



## POLICY AND PROCEDURE MANUAL

<b>Privacy Confidentiality Pledge and Policy</b>	<b>Effective Date: June 29, 2023</b>
<b>Approved By: Executive Director</b>	<b>Replacement Date: June 29, 2023</b>
<b>Signature: <i>Tina Rowan</i></b>	<b>Review Date: June 16, 2023</b>

### **DISCLAIMER:**

This policy has been created from the Regional Privacy Office at Royal Victoria Hospital and shared with Hospice Simcoe, Hospice Huronia, Matthews House and Hospice Muskoka as a joint Privacy & Confidentiality standardization program.

This policy replaces the Hospice Georgian Triangle - Privacy – Staff, Volunteers policy issued April 27, 2016 and revised January 2021.

### **SCOPE:**

This policy and procedure applies to all employees of Hospice Georgian Triangle (HGT) as well as professional staff with privileges, volunteers, students, and contractors. These individuals shall be referred to collectively as Workers herein. The requirements apply whether working on HGT property or working on behalf of or representing HGT or elsewhere.

### **POLICY STATEMENT:**

HGT is committed to safeguarding privacy. The confidentiality of information under its control will be protected in accordance with the Personal Health Information Protection Act, 2004 (PHIPA), the Freedom of Information and Protection of Privacy Act (FIPPA), and other legislation as applicable from time to time.

All Workers are required to read and acknowledge that they understand the terms and conditions of the attached Privacy/Confidentiality Pledge (“Pledge”) by signing the Pledge upon beginning their relationship with HGT and re-sign annually thereafter.

HGT may amend the Pledge in response to changes in the law or findings of the Information and Privacy Commissioner or Ontario (“IPC”) or the courts. Workers will be notified of any changes to the Pledge.

Workers will be given access to Personal Information, Personal Health Information and Corporate Confidential Information (Confidential Information). Access to Confidential Information is a privilege that is granted as required by the Worker’s relationships with HGT. Personal and Business Information about oneself is not considered confidential unless otherwise directed, or if its disclosure would also reveal the Personal and/or Business Information of another individual.



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Workers may see, hear or have access to sensitive information about HGT personnel, patients, and/or the operations of HGT. All such information is Confidential Information of HGT and must be held in strict confidence, which means that it may not be discussed or otherwise disclosed or provided to anyone other than those authorized to receive the information for the purpose of performing their work for HGT, unless authorized by the Executive Director or designate.

Nothing in the Privacy/Confidentiality Policy and Pledge is intended to interfere with an individual's rights under the Employment Standards Act, 2000, the Labour Relations Act, 1995, or any other legislation that applies to an individual's employment.

### **DEFINITIONS:**

**Confidentiality:** The obligation of an individual, organization or custodian to protect the PHI/PI, business information entrusted to it and not to misuse or wrongfully disclose it.

**Confidential Information:** All information that is not made public by HGT and which by its nature merits protection, including: Corporate Confidential Information (CCI), Personal Health Information (PHI) and Personal Information (PI) under the custody and control of HGT.

**Corporate Confidential Information (CCI):** means confidential or internal information collected for HGT business purposes, including but not limited to:

- Financial information — any information that outlines a person's salary or any unpublished financial information (e.g., suppliers, debtors, payroll);
- Human resources information — any performance-related information, compensation, benefits, WSIB, or occupational health information;
- Legal information — any information outlined in a legal document (e.g., contracts, agreements, disputes);
- Human rights information — any information associated with an informal or formal human rights complaint, including an abuse or harassment complaint;
- Other administrative information — any information used for administrative purposes (e.g., schedules, patient census, employee lists, patient lists, donor lists, fan out lists, etc.); and/or
- Hospice operations information - any information relating to HGT ongoing or strategic initiatives (e.g., organizational restructuring, mergers, outsourcing of business units).

**Health Information Custodian (HIC):** Means a listed individual or organization under the Personal Health Information Protection Act (PHIPA) that, as a result of their powers or duties, has custody or control of personal health information. Examples of health information custodians include, but are not limited to: health care practitioners, including doctors, nurses, pharmacists, psychologists and dentists; hospitals; hospices; psychiatric facilities; pharmacies; laboratories; nursing homes and Long-Term Care facilities; retirement homes and homes for special care; Community care access centres; ambulance services;



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boards of health; The Minister of Health and Minister of Long-Term Care; and entities prescribed by regulations that are not defined as health information custodians but are permitted to collect personal health information from health information custodians for the purpose of health planning and management. [PHIPA: Schedule A, section 3.(1)].

