compile statistics for internal or mandatory external reporting
- Respond to legal proceedings
- Comply with mandatory reporting obligations, (see –Society Access and Correction Policy or Guidance)
- Obtaining Accreditation

If Agents have questions about using and disclosing PHI without consent, they can ask the Privacy Officer.

Withholding or Withdrawal of Consent

A client may choose not to give consent or may withhold consent. If the client withholds consent, the Society may only be able to provide limited programs and services. If consent is given, the client may withdraw consent at any time, but the withdrawal cannot be retrospective. The withdrawal may also be subject to legal or contractual restrictions and reasonable notice.

Lockbox – Consent Directive

PHIPA gives clients the opportunity to restrict access to any personal health information or their entire health record by their health care providers within the Society or by external health care providers. Although the term “lockbox” is not found in the privacy legislation, lockbox is commonly used to refer to a client's ability to withdraw

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or withhold consent for the use or disclosure of their personal health information for health care purposes (see *Lockbox Procedural Policy*) for details of how the lockbox works.

Clients may initiate the process for restricting access by contacting the Privacy Officer. Clients must submit their request for a restricted access in writing. Clients will be asked to complete a request form and must be submitted to the Privacy Officer or designate.

Restricting access does not prevent the Society from using or disclosing PHI where there is a legal obligation to do so (see *Access and Correction Procedural Policies*). There may be other circumstances where the use or disclosure of PHI is required or permitted by law, agents should consult with a Privacy Officer when in doubt.

LIMITING COLLECTION OF PERSONAL HEALTH INFORMATION

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, will serve the purpose for the collection. Information is collected directly from the client, unless the law permits or requires collection from third parties

PHI may only be collected within the limits of each agent's role. Agents should not initiate their own projects to collect new personal health information from any source without being authorized by the Society.

LIMITING USE & DISCLOSURE OF PERSONAL HEALTH INFORMATION

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 their position, consult with the Society's 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

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. We will not disclose PHI 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 Agent's role. Agents 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 Agent is in doubt whether an activity to disclose PHI is part of their position, consult with the Society's Privacy Officer.

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RETENTION, STORAGE, & DISPOSAL OF PERSONAL HEALTH INFORMATION

Health records are retained as required by law and professional regulations and to fulfill the Society's purposes for collecting PHI. For example, standards of health regulatory Colleges and associations apply. There may be reasons to keep records for longer than standard minimum periods.

We retain health records for at least 10 years from the date of last entry or, in the case of minors, 10 years from the time the client would have reached the age of majority (age 18). In some cases, we keep records for longer than this minimum period. Personal health information that is no longer required to fulfill the identified purposes is destroyed, erased, or made anonymous safely and securely. Please see our *"Safeguards Procedures for Client Information"*. The Society prohibits the use of parallel files (parallel files are copies of health records kept as hard copies outside of the main electronic client record) except for client-requested "lockbox" (see policy PS-PRI-02). Health records will be kept in the client database. Hard copies of health records will be scanned in a read-only format to the client database. Once scanned, the Society Staff should double-check the reliability of the digital copy and properly dispose (shred or delete) of any hard copy.

Any paper documents will be stored in designated storage areas and shredding will occur according to retention schedule and approved by management.

ACCURACY OF PERSONAL HEALTH INFORMATION

The Society takes 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.

SAFEGUARDS FOR PERSONAL HEALTH INFORMATION

We take steps to ensure that the PHI we hold is protected against theft, loss and unauthorized use or disclosure.

- 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).

The details of these safeguards are set out in the *"Safeguards Procedures for Client Information"*.

Anyone who collects, uses, or discloses PHI on behalf of the Society understands to be aware of the importance of maintaining the confidentiality of PHI. This is done through the signing of confidentiality agreements, privacy training, and contractual means.

Care is used in the disposal or destruction of PHI to prevent unauthorized parties from gaining access to the information.

OPENNESS ABOUT PERSONAL HEALTH INFORMATION

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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; all complaints can be made using the *HR-HSW-01-Accident, Incident and Complaint Report Form*;
- The process 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").

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

All privacy breaches must be reported immediately to the Privacy Officer. If you have any questions, contact the Privacy Officer.

The Society posts its privacy statement in high traffic areas, a brochure and on the website.

CLIENT ACCESS TO AND CORRECTION OF PERSONAL HEALTH INFORMATION

Clients may make written requests to have access to their records of personal health information, in accordance with the. *"Access and Correction Procedures – Release of Client Information"*.

The Society will respond to the client's request for access within reasonable timelines and costs to the client, as governed by law. We will take reasonable steps to ensure that the requested information is made available in a format that is understandable.

