

Policy Name: <b>Privacy and Security</b>	Policy Number: <b>LI-060</b>
Manual: <b>Corporate</b>	Section: <b>4- Legal</b>
Initial Approval Date: <b>04/10/2016</b>	Policy Owner: <b>Policy &amp; Research Analyst</b>
Current Approval Date: <b>04/10/2016</b>	
Endorsed by: N/A	
Approved by: <b>Executive Team</b>	

### SCOPE

This policy describes Yukon Hospital Corporation's (YHC's) responsibilities as a custodian of personal health information under the *Health Information Privacy and Management Act (HIPMA)*, *Regulations*, *Ministerial Orders*, and the *Access to Information and Protection of Privacy Act (ATIPP)*. This policy describes the standards and requirements that YHC adheres to in the protection of privacy and personal health information (PHI). This policy applies to all YHC Persons also known as YHC Agents under HIPMA legislation.

### POLICY

YHC maintains privacy and security of PHI in compliance with the *HIPMA*, the *ATIPP* and all relevant electronic health legislation, regulations and standards. Yukon Hospitals meets these obligations by:

- Collecting only the minimum amount of PHI necessary to achieve the purpose of the collection.
- Limiting the amount of PHI that is used to the minimum amount necessary to achieve the purpose for its use.
- Limiting the amount of PHI that is disclosed to the minimum amount necessary to achieve the purpose for the disclosure.
- Ensuring appropriate and authorized user access to electronic health information and records.
- Ensuring that all reasonable steps are taken to safeguard the confidentiality, security, and integrity of PHI in its custody and control.

- Providing individuals with access to their PHI that is in the custody of YHC, subject to limited and specific exceptions as set forth in *HIPMA*.
- Providing individuals with the opportunity to require the correction or amendment of PHI about themselves, subject to limited and specific exceptions set forth in *HIPMA*.
- Reviewing and resolving in accordance with all legislation and regulations any privacy complaints with respect to PHI.
- Following all guidelines that define consistent minimum standards and requirements for the storage and disposal of records and the length of time PHI and records of personal health information are to be maintained (See *IM-060 Health Record Retention, Storage & Destruction Policy*).
- Responding to privacy breaches and correcting any contraventions of the *HIPMA* (See *LI-065 Privacy Breach Policy*).
- Ensuring that all related privacy policies and practices, are readily available to all YHC Agents.
- Implementing information system safeguards and conducting security.
- Continuously reviewing its privacy and security procedures for privacy and security quality improvement.

YHC Agents are required to complete mandatory privacy education that is relevant to their position, duties and responsibilities

YHC Agents are required to understand their privacy roles and responsibilities, keeping current and complying with all YHC privacy policy and procedures (see Related Policy and Documents section of this policy).

YHC requires as a condition of employment, all employees and agents to sign and reaffirm annually YHC's Confidentiality Agreement (*LI-060-FORM-1\_ Confidentiality Agreement*). Confidentiality agreements will be included in all contractual provisions.

**Violation of this policy may result in disciplinary action, up to and including termination.** In addition, under the guidelines defined within the legislation, individual fines of up to \$25,000 and corporate fines of up to \$100,000 may be imposed by the Office of the Privacy Commissioner of Yukon (OIPC) if, following a formal investigation of a complaint, it is determined that either or both parties are guilty of *intentionally* breaching the legislation.

## **BACKGROUND**

This policy reflects the *10 Fair Information Principles of the Canadian Standards Association's Model Code for the Protection of Personal Information*. These principles are used across Canada and serve as the basis for health information privacy legislation, including the *HIPMA*.

The *HIPMA* establishes rules and regulations for the collection, use and disclosure of personal health information, while providing for organizations to effectively deliver health care services.

YHC's electronic information system (Meditech) is designated as a part of the Yukon health information network (YHIN) (M.O 2016/31). As an administrator/custodian of Meditech, and part of the YHIN, YHC's provision of PHI to any specified system within YHIN, is not considered a disclosure under HIPMA.

## **DEFINITIONS**

**Agent of YHC:** A person that, with the authorization of YHC, acts for or on behalf of the organization in respect of personal health information for the purposes of YHC and not the agent's own purposes, whether or not the agent has the authority to bind the custodian, whether or not the agent is employed by YHC and whether or not the agent is being remunerated. Examples of agents of YHC include, but are not limited to, employees, volunteers, students, physicians, residents, consultants, researchers, vendors. YHC Agent is synonymous with YHC Person.