**Health Information Network Provider (HINP):** A person who provides services to two or more health information custodians where the services are provided primarily to custodians to enable the custodians to use electronic means to disclose personal health information to another, whether or not the person is an agent of any of the custodians.

**Identifying Information:** Information that identifies an individual or for which it is foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

**Individual(s):** Includes patients, employees, volunteers, affiliates, clients and the public.

**Information and Privacy Commissioner (IPC):** Agency with provincial oversight to Ontario's access and privacy laws (PHIPA, FIPPA).

**Institution:** As defined in FIPPA (section 2) is the Assembly, a ministry of the Government of Ontario; a service provider organization within the meaning of section 17.1 of the Ministry of Government Services Act; a hospital; any agency, board, commission, corporation or other body designated as an institution in the regulations; ("institution").

**Patient Information:** Recorded and identifiable Personal Health Information and/or Personal Information about an individual who receives services from HGT.

**Personal Health Information (PHI):** Means identifying information about an individual in oral or recorded form, if the information:

- Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family;
- Relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
- Is a plan of service within the meaning of the Home Care and Community Services Act, 1994 for the individual (c.1) is a plan that sets out the home and community care services for the individual to be provided by a health service provider or Ontario Health Team pursuant to funding under section 21 of the Connecting Care Act, 2019;
- Relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;



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- Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance;
- Is the individual's health number; or
- Identifies an individual's substitute decision-maker.

**Personal Information:** Means recorded information about an identifiable individual, including:

- Information relating to the race, national or ethnic origin, color, religion, age, sex, sexual orientation or marital or family status of the individual;
- Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved;
- Any identifying number, symbol or other particular assigned to the individual;
- The address, telephone number, fingerprints or blood type of the individual;
- The personal opinions or views of the individual except where they relate to another individual;
- Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence;
- The views or opinions of another individual about the individual; and
- The individual's name where it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual.

**Privacy:** The right of individuals to determine for themselves when, how and to what extent information about themselves is communicated to others.

**Privacy Breach:** A privacy breach occurs when Personal Information (PI), Personal Health Information (PHI) or Confidential Corporate Information (CCI) in the custody and control of HGT is compromised, that is, when it is accessed, used, disclosed, retained, or destroyed in a manner inconsistent with PHIPA, FIPPA, and/or our privacy policies.

**Regional Privacy Office:** Provides privacy oversight of the five hospice partner sites, Hospice Georgian Triangle, Hospice Huronia, Hospice Muskoka, Hospice Simcoe, and Matthews House.

**Substitute Decision-Maker (SDM):** A person who is authorized under PHIPA to consent on behalf of an individual to the collection, use or disclosure of personal health information about the individual.

### PROCEDURE:



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Workers must read and sign the Privacy/Confidentiality Policy and Pledge before being granted access to Confidential Information and annually thereafter.

Workers will review and sign a hard copy of the Privacy/Confidentiality Pledge annually.

Workers will report any breach or suspected breach of this or any other HGT privacy or security-related policy, at the first reasonable opportunity, to their immediate leader or contact, who will then notify the Regional Privacy Office who will initiate a confidential investigation.

The Regional Privacy Office audits user access to Confidential Information and investigates reports of violations of its privacy and security-related policies and Pledges. Such violations may result in disciplinary action, up to and including termination of employment, privileges, affiliation and/or contract, a report to the applicable professional College, licensing body, educational institution regardless of the status of their practicum, the IPC and/or the police, prosecution and/or civil action (lawsuit), as well as the disclosure of the identity of those responsible to affected individual(s) including patient(s) and/or their representatives.

Any questions about compliance with HGT privacy and confidentiality related policies and procedures, the Pledge or applicable law should be directed to the Regional Privacy Office.

### **REFERENCES:**

*Freedom of Information and Privacy Protection Act, 1990. Ontario. [Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31 \(ontario.ca\)](#)*

Information and Privacy Commissioner, Ontario. (January 28, 2015). *Detecting and Deterring Unauthorized Access to Personal Health Information. [Detecting and Deterring Unauthorized Access to Personal Health Information - IPC](#)*

*Personal Health Information Protection Act, 2004. Ontario. [Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A \(ontario.ca\)](#)*



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### **GUIDING PRINCIPLES:**

HGT is committed to protecting Personal Information, Personal Health Information, and other Corporate Confidential Information (collectively referred to as “Confidential Information”), as those terms are defined in the HGT Privacy/Confidentiality Policy and Pledge, including information about:

- Patients and their families;
- Employees and students;
- Professional Staff;
- Volunteers;
- Vendors and other service providers;
- HGT operations and administration.