Clients have a right to ask for their records to be corrected if they can demonstrate that the records we hold are inaccurate or incomplete in some way for the purposes for which we hold that information. In some cases, instead of making a correction, we may offer a client an opportunity to append a statement of disagreement to their file. The Society, in certain situations, may not be able to provide access to all the PHI we hold about the client. Exceptions to the right of access requirement will be in accordance with law. Examples may include information that could reasonably be expected to result in a risk of serious harm; or the information is subject to legal privilege.

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

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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

SCOPE:

This policy applies to the board of directors, staff, volunteers, students, and vendors, who are to abide by this Privacy Policy and to reflect a shared commitment to protecting personal health information

DEFINITION:

Agents: including any person or entity that acts on the Society's behalf, have a defined role under PHIPA. They may collect, use, disclose, retain, or dispose of personal health information 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 personal health information they handle on behalf of the Society is stolen, lost, or accessed by unauthorized persons.

Blocking: blocking a health record is a common term for a client who withholds or withdraws consent to collect, use or disclose his or her health record for healthcare purposes. This is also referred to internally as a lock box or consent directive.

Confidentiality: is the protection of acquired information about a client.

Stakeholder: Board members, staff, students, volunteers, vendors, and any other agents of the Society.

Personal Health Information: personal health information (PHI) as defined by the provincial Personal Health Information Protection Act (PHIPA) refers to identifying information about an individual in oral or recorded form relating to their physical or mental health (including personal and family medical history), the provision of health care to the individual including a plan of service, payments or eligibility for health care, substitute decision-

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makers, organ and tissue donation information and health number. In addition, any other information about an individual that is included in a record containing PHI is also part of this definition.

Identifying Information: information is considered “identifying” if it is foreseeable that it could be used alone or in combination with other information that is reasonably available to identify a client.

Health Record: a health record is any written (including, but not limited to, electronic) information that contains personal health information about a client.

Implied Consent: implied consent is obtained when, given the circumstances of the client, it is reasonable to conclude that the client has by his or her conduct consented to the collection, use or disclosure of the client’s personal health information.

Express Consent: express consent is obtained when a client explicitly agrees orally or in writing to the collection, use and disclosure of the client’s personal health information.

Privacy Breach: A privacy breach occurs with respect to personal information, when there is unauthorized access or disclosure of information and/or loss of information that could result in information being accessed or disclosed without authority. Breaches can be intentional or unintentional and may be the result of inadvertent errors or malicious actions by employees, third parties, partners in information-sharing agreements or intruders.

Privacy Incident: A privacy incident is typically less severe than a privacy breach. An incident occurs when personal information is mishandled or incorrectly collected, used or disclosed. However, unlike a privacy breach, the situation can be corrected easily and quickly without any prejudice to the individual.

POLICY REVIEW:

The most Senior Leader at the Society, or their designate will review this Policy every two years. If there are legislated changes required, these changes will be made as close as possible to the effective date of the legislative change.

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Appendix A

Appendix A – Supporting Privacy Procedures and Documents

The following are incorporated into the Privacy Policy and must be followed by the Society and all board, staff, students, volunteers, and vendors:

| | Last Updated |
|--|--------------|
| Privacy Breach Procedural Policies | March 2023 |
| Safeguards Procedures for Client Information Procedural Policies | March 2023 |
| Access and Correction Procedures – Release of Client Information Procedural Policies | March 2023 |
| Lockbox Procedural Policies | March 2023 |

Appendix B- Privacy Notice Script

Société Alzheimer Society **Privacy Notice Scripts**

The Privacy Notice of the Society must be reviewed at first contact, and each time a new service provider is introduced. Please use the following scripts to help you review the Privacy Notice with clients:

Script #1 – Over Phone

I am going to [complete a referral/complete an intake assessment/provide service] on your behalf, but, before you share any information, I want to inform you of our Privacy Notice. The Society takes care to protect your personal health information by following PHIPA (privacy legislation) and other laws in Ontario. The information you choose to share is confidential and only shared with other health care providers to assist with your healthcare. There are some limits to this confidentiality that are outlined in our Privacy Notice. This notice can be viewed on our website, sent to you by email, and/or given to you at the time of intake or at your next visit.

Do you have any questions?

Proceed with completing Referral Form/Intake/Assessment/Providing Service.

Script #2 – In Person

I am going to [complete a referral/complete an intake assessment/provide service] on your behalf, but, before you share any information, I want to inform you of our Privacy Notice. The Society takes care to protect your personal health information by following PHIPA (privacy legislation) and other laws in Ontario. The information you choose to share is confidential and only shared with other health care providers to assist with your healthcare. There are some limits to this confidentiality that are outlined in our Privacy Notice (give copy of Privacy Notice). This statement can also be viewed on our website or sent to you by email.