**Circle of Care:** A term used to describe the ability of certain health information custodians to assume an individual's implied consent to collect, use or disclose PHI for the purpose of providing healthcare, in circumstances defined in *HIPMA*. (See *LI-060-APPX-A\_ Circumstances When Implied Consent may be Assumed*).

**Collect:** Collect, in relation to personal health information, means to gather, acquire, receive or obtain the information by any means from a source and 'collection' has a corresponding meaning.

**Disclose:** in relation to information in the custody or control of a person, means making the information available or releasing it to another person, but includes neither using the information nor its transmission between a custodian and an agent of that custodian

**Health Information:** a broad term including but not limited to financial information about health and health care, personal health information, de-identified data and aggregate data.

**Express Consent:** Permission for something that is given specifically, either verbally or in writing. Express consent contrasts with **Implied Consent** which is an assumption of permission that is inferred from actions on the part of the individual.

**Health Information Protection and Management Act (HIPMA):** A Yukon health privacy statute. It establishes rules for the management of PHI and protection of the confidentiality of that information, while facilitating the effective delivery of health care services.

**Health Information Custodian (HIC):** A HIC is a person/agent or organization that delivers healthcare services. Physicians, hospitals, pharmacies, laboratories, community health care centres and Health and Social Services are examples of a HIC. A HIC has custody or control of PHI as a result of the work it does. The HIC has the right to deal with the PHI and create records, as well as the responsibility to maintain the confidentiality and security of the PHI. While the HIC is the owner of the materials and system in which information is recorded (e.g., paper charts, computers or information technology systems), patients are the owners of their PHI.

**Implied Consent:** Knowledgeable implied consent is not expressly granted by a person, but rather implicitly granted by a person's actions and the facts and circumstances of a particular situation (or in some cases, by a person's silence or inaction). Knowledge is based on how information is collected by YHC based on public notices providing the purposes and authority for the collection, use and disclosure of information.

**Medical Staff:** The organized body composed of all physicians and midwives who have been granted privileges to practice medicine or midwifery in the facilities and programs operated by the YHC.

**Personal Health Information:** Identifying information about an individual, in recorded or unrecorded form relating to an individual's health or healthcare, payments for healthcare, plans for donation of organs, bodily substance or tissue, genetic testing, test results, or examination of any body part.

**Use:** In relation to personal health information in the custody or control of the YHC, means to handle or deal with the information or to apply the information for a purpose and includes reproducing the information but does not include disclosing the information.

**Yukon Health Information Network:** An electronic health information network used by the Yukon Department of Health and Social Services, authorized health custodians and agents to collect, store and share the personal health information of Yukon patients. Any person who operates an electronic system under this network is required to maintain a record of user activity that identifies every instance in which YHIN information is accessed through the designated components and systems.

**YHC Employees:** Individuals hired in a full or part-time, permanent or term for a clinical or non-clinical position, excluded from the Medical Staff.

**YHC Persons:** A term to collectively represent YHC employees, medical staff, Board Members, volunteers, students, faculty, researchers or contractors connected to YHC. For the purposes of this policy YHC Persons is synonymous with YHC Agent.

## STANDARDS

### 1. Accountability

#### 1.1. C.E.O/Designate (Chief Privacy Officer)

1.1.1. Ensures YHC's compliance with all privacy legislation and regulations.

#### 1.2. Board Members

1.2.1. Review the Corporate Privacy Policy and sign the *Confidentiality Agreement* on an annual basis.

#### 1.3. YHC Persons

1.3.1. Commit to upholding all privacy legislation and YHC privacy related policies through the signing of the *YHC Confidentiality Agreement*.

1.3.2. Review Corporate Privacy Policy and sign the *YHC Confidentiality agreement* upon hire/privileging and annually thereafter while acting as an agent of YHC.

#### 1.4. Medical Staff

1.4.1. As custodians and/or agents of PHI, assume responsibility for the collection, use and disclosure of PHI in their care and control.