Access to Confidential Information is permitted on a need-to-know basis for the operations of HGT and provision of its services, including to deliver and assist in the delivery of health care. It is prohibited to collect, use, modify, disclose, transfer, or destroy Confidential Information except as authorized by HGT.

### **CONDITIONS OF PRIVACY PLEDGE:**

I will not collect, create, use, modify, copy, disclose, transfer or destroy Confidential Information except to the extent required for the purpose of and in the course of my duties/services to HGT and in accordance with any directions I receive from HGT.

I will not collect, create, use, modify, copy, disclose, transfer, or destroy Confidential Information for my personal use or the use of someone else or an organization other than HGT, whether out of curiosity or concern and regardless of whether for financial gain.

I will not attempt to access any information about myself, my family members, friends, colleagues, or any other person whose information is not required to perform my duties for HGT. When authorized, I will access this information through appropriate channels.

I will only access data from other organizations available to me in the Electronic Medical Record (EMR) for the purposes of providing healthcare or as otherwise authorized by my leader.

I will comply with all HGT privacy and security-related policies, and procedures made available to me.



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I will inform my immediate leader/contact at HGT of any situation that may affect my ability to access Confidential Information objectively, that could be perceived to put me in a conflict of interest (between my duties for HGT and personal or non-HGT business interests) or may affect my ability to fulfill this Pledge.

I will not attempt to gain access to any system, facility, or Confidential Information that I am not authorized to access or that is not required for the performance of my job functions at/services to HGT.

I will not download or otherwise copy, forward or remove from HGT Confidential Information except in a manner and to the extent that I am authorized to do so and without limiting the generality of this obligation, I will not use any portable electronic devices to transport or store Confidential Information unless encrypted.

I understand that keys, badges, electronic devices, and records provided or to which I am given access by HGT are the property of HGT and I will return them immediately on the termination of my relationship with HGT or earlier at HGT request.

My user IDs and passwords (herein referred to as “Credentials”) used to access HGT electronic systems are the equivalent of my written signature and as such I will:

- Be held responsible for all activity done under my Credentials;
- Not share my Credentials with anyone under any circumstances;
- Not upload, enter or otherwise input Confidential Information into test systems;
- Will log out of systems as required to prevent anyone else from using the systems under my Credentials; and
- Immediately advise the Informatics and Technology department if I think that my Credentials have been compromised, so that they can deactivate them and issue me new Credentials.

I am responsible for data, including its accuracy, which I enter in any HGT systems, records, and reports.

I will not talk about co-workers, volunteers, and clients in a negative or destructive manner.

I will only access, process and transmit Confidential Information using devices and software authorized by HGT for such use and as required by the duties of my position. I will safeguard the security of devices and software used to access confidential information.

I understand that HGT will conduct random audits on access to, use, modification, disclosure, and destruction of Confidential Information to monitor compliance with this Pledge, HGT policies and procedures, and applicable law.



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I will report to my immediate leader/HGT contact, at the first reasonable opportunity, if I believe there may have been a breach of a Pledge, an HGT privacy or security-related policy or procedure, or privacy law.

I understand that breach of this Pledge may have significant consequences, including but not limited to:

- Grounds for disciplinary action, up to and including termination of employment, privileges, affiliation and/or contract with Hospice Georgian Triangle (HGT);
- A report to my professional College, licensing body, educational institution (as applicable), the Information and Privacy Commissioner of Ontario (IPC) and/or the police, prosecution and/or civil action; and
- As well as the disclosure of my identity to affected individual(s), including patient(s) and their representatives.

I understand that any changes to the Privacy/Confidentiality Policy and Pledge will be communicated and that I may request clarification and/or direction, at any time, if I do not fully understand the terms and conditions of this Pledge.

I understand that I will be asked to renew my Pledge to HGT annually and I understand and agree that my obligations under this Pledge continue after my relationship with HGT has terminated.

I, (print name and position), \_\_\_\_\_, have read, been given the opportunity to ask for clarification of, and understand the terms and conditions of this Privacy/Confidentiality Pledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_