Do you have any questions?

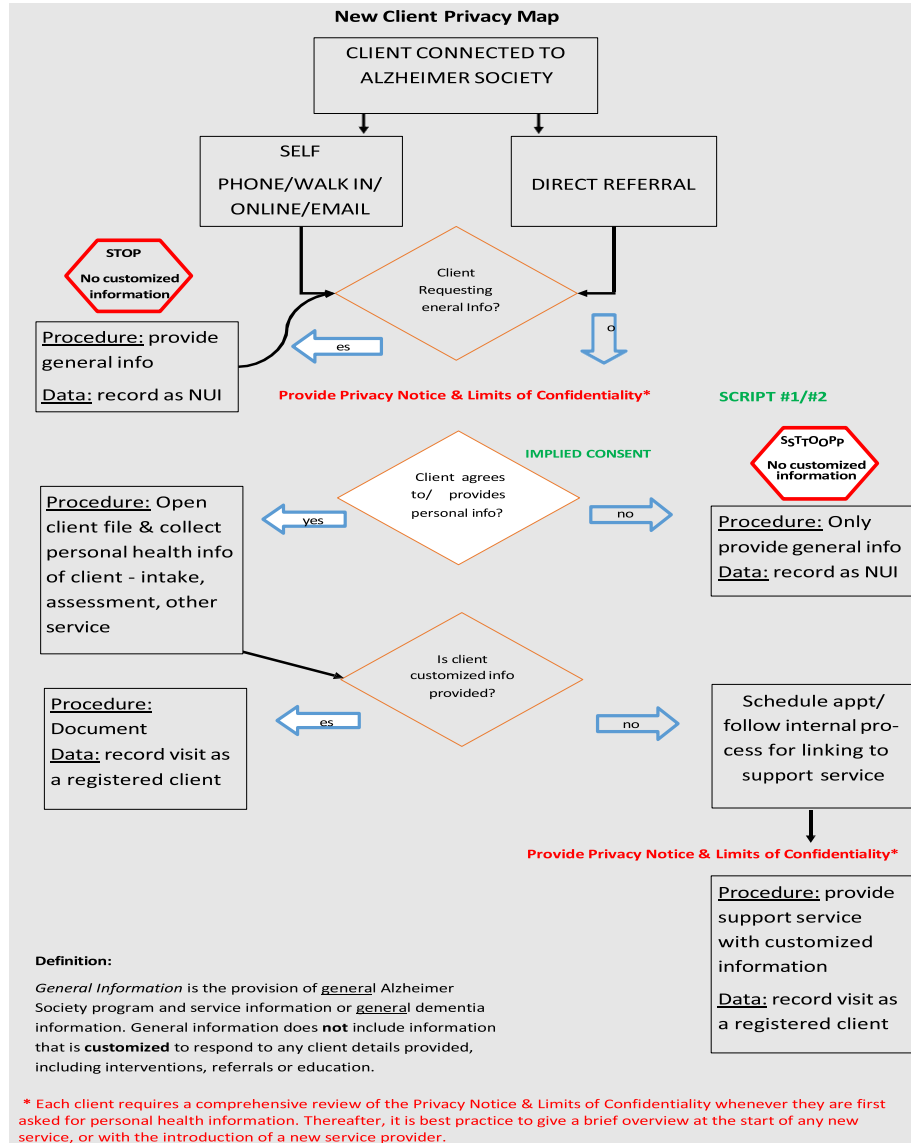
Proceed with completing Referral Form/Intake/Assessment/Providing Service.

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Appendix C - Privacy Map

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Appendix D – Privacy Notice

Société Alzheimer Society **Privacy Notice**

We are committed to promoting privacy and protecting the confidentiality of the health information we hold about you.

YOUR HEALTH RECORD

Your health record includes information relevant to your health including your date of birth, contact information, health history, family health history, details of your physical and mental health, record of your visits, the care and support you received during those visits, results from tests and procedures, and information from other health care providers.

Your record is our property, but the information belongs to you.

With limited exceptions, you have the right to access the health information we hold about you, whether in the health record or elsewhere.

You can request a copy of your record. If you wish to view the original record, one of our staff members must be present. If you need a copy of your health record, please contact our Privacy Officer or ask a Society personnel who will explain the process. In rare situations, you may be denied access to some or all of your record (with any such denial being in accordance with applicable law).

We try to keep your record accurate and up-to-date. Please let us know if you disagree with what is recorded, and in most cases we will be able to make the change or otherwise we will ask you to write a statement of disagreement and we will attach that statement to your record.