1.4.2. Assume responsibility for staff acting as agents of PHI, who are in their employment, or under their supervision.

1.4.3. Ensure that as employers, physician staff understands their roles and responsibilities under the *HIPMA*.

### 2. Consent for the Collection, Use and Disclosure of Personal Health Information

#### 2.1. YHC

2.1.1. Keep records of all disclosures of PHI that do not have consent which include the following information:

- Name of the person the PHI was disclosed to.
- Date and purpose for the disclosure.

- Brief description of the PHI disclosed.

## 2.2. Agent of YHC

- 2.2.1. Inform individuals of the purpose for the collection, use or disclosure of PHI prior to collection.
- 2.2.2. Provide appropriate placement and distribution of Privacy Notification materials making patients aware of their implied consent.
- 2.2.3. Obtain express consent for the collection, use or disclosure of PHI for the following purposes:
  - Fundraising activities;
  - Research or marketing when using identifiable information; or
  - Use in the media, including radio, television, internet and social media.
- 2.2.4. May disclose an individual's PHI to a **Healthcare Service Provider** without their consent in the following situations:
  - Providing healthcare to an individual where implied knowledgeable consent would be expected unless they have expressly refused or withdrawn their consent;
  - Determining or assessing the individual's capacity;
  - Determining or verifying eligibility to receive health care or other related services;
  - Administering payment for health care or other related goods or services;
  - Carrying out the individual's wishes in relation to organ and tissue donation;
  - Preventing fraud or abuse of the healthcare system.
  - Where required through other legislation (e.g. public health act for reportable diseases)
- 2.2.5. May disclose an individual's PHI to **Family or a Close Personal Relation** without their consent in the following situations:
  - To contact a substitute decision-maker or a potential substitute decision-maker;
  - Where the individual is deceased or believed to be deceased:
    - Identification of the deceased;
    - Circumstances surrounding the death or healthcare received by the individual prior to their death;
    - Health planning for surviving relatives; or
    - To the personal representatives for the administration of the deceased's estate or claims under insurance.

- 2.2.6. May disclose an individual's PHI at the **request of Law Enforcement** without their consent in the following situations:
- To comply with a federal or territorial warrant or subpoena if the PHI relates to a possible offence under Yukon or Canadian law; or
  - To assist in locating a person reasonably believed to be missing or in danger.
- 2.2.7. May disclose an individual's PHI **to Law Enforcement** without their consent in the following situations:
- If there is a reasonable belief that the disclosure will prevent or reduce a risk of serious harm, or will enable the assessment of whether there is a risk; or
  - To comply with other Yukon or Canadian laws for mandatory disclosure.
- 2.2.8. May disclose an individual's PHI to a **Government and Government Agent or Body** may occur without the individual's consent in the following situations:
- To the Minister, the Department, and the Government of Yukon for purposes of planning and management of the health system;
  - To a branch, operation, or program of a Yukon First Nation for the purposes of planning and management of that First Nation's health system;
  - To the Canadian Institute of Health Information, or
  - To an official of a custodial institution for the purpose of providing healthcare, or making decisions regarding placement into custody, detention, conditional release, discharge or conditional discharge of the individual.
- 2.2.9. Disclosures for the **Purpose of Research** may occur without the individual's consent in the following situations:
- The research has been approved by an institutional review committee; and, YHC and the researcher have made in writing that the researcher must:
    - Maintain technical and physical safeguards to protect PHI;
    - Destroy or remove any identifying information as soon as possible and consistent with the research;
    - Not make any disclosures of identifiable PHI without YHC's and the patient's authorization;
    - Not publish any personally identifiable PHI;
    - Use the PHI solely for the purpose of approved research;

- Permit the custodian to monitor the researcher's compliance with the agreement, and provide the necessary information to do so;
- Refrain from contacting the individuals who are the subject of the research without YHC's approval;
- Notify the custodian immediately if they become aware of a breach of the agreement;
- Comply with any conditions specified by the institutional research review, and
- On termination of the agreement, deal with the information as outlined in the agreement with the custodian.

### **3. Collection of Personal Health Information**

#### **3.1. YHC Agents**

3.1.1. Collects PHI from a patient which may include name, date of birth, address, health card number, health history, records of visits to the hospital and the care received during those visits.

