

GV1 – GOVERNANCE POLICIES

Privacy and Confidentiality Policy

NUMBER: GV-1.8

APPROVED: September 2016

LAST UPDATE: April 2023

BACKGROUND

Personal health information can be shared among health care team members to facilitate seamless and effective care (Personal Information Protection Act (PHIPA), 2004).

- The health care team consists of all those who are involved in the care of the person regardless of whether or not they work for the same organization.
- Personal health information must be kept confidential and secure.
- Personal health information consists of :
 - Physical or mental health, including family health history;
 - Care previously provided (including the identification of people providing care);
 - Payments or eligibility for health care;
 - Donation of organs and tissue;
 - A person's health number;
 - The name of the person's substitute decision maker (SDM).
- According to PHIPA, Community Hospices are considered Health Information Custodians (HICs) i.e. an organization that provides care within the health care continuum. Employees and volunteers who receive health care information are agents of HICs and must comply with all legislation.
- All employees and volunteers must receive education on privacy and confidentiality and agree to sign a confidentiality agreement with the Hospice.
- Personal health information should only be collected as needed to address care needs of that person and used accordingly.
- All clients and volunteers are entitled to receive a copy of their personal health information and must expressly consent to the collection, use and disclosure of their health information.
- The Hospice strives to have access to assistive services when there is a barrier to communication (as identified by either the resident or the professional staff) in order to provide information which is understood by the client and their significant others.

POLICY

Dundas County Hospice employees and volunteers must adhere to the criteria outlined below to ensure the protection of personal information and must sign the Statement of Confidentiality and Privacy as a condition of employment/volunteering.

All Dundas County Hospice employees, volunteers, providers, suppliers and contractors doing business or partnering with Dundas County Hospice who may have access to confidential information must sign the Dundas County Hospice Confidentiality Agreement prior to commencing work or partnering with Dundas County Hospice.

Violation of confidentiality or data security may result in disciplinary action, up to and including termination of employment, volunteer placement or contract for services in accordance with applicable privacy legislation and Dundas County Hospice policies and procedures.

PROCEDURE

The following procedures, by group, are intended to assist employees and volunteers of Dundas County Hospice in adhering to and complying with the protection of personal information.

Employee, Volunteer and Donor Information

- Dundas County Hospice regards all employee, volunteer and donor information as confidential and will respect their right to privacy. Employee, volunteer and donor information is held in secured files.
- Upon advance request to the Executive Director, employees, volunteers and donors may access their file for review should there be a need.
- Donors' requests to remain anonymous are honored.

Client Information

It is the duty of all Hospice employees & volunteers to maintain the confidentiality of information belonging to or relating to Dundas County Hospice or its clients.

Confidentiality and the right to privacy of information is upheld in all forms of communication (verbal, written, electronic) at Dundas County Hospice.

Employees and volunteers are to ensure client confidentiality at all times by:

1. Avoiding use of the names of client/caregiver/program participants and any identifying characteristics except where relevant when discussing cases;
2. Avoiding the discussion of cases or other confidential communications in communal spaces;
3. Aiding each other in avoiding potential and actual breaches of confidentiality;
4. Never discussing clients, caregivers or program participants outside of Dundas County Hospice including the fact that someone is a client, caregiver or program participant. . Avoiding any description of a client condition, age, diagnosis, family composition, even while withholding the name, which may link the client to HCO services; and
5. All employees & volunteers are required to sign a confidentiality agreement upon hiring.

Client Photo Release

Clients that participate in the Day Program will be asked if they agree to have their photo taken for marketing, community relations, or organizational awareness purposes. Clients may sign the agreement or not. Whether they do or not will in no way affect their treatment at or participation in the Program's activities. When photos are used for the intended purposes, no personal information is used with them, only photos.

Access to Personal Information

Access to personal information is granted only to authorized employees or volunteers, who require access to fulfill their job requirements, or on a "need to know" basis, except in case of supervision or internal peer consultation.

Inquiries, complaints or other concerns about Dundas County Hospice's personal information practices can be made by contacting the Executive Director

Privacy Breach

Whether or not a formal complaint is lodged, any privacy or confidentiality concerns, need to be brought to the attention of the Executive Director.

Non-compliance with the Privacy policy constitutes a breach of confidentiality. A breach of confidentiality may result in termination of a volunteer relationship or employment in some instances, and depending upon the severity and frequency of the non-compliance, alternate actions such as providing reminders and/or formal disciplinary action may be implemented instead of, or prior to, termination of association with Dundas County Hospice.

Upon learning of a privacy breach, immediate action must be taken. Many of the following guidelines need to be carried out simultaneously or in quick succession.

