



# ORGANIZATION MANAGEMENT: Policy and Procedures Manual

## Privacy and Confidentiality Policy

<b>HPCO Standard</b>	OO.ADM.3		
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### Purpose

The purpose of this policy is to ensure the protection of privacy and confidentiality of information within Hospice Georgian Triangle (HGT). It establishes clear guidelines for the handling, access, and disclosure of personal, health, and corporate information, thereby safeguarding the interests of patients, staff, and the organization. By adhering to this policy, HGT aims to comply with relevant legislation and maintain the trust and confidence of all stakeholders.

This policy applies to all employees of the 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 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.



# ORGANIZATION MANAGEMENT: Policy and Procedures Manual

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.

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 the HGT's ongoing or strategic initiatives (e.g., organizational restructuring, mergers, outsourcing of business units).



## ORGANIZATION MANAGEMENT: Policy and Procedures Manual

**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; 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 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;

## ORGANIZATION MANAGEMENT: Policy and Procedures Manual

- 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;
- 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, colour, 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.

# ORGANIZATION MANAGEMENT: Policy and Procedures Manual

**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

1. Workers must read and sign the Privacy/Confidentiality Policy and Pledge before being granted access to Confidential Information and annually thereafter.
2. Workers will review and sign a hard copy of the Privacy/Confidentiality Pledge annually.
3. 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. Workers may also submit a privacy report via the Incident Management System. Privacy reports submitted via the Incident Management System will be automatically directed to the Regional Privacy Office for action.
4. 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.
5. 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 Detering Unauthorized Access to Personal Health Information.* [Detecting and Detering 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 \(ontario.ca\)](#)



# ORGANIZATION MANAGEMENT: Policy and Procedures Manual

## Appendices

- [Appendix 1 - Privacy and Confidentiality Pledge.docx](#)
- [Appendix 2 - External Sharepoint User Agreement PHI.pdf](#)
- [Appendix 3 - Protecting Privacy When Volunteering at Hospice.pdf](#)

## Revision History

Version	Date	Description of Change	Author	Role
1.0	2026-Mar-31	New policy	Stacey Lindsay	Office Manager and Board Liaison