3.1.2. Collects PHI necessary for the provision of care to patients from other sources if they have obtained consent to do so, the PHI is required and it is believed that collecting the PHI directly from the individual would:

- Prejudice the purpose for collection (e.g. the individual may withhold important information);
- Delay the collection of the information negatively impacting care (e.g. individual is unconscious and needs emergency care);
- Provide information that may not be accurate (e.g. individual has dementia); or
- Not be reasonably practicable in the circumstances (e.g. individual is recovering from surgery and PHI is collected from a spouse).

#### **3.2. YHC Agents**

3.2.1. Limit the collection of PHI to only that which is necessary to fulfil the purposes for which it is collected.

### **4. Use of Personal Health Information**

#### **4.1. YHC**

4.1.1. May use PHI without consent for the following purposes:

- For a legally prescribed purpose:
  - If the PHI is available to the public, or
  - In accordance with an enactment of Yukon or Canada, or a treaty arrangement that permits the use.

- For Patient care:
    - For the purpose of reducing or assessing risk of serious harm to the individual or others:
    - For assembling a family or genetic history of the individual;
    - For determining or carrying out the individual's wishes regarding organ, tissue, or bodily substance donation;
    - If the individual is deceased:
      - To identify the deceased, and
      - For informing any person who it is reasonable to inform that the individual is deceased.
    - To determine, assess, or confirm capacity.
  - For program maintenance and delivery:
    - 4.2. To educate agents in respect to the provision of the healthcare;
    - 4.3. To determine eligibility for service if YHC collected the PHI when processing the application, and if the individual is participating in the program or is receiving the healthcare, goods, or service;
    - 4.4. To manage, auditing YHC's healthcare activities;
    - 4.5. Use PHI that is already in its custody and control for research;
    - 4.6. Carry out quality improvement;
    - 4.7. To modify (including de-identifying) dispose, or destroy the PHI, and
    - 4.8. For the purpose of payment for a service, goods, or program offered by YHC.
- 5. For legal purposes:**
- 5.1. For a proceeding or a contemplated proceeding in which YHC or an agent are or are expected to be a party or a witness and the PHI relates to the proceeding or contemplated proceeding, or
  - 5.2. For the prevention, detection, or investigation of a fraud or suspected fraud or abuse of the healthcare system.
    - 5.2.1. Use PHI only for purposes for which it was collected, except with the consent of the individual or as authorized by law.
    - 5.2.2. Authorized access to the Yukon Health Information Network (YHIN) is a use, and not considered a collection or disclosure under HIPMA (s.82). Unless there is an authorized consent directive in place, consent is not required to access YHIN.
- 6. Disclosure of Personal Health Information**
- 6.1. YHC Agents**
- 6.1.1. Discloses/shares PHI on a need to know basis with:
    - Employees who need to know in order to provide care.

- Other health care providers who are not employees but may be required to assist in providing health care once patients are no longer at the Hospital.
  - Partners, who fall under the circle of care definition who are not employees but provide support in the provision of healthcare services as defined under HIPMA.
  - Department of Health and Social Services to support strategies to enhance the delivery of health care services to Yukon patients.
- 5.1.2 Discloses PHI as required by law in such cases involving child or elder abuse or harm to self or others or upon the request of a patient or their Substitute Decision Maker.
- 5.1.3 Adheres to Yukon Health Information (YHIN) legislative and regulatory requirements when accessing and sharing PHI.
- 5.1.4 Ensures access to YHIN is by an authorized user and for the purposes set forth in S.78 (2) of *HIPMA*.
- 5.1.5 Maintains records of user access.
- 5.1.6 If an employer of staff acting on their behalf, they are responsible for these agent's actions under the *HIPMA*.
- 5.1.7 Discloses PHI only for purposes for which it was collected, except with the consent of the individual or as authorized by law (See LI-060-FORM-2\_Consent to Disclose PHI).

## **7. Agent Access to Electronic Medical Records and Health Records in All Other Formats**

### **7.1. Chief Privacy Officer (CPO)**

- 7.1.1. Determines the standard levels of access to an EMR and other record formats for all YHC agents and external requestors.
- 7.1.2. May grant authorization to individuals requesting access to an EMR and other health records who do not fall within the standard levels of access upon the receipt of a written request stating the reasons for the access request and provision of credentials if appropriate.
- 7.1.3. Forward all authorized access requests to Information Systems.
- 7.1.4. Release system access passwords to any external requesting party that has been granted access.
- 7.1.5. Determine a schedule of random auditing of user activity.
- 7.1.6. Assign audit responsibilities to complete audit schedules.

