

	Board Manual		
	Section: Privacy Policy	Policy Name: Privacy Policy - Yorktown Shelter for Women	Policy #: 7.10 (a)
	Accreditation Standard: ORG-PS-5.2	Accreditation:	
	Implementation Date: August 2007	Revision Dates: August 2007 August 2011 February 2015	Last Review Date: August 2008 August 2011 February 2015

POLICY:

Yorktown Shelter for Women (YSW) recognizes the sensitivity of an individual's personal health information and therefore, is committed to respecting, safeguarding and protecting clients' personal health information in compliance with the *Personal Health Information Act, 2004*. This Act requires that all personal health information is kept private and secure. Yorktown Shelter for Women collects, uses, and shares personal health information and must therefore comply with the Act.

DEFINITIONS:

Within this policy, the law is referred to as "PHIPA", Personal Health Information Protection Act. Personal Health Information is referred to as "PHI" or "information". This is identifying information that relates to a client's physical or mental health, including his or her health history as well as his or her family's health history.

Within the Act, health professionals, institutions and agencies that hold personal health information are referred to as "Health Information Custodians", abbreviated to "HIC's" or "custodians". Yorktown Shelter for women is a HIC and is responsible for the PHI that is collected, used, maintained and shared, as set out in this policy.

"Express Consent" means permission that must be specifically obtained from the client. "Implied Consent" means that staff of the agency may conclude from the surrounding circumstances that the client would agree to the collection, use or disclosure of his or her PHI.

What Information is Collected from the Client?

Clients may be asked to provide whatever information about themselves or their families that is needed in order to provide the necessary care or treatment. This may include the families' health history as well as information about the care or treatment the client has received.

The information that is collected will be for the purpose of the main activities of the agency:

- Treatment planning;
- Collaborating and working as part of a multi-disciplinary team to provide care to clients;
- Providing a comprehensive and flexible range of services from prevention and early intervention to treatment programs for children, youth and their families;
- Teaching and fostering a learning environment; and,
- Empowering and enabling individuals to foster healthy relationships.

The PHI may also be used for quality assurance, evaluation, accreditation and licensing processes.

Information will only be collected indirectly, that is, from other family members or professionals, if necessary to provide the health care and treatment, with the client's consent or if permitted to do so by law.

How is the Information Used?

Unless specifically directed not to do so by the client, PHI may be disclosed to health care providers within the client's "Circle of Care" who need to know the information in order to provide the appropriate care or treatment. The "Circle of Care" may include other health care professionals outside of this agency, such as psychologist, doctor, nurses, Community Care Access Centres (CCAC) and home service providers who provide health care services to the client.

- Client information is used by agents (employees and volunteers) to provide necessary care or treatment.
- Agents are trained and understand that client information is private and can only be used or accessed to provide care and service to carry out our main activities.
- If client information is to be used for any purpose other than our main activities, the agent must ask the client for permission.
- If the agency has express consent from a client to use her/his information for research purposes, that information will only be used for research if the strict process in PHIPA is followed by both the Agency and the researcher and the client is not identified by the information.
- Sometimes the law requires the agency to disclose client information, such as to a Children's Aid Society when they are doing an investigation or when the agency learns that a child may be at risk of harm. Information will be disclosed only if the law requires or permits the agency to do so.

Obtaining Consent:

Consent may be implied or express.

Express consent will be obtained when i) disclosing client information to someone who is not a HIC (e.g., school, employer, lawyer, etc.); or ii) disclosing client information to a HIC but for purposes other than providing for health care. Express consent means specific verbal or written authorization for the collection, use or disclosure.

Where the agency is collecting, using or disclosing PHI for health care purposes, the law normally permits the agency to rely on implied consent where the surrounding circumstances allow the agency to make a reasonable determination that the client would agree to the collection, use or disclosure.

A client may withhold or withdraw consent at any time. If it is believed that the withholding or withdrawing of consent may compromise client care, the client will be so advised. The client will also be told if others within the Circle of Care cannot be provided with that information when it is requested.

Clients may provide an express written instruction that information not be used or disclosed. Staff of the agency, or the Privacy Officer, will assist any client with this process.

The agency may collect, use or disclose PHI without client consent in limited circumstances that are required or permitted by law.

Consent is only valid when obtained from a “capable” person. To be capable of consenting, the individual must be able to understand the information relevant to the decision and the consequences of giving, withholding or withdrawing consent. If an individual is deemed to be incapable of making decisions about the PHI, the agency will obtain consent from a substitute decision-maker, as determined by law. Agents will discuss the implications of giving, withholding or withdrawing consent with the client or substitute decision-maker and will allow opportunity for any questions to be resolved. This process will be noted in the client file.

Retaining and Disposing of PHI:

The agency will retain client information in a secure manner and keep it for as long as necessary to fulfill the purposes for which it was collected, or as required by law. After that, records will be destroyed in a secure manner, such as cross-cut shredding.