CONFIDENTIALITY

Everyone here is bound by confidentiality. We must protect your information from loss or theft and make sure no one looks at it or does something with your information if they are not involved with your care or allowed as part of their job. If there is a privacy breach, we will tell you (and we are required by law to tell you).

OUR PRACTICES

We collect, use and disclose (meaning share) your health information to:

- Treat and care for you
- Provide services to you

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- Provide appointment or preventative care reminders to you and/or send client surveys to you
- Update you of upcoming events, activities and programs
- Coordinate your care with your other health care providers including through shared electronic health information systems such as Ontario Health Teams, Ontario Laboratory Information Systems (OLIS), HealthLinks, Connecting Ontario, AlayaCare, and local, regional and provincial programs
- Deliver and evaluate our programs
- Plan, administer and manage our internal operations
- Be paid or process, monitor, verify or reimburse claims for payment
- Conduct risk management, error management and quality improvement activities
- Educate our staff and students
- Dispose of your information
- Seek your consent (or consent of a substitute decision-maker) where appropriate
- Respond to or initiate proceedings
- Conduct research (subject to certain rules)
- Compile statistics
- Allow for the analysis, administration and management of the health system
- Comply with legal and regulatory requirements
- Fulfill other purposes permitted or required by law
- Our collection, use and disclosure (sharing) of your personal health information is done in accordance with Ontario law.

YOUR CHOICES AND WHO DECIDES

You have a right to make choices and control how your health information is collected, used, and disclosed, subject to some limits.

You may make your own decisions if you are “capable”. Your health care provider will decide if you are capable based on a test the law sets out. You may be capable of making some information privacy decisions and not others. If you are not capable – you will have a substitute decision-maker who will make your information decisions for you. Who can act as a substitute decision-maker and what they have to do is also set out in law.

We assume that when you come to have health care from us, you have given us your permission (your consent) to use your information unless you tell us otherwise. We may also collect, use and share your health information in order to talk with other healthcare providers about your care unless you tell us you do not want us to do so.

You have the right to ask that we not share some or all of your health records with one or more of our staff members or ask us not to share your health record with one or more of your external healthcare providers (such as a specialist). This is known as asking for a “lockbox”. If you would like to know more, please ask us for a copy of our “**Client Lockbox Information Brochure: How to Restrict Access to your Health Record**”. If you request

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restrictions on the use of and disclosure of your health record, a member of our staff will explain your choices and the potential repercussions for those options.

There are other cases where we are not allowed to assume we have your permission to share information. We may need permission to communicate with any family members or friends with whom you would like us to share information about your health (unless someone is your substitute decision-maker). For example, we will also need your permission to give your health information to your insurance company. If you have questions, we can explain this to you.

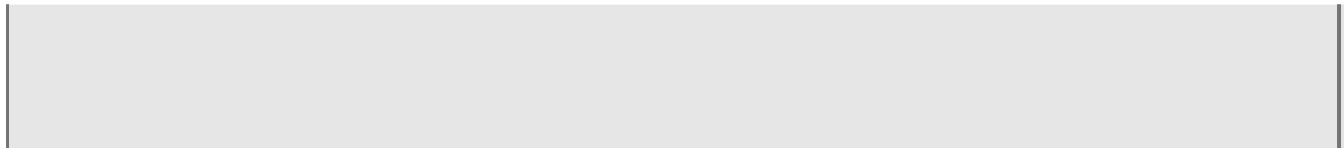
When we require and ask for your permission, you may choose to say no. If you say yes, you may change your mind at any time. Once you say no, we will no longer share your information unless you say so. Your choice to say no may be subject to some limits.

BUT there are cases where we may collect, use or share your health information without your permission, as permitted or required by law. For example, we do not require your permission to use your information for billing, risk management or error management, quality improvement purposes. We also do not need your permission to share your health information to keep you or someone else safe this is to eliminate or reduce a significant risk of serious bodily harm; or to meet reporting obligations under other laws such as for health protection of communicable diseases, child safety or safe driving.

FOR MORE INFORMATION OR COMPLAINTS

If you would like a copy of our Privacy Policy, please check our website or ask us for a copy.

We encourage you to contact us with any questions or concerns you might have about our privacy practices. You can reach our Privacy Officer at:



If, after contacting us, you feel that your concerns have not been addressed to your satisfaction, you have the right to complain to the Information and Privacy Commissioner of Ontario. The Commissioner can be reached at:

Information and Privacy Commissioner of Ontario
2 Bloor Street East, Suite 1400
Toronto, Ontario M4W 1A8
1-800-387-0073
or visit the IPC website via www.ipc.on.ca

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