### **7.2. Information Systems Manager**

- 7.2.1. Assign system access privileges.
- 7.2.2. Maintain records of all access and user activity and provide audit reports as required by CPO.

### 7.3. Health Records Manager

- 7.3.1. Respond to all requests for access to personal health records in a timely manner.
- 7.3.2. Ensure appropriate request for access form is completed (See LI-060-FORM-3\_Application for Access to PHI).
- 7.3.3. Notify Privacy Officer of all requests and provide a copy of the request.

### 7.4. YHC Agents

- 7.4.1. May only access a patient's EMR or health records in alternate formats under the following circumstances:
  - With authorization based on job function and performance of one's duties.
  - When an individual is directly involved in the current and direct care of a patient.
- 7.4.2. Inappropriate access must be reported to the Chief Privacy Officer.
- 7.4.3. Access will be confirmed annually and will be continued if required and after re-signing of *YHC's Confidentiality Agreement*.

### 7.5. Physicians/Midwives/Community Nursing /Homecare/Non-YHC employees

- 7.5.1. Initiate remote access for medical staff's office staff with YHC's IS representative.
- 7.5.2. Notify YHC's IS Department of any changes to office staff employment changes.
- 7.5.3. Co-sign *YHC's Confidentiality Agreement* for those agents requesting access for Non-YHC Employees (LI-060-FORM-1\_Confidentiality Agreement).
- 7.5.4. Assume responsibility for access carried out by their employees.

## 8. Retention, Archiving & Destruction of Personal Health Information

### 8.1. YHC Agents

- 8.1.1. Retains PHI and personal health records as long as necessary to fulfill healthcare services and as outlined in policy and which adhere to *HIPMA* and *ATIPP* regulations. (See *IM-060 Health Record Retention, Storage, & Destruction*).
- 8.1.2. Ensures destruction of records according to *IM-060 Health Records Retention, Storage, & Destruction Policy*.

## 9. Patients' Rights/Transparency

### 9.1. Chief Privacy Officer/Designate

- 9.1.1. Provide notice to patients regarding their PHI privacy rights and the policies and practices with respect to the management of PHI.
- 9.1.2. Provide notice of changes to any collection purposes, not previously identified, prior to the collection and use and obtain consent unless the new purpose is set forth by law.
- 9.1.3. Ensure all research projects are reviewed as per policy and are in accordance with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2014*.

## 10. Privacy Officer

- 10.1. Investigate and follow up on patient complaints in a timely manner, usually within two weeks.
  - Communicate findings and recommendations to CPO.
  - If a complaint is found to be valid, consult with CPO and take appropriate measures, including if necessary, amending any policies and practices.
- 10.2. Process all requests relating to production of a record/log of user access.
  - Provide the record of user access to the individual making the request within 60 days.
- 10.3. Record unresolved challenges to PHI records.
- 10.4. As appropriate, transmit information relating to the existence of an unresolved challenge to any third parties having access to the information in question.

## **11. Patients/SDM's**

- 11.1. May at any time withdraw consent, subject to legal or contractual restrictions and with reasonable notification
- 11.2. May request access to PHI or Archival Access (See LI-060-FORM-3\_Application to Access PHI) in writing (unless the access to this PHI would place the individual at risk, as determined by an attending or consulting Medical Staff).
  - Contact the Manager of Health Records for YHC to make arrangements for access.
  - Complete the *Application to Access PHI Form*
- 11.3. May inquire if YHC or any third party holds any PHI about the individual.
- 11.4. May challenge the accuracy and completeness of information and request it be amended (See LI-060-FORM-3\_Application to Access PHI).
- 11.5. May address challenges concerning compliance to YHC's Privacy Policy to the Chief Privacy Officer.
- 11.6. May request a record of user activity relating to their PHI (LI-060-FORM-4\_Record of User Activity Request Form).
  - Individuals or their SDM will complete the *Record of User Activity Request Form* (Forms are available on the YHC Website or from the Privacy Office at WGH)
  - Forms must be submitted to the Privacy Office at WGH or to the Admitting and Discharge Clerk in Watson Lake and Dawson Community Hospitals.
  - Verification of identity and SDM status (if applicable) will be required prior to records being produced.
- 11.7. May be charged a nominal fee for any administrative costs associated in the provision of PHI records.