- 1.0 Respond immediately by implementing the privacy breach protocol. Ensure appropriate staff are immediately notified of the breach, including the Executive Director who is also the Privacy Officer or contact person for the purposes of the Personal Health Information Protection Act.
- 2.0 Identify the scope of the potential breach and take steps to contain it. Retrieve the hard copies of any personal health information that has been disclosed. Ensure that no copies of the personal health information have been made or retained by the individual who was not authorized to receive the information and obtain the person's contact information in the event that follow-up is required. Determine whether the privacy breach would allow unauthorized access to any other personal health information (e.g. an electronic information system) and take whatever necessary steps are appropriate (e.g. change passwords, identification numbers and/or temporarily shut down a system).
- 3.0 Identify those individuals whose privacy was breached and notify them of the breach. The Personal Health Information Protection Act requires health information custodians to notify individuals, at the first reasonable opportunity. Notification can be by telephone or in writing, or depending on the circumstances, a notation made in the individual's file to be discussed at his/her next visit. There are numerous factors that may need to be taken into consideration when deciding on the best form of notification (e.g. the sensitivity of the personal health information). As a result, the health information custodian may want to contact the IPC to discuss the most appropriate form of notification. There may also be exceptional circumstances when the health information custodian may want to discuss notification with the IPC before proceeding (e.g. when notification is not possible or may be detrimental to the individual). If this is the case, the health information custodian is encouraged to contact the IPC to discuss these circumstances. When notifying individuals affected by the breach, provide details of the extent of the breach and the specifics of the personal health information at issue. Advise affected individuals of the steps that have been or will be taken to address the breach, both immediate and long-term. Where appropriate, advise that the IPC has been contacted to ensure that all obligations under the Act are fulfilled, and provide information about how to complain to the IPC. Provide contact information for someone within your organization who can provide additional information, assistance and answer questions.
- 4.0 Conduct an internal investigation into the matter. The objectives of the investigation are to: 1) ensure the immediate requirements of containment and notification have been addressed; 2) review the circumstances surrounding the breach; and 3) review the adequacy of existing policies and procedures in protecting personal health information. Address the situation on a systemic basis. In some cases, program-wide procedures may warrant review (e.g. a misdirected fax transmission). Advise the IPC of your findings and work together to make any necessary changes. Ensure staff are appropriately educated and trained with respect to compliance with the privacy protection provisions of the Act. Cooperate in any further investigation into the incident undertaken by the IPC.

Use of Social Media

The privacy and confidentiality policy applies to all social media platforms that include but are not limited to: Facebook, YouTube, Twitter, Google+, LinkedIn and Instagram and funeral sites; whether posts are made to web pages that are broadly accessible to the public (e.g. through a blog or on Twitter) or to web pages that are only accessible to a limited number of invitees (e.g. through a “friends only” Facebook page). It includes all forms of posting including but not limited to: articles, artwork, photographs, videos, graphic design, condolences pages, blogs and other such interactive media forms.

Use of social media for any business concerning Dundas County Hospice is to be made by, or authorized, by the Executive Director.

- Use of social media by Dundas County Hospice employees and volunteers must be consistent with all policies and procedures, directives of professional colleges, and applicable legislation, including those concerning privacy, code of conduct, conflict of interest, harassment and discrimination in the workplace.
- Compliance to all copyright and/or intellectual property right laws must be upheld when publishing to a social media site.
- Slanderous, libelous or otherwise illegal content are not to be published on social media sites.
- Dundas County Hospice does not endorse any product, business, cause or political affiliation.
- Any concerns or issues that arise from the use of social media that is not addressed in the Social Media Policy are the responsibility of the Dundas County Hospice Executive Director and/or the Board of Directors.

Additional guidelines:

- Use your judgment. Take great care to avoid publishing anything that may harm your professional reputation or HCO’s reputation and business. The use of social media technologies should do no harm to Hospice Care Ottawa. Post should be respectful of the intended target audience. Review and understand our Privacy Policy and take it into consideration when making decisions to publish information. Where your professional or accrediting organization includes standards related to privacy, confidentiality and social media communication review and understand those requirements. If you have any questions about the limits imposed, seek clarification BEFORE publishing.
- For employees, volunteers and Members of the Board, if you choose to identify yourself as a member of the Dundas County Hospice team when publishing information on the internet, you must also represent yourself and Dundas County Hospice in a responsible and professional manner and with due consideration for all policies which govern the provision of information.
- Do not disclose Dundas County Hospice information that is not generally available to the public. If you are in doubt about whether information is confidential, do not publish it.
- Do be respectful to service providers, governmental agencies, donors, suppliers and any other organizations that have a relationship with HCO. Strong opinions are more likely to conflict with HCO’s interests than more reserved opinions. Negative or critical opinions can be very risky when published by someone who identifies themselves with the HCO, or who can easily be identified as associated with HCO.
- If in doubt about the appropriateness of publishing anything, ask the Executive Director or, for Board members, the Chair of the Board.
- Ensure that the amount of time you spend blogging and online networking does not interfere with your work responsibilities. Staff members that participate in social media sites must adhere to the code of

conduct that is set forth in HCO's Employee Handbook.

- If you are maintaining a blog or other website that includes substantive content that relates to the services provided by HCO, for example hospice care, use some form of disclaimer that indicates that the views expressed are those of the author alone and should not be attributed to any organization with which the author may otherwise be associated.

Legislation

Dundas County Hospice complies with the Health Information Protection Act (November 2004), comprised of both the Personal Health Information Protection Act (2004) and the Quality of Care Information Protection Act (2004).

Compliance Challenges

All complaints directed to Dundas County Hospice regarding violation of privacy rights and/or wrongful disclosure will be directed to the Executive Director and/or to the Board for resolution.

If clients or clients family challenge the resolution from either the Executive Director and/or the Board they will be directed to The Information and Privacy Commissioner or Ontario, 2 Bloor St. E., Suite 1400, Toronto, ON M4W 1A8 1-800-387-0073 (phone) or 1-416-325-9195 (fax).

REFERENCES LINKS

- [Personal Health Information Protection Act 2004](#)
- [Personal Information Protection and Electronic Documents Act](#)
- [Quality of Care Information Protection Act 2004](#)
- [College of Nurses of Ontario](#)
- [Hospice Palliative Care Ontario