Accuracy of PHI:

Agents will take all reasonable steps to ensure that information collected is accurate, complete and up-to-date at the time of collection. Information will be routinely updated as it is available to fulfill the purposes for which it is collected. Reasonable steps will be taken to ensure that information disclosed to others under this policy is accurate, complete and up-to-date and will be so indicated at the time of use or disclosure.

Security of PHI:

PHI in the custody of this agency is protected by security measures and safeguards designed to protect client information against loss, theft or unauthorized access, disclosure, copying, use or modification. Some of the steps taken to protect that information include:

- a) Physical measures
 - Protecting the premises by lock and alarm;
 - Locking offices that contain PHI; and,
 - Storing PHI in locked filing cabinets.

- b) Administrative measures
 - Creating and maintaining internal operational procedures regarding security;
 - Ensuring that access to PHI is restricted to only those agents who need it in order to provide the necessary care or treatment;
 - Training agents regarding privacy responsibilities;
 - Monitoring printers and fax machines to ensure they are kept in secure areas;
 - Auditing information and security practices to ensure agent compliance with this privacy policy; and,
 - Establishing contracts with outside parties to ensure the confidentiality of PHI.

- c) Technological measures
 - Requiring individualized passwords to access computers;
 - Ensuring a high level of security for PHI stored in electronic format; and,
 - Ensuring that anti-virus, firewall and security measures are current and implemented on all computers that maintain PHI.

All employees, directors, volunteers, students and other professional staff members are aware of the importance of keeping client information confidential. As a condition of employment or association with this agency, they are all required to sign a Confidentiality Agreement.

Responding to Privacy Breaches:

If a privacy breach occurs, the agency will make every reasonable effort to contain the breach, which includes locating and retrieving all PHI outside of our control, as well as ascertaining whether other PHI is at risk of exposure. Clients will be notified at the first reasonable opportunity if their information is lost, stolen, or subject to unauthorized access, disclosure, copying, use or modification. The agency will then take any steps necessary to minimize the chances of a similar future breach.

Client Access to Their Information:

Clients may request access to any records in Yorktown Shelter for Women's custody or control that contain information about them by writing to their primary worker or to the agency's Privacy Officer. The client will receive at least a preliminary response from the Privacy Officer within *thirty* days and a full response within *sixty* days.

Right of access to information is not absolute. Access may be denied when:

- Denial of access is required or authorized by law; or,
- The request is frivolous or vexatious or in bad faith.

If access is denied, the Privacy Officer will provide the reason(s) why and will also notify the client of his/her right to complain to the Information Privacy Commissioner of Ontario (IPC).

Clients may be charged a reasonable fee (based on cost recovery) for copies of information in the client record. Clients will be advised of any fees before copies are made.

Corrections to PHI

Depending on the circumstances, clients have the right to request corrections to a record of PHI within this agency's custody or control. Such a request is to be made by providing a written request to the Privacy Officer who will respond to all written requests within thirty days, although in certain circumstances additional time to provide a response may be required. If agreed, every effort will be made to correct the record by recording the correct information and crossing out the incorrect information, without obliterating it. Any changes will be initialled and/or noted by the Privacy Officer. Requests may be denied if:

- Agents are not satisfied that the record is incomplete or inaccurate for the purposes for which the information was recorded;
- The request consists of a record that was not originally created by staff of this agency and this agency does not have sufficient knowledge, expertise or authority to correct the record;
- The request consists of a professional opinion or observation that a staff member made in good faith; or,
- The request is frivolous or vexatious or made in bad faith.

Written reasons will be provided for any refusal to correct a client record.

Internal Operational Procedures:

The agency will periodically establish or revise various operational procedures to give effect to this policy. These may include, for example, procedures regarding access or correction requests.

Compliance with this Policy:

All agents of Yorktown Shelter for Women are required to know and comply with this policy. Annual confirmation of compliance is required. Any breach of this policy may result in significant action up to, and including, termination of employment or, in the case of other professionals or organizations, termination of the working agreement. Staff members may only use client information as permitted by the agency and within legal limitations. All staff members must notify the Privacy Officer at the first reasonable opportunity if client information is lost, stolen or accessed without authorization.

Clients are advised to direct any questions or concerns respecting the information contained in this policy or the agency's privacy practices to the Privacy Officer. Every effort will be made to answer all questions and to promptly investigate any concerns that may be raised regarding this policy or a potential privacy breach. If an issue is found to have merit, all appropriate measures will be taken, including taking disciplinary action or amending these information practices.

Yorktown Shelter for Women's Privacy Officer

Ms. Hope Boulay
Privacy Officer
Director of Finance and Administration
Yorktown Shelter for Women
300-2010 Eglinton Avenue West
Toronto, Ontario M6E 1E6

Tel: 416.394.2424 Fax: 416.394.2689

While every effort will be made to provide a resolution to all privacy concerns, clients may also contact the Information and Privacy Commissioner of Ontario at:

Brian Beamish
Suite 1400,
2 Bloor St. West
Toronto, Ontario M4W 1A8 1.800.387.0073 TTY 416.325.7539