## **12. Ensuring Accuracy of Personal Health Information**

### **12.1. YHC Agents**

12.1.1. Ensures that PHI is maintained as accurate, complete, and current as necessary to achieve the purposes for which it is collected.

12.1.2. Employees will notify a manager if accuracy errors in PHI are identified.

### **13. Ensuring Safeguards for Personal Health Information**

#### **13.1. Chief Privacy Officer**

13.1.1. Ensures that appropriate mechanisms are in place to protect the collection, maintenance, and storage of PHI.

13.1.2. Ensures access is only granted to those persons authorized to access PHI for the identified healthcare purposes (as allowed by the limitations of the system). E.g. Access to a system may provide access to information beyond the scope of consent which requires the user to provide access identification that tracks which information was viewed.

13.1.3. Ensures all employees and YHC persons are aware of the importance of maintaining the confidentiality of PHI and commit to the principles contained within their *Confidentiality Agreement* with YHC (See *LI-060-Form-1\_ Confidentiality Agreement*).

#### **13.2. YHC Agents**

13.2.1. Will take all reasonable steps to ensure the confidentiality, security, and integrity of PHI that is in their custody and control.

- Will implement appropriate safeguards for the protection of PHI while using mobile devices for work purposes (See *LI-060-APPX-B\_Protecting Privacy on Mobile Devices*).

### **14. Breaches of Privacy**

#### **14.1. Chief Privacy Officer/Privacy Officer/Designate**

14.1.1. Investigates all privacy breaches and responds appropriately following the principles and protocols set forth in *LI-065 Privacy Breach Policy* and *LI-065-APPX-A Breach Protocol*.

#### **14.2. YHC Agents**

14.2.1. Follow the steps provided in *LI-065-APPX-A Breach Protocol* and *APPX-B Breach Reporting Tool* after identifying a privacy breach.

### **15. Training & Awareness/Confidentiality Agreements**

#### **15.1. Chief Privacy Officer/Delegate**

15.1.1. Ensures development and implementation of appropriate mandatory privacy training/information for all employees and agents.

#### **15.2. YHC Agents**

15.2.1. Review YHC Privacy Policy and ensures understanding of roles and responsibilities as set forth in YHC privacy policy.

15.2.2. Sign the *Confidentiality Agreement* upon hire and review and reaffirm the agreement on an annual basis.

### **12.3 Managers/Directors/Executive Directors**

12.3.1 Ensure all YHC Persons/Agents sign the *Confidentiality Agreement*.

12.3.2 Notify Information Support of any changes to employment status which would affect access to the EMR.

### **12.4 Human Resources**

12.4.1 Maintain electronic *Confidentiality Agreement* documents and dates for review.

### **12.5 Corporate Executive Assistant**

12.5.1 Coordinate the processes for Board Members to sign the *Confidentiality Agreement* as part of their orientation and annually thereafter.

12.5.2 Coordinate the processes for Medical Staff to sign the *Confidentiality Agreement*.

12.5.3 Maintain the signed documents.

### **12.6 Communications Manager/Designate**

12.6.1 Ensure YHC Volunteers sign the *Confidentiality Agreement* upon accepting a volunteer position and annually thereafter.

### **12.7 Purchasing Manager**

12.7.1 Ensures that all vendors who present to YHC review the Corporate Privacy Policy and sign the *Confidentiality Agreement* upon arrival at YHC sites.

12.7.2 Maintains records of documents within Purchasing Department.

## **16. Compliance**

### **16.1. Chief Privacy Officer (CPO)/Designate**

16.1.1. Provide direction for the implementation of privacy related risk management processes, audits, and monitoring to ensure compliance with Privacy Policy and Legislation.

16.1.2. Identify, report, and rectify as soon as practicable any contraventions to Corporate Policy and Yukon legislation.

### **16.2. YHC Agent**

16.2.1. Notifies manager or CPO of any contraventions to this policy.

## **17. Challenging Compliance**

### **17.1. All Persons**

17.1.1. An individual is able to address a challenge concerning compliance with this policy to the Chief Privacy Officer or designate.

17.1.2. Information about how to file a complaint or to inquire about the process for making a complaint will be provided by the Chief Privacy Officer or designate.

## **RELATED POLICIES & DOCUMENTS**

AD-050 WGH Research Policy  
CO-090 Code of Ethics  
CO-110 Standards of Conduct  
CPR-020 Release of Patient Information to the Media  
HR-100 Criminal Record Check  
HR-105 Destruction and Retention of Payroll Records  
HR-110 Disclosure of Personnel Information  
HR-170 Orientation  
LI-020 Consent for Health Care Intervention plus Appendices A, B, C, D  
LI-025 Blood Consent plus Form 1, 2, 3  
LI-065 Privacy Breach  
LI-065-APPX-A Breach Protocol  
LI-065-APPX-B Breach Reporting Tool  
LI-070 Interacting with Law Enforcement Agencies plus Appendices A, B  
LI-080 Statement of Claim and other Court Documents  
LI-090 Subpoenas and Summons to Appear in Court  
LI-100 Requests from Law Enforcement Agencies  
LI-120 Releasing Property to Law Enforcement Agencies  
LI-110 Requests for Interviews from Law Enforcement Agencies  
LI-130 Preserving Evidence  
LI-140 Warrant to Search and Seize  
LI-160 Coroners Cases  
IM-030 Electronic Identification  
IM-045 Appropriate Use of WGH Information Systems  
IM-085 PACS Workstation Usage  
IM-60 Health Record Retention, Storage, & Destruction  
PR-020 Patient Access to Own PT Record  
PR-025 Patients' Rights & Responsibilities  
PR-040 Complaints Patient  
PR-050 Release of Health Information-Patient and Family Members  
PR-060\_ Request for Change to Patient Info in Patient Record  
QIRM-080 Confidentiality of QIRM Data

**APPENDICES**

LI-060-APPX-A\_Circumstances in Which Implied Consent May Be Assumed  
LI-060-APPX-B\_Safeguarding Privacy on Mobile Devices

**FORMS**

LI-060-FORM-1\_YHC Confidentiality Agreement  
LI-060-FORM-2\_ Consent to Disclose PHI  
LI-060-FORM-3\_Application for Access to PHI

LI-060-FORM-4\_Record of User Access

**REFERENCES**

*Health Information Privacy Management ACT, (2013)*

*Access to Information and Protection of Privacy Act, (2002)*

*Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, 2nd Edition, 2010*

North Bay General Hospital, (2010). *Corporate Privacy Policy for Personal Health Information.*

Information Privacy Commissioner Ontario, (2014). *Safeguarding Privacy on Mobile Devices.*

**VERSION HISTORY**

<b>Date</b>	<b>Action</b>	<b>Revision Description</b>
<b>04/10/2016</b>	New Privacy Policy, Appendices and Forms to reflect HIPMA and regulations	Replaces LI-060 Privacy Policy New LI-060 Privacy and Security Appendices A replaces previous LI-060 Privacy Appendices A and B Development of new forms to support policy process.
	Archiving of redundant or non-applicable privacy related policies	LI-050 Release of Health Information – Third Party Requesters LI-060-APPX-A_Privacy Principles LI-060-APPX-B_Application of Privacy Principles LI-060-APPX-C_Documentation of Disclosure LI-060-APPX-D_Privacy Protection Schedule HR-070 Confidentiality HR-070-FORM-1 Statement of Confidentiality HR-080 Conflict of Interest, Outside Employment and Gifts
<b>22/11/2016</b>	New version	Updates language under physician accountabilities for staff who act as agents.
<b>14/11/2017</b>	Addition of procedures identified for development.	Process for requesting a Record of User Access added under s.8.2.6 Role of Privacy Officer/Health Records Manager updated
<b>02/01/18</b>	Additional content added to support safeguarding of PHI on mobile devices	Section 10 Ensuring Safeguards for PHI. Addition of LI-060-APPX-B_Safeguarding Privacy on Mobile Devices

---

	Revisions	Updated references for midwives and formatting
--	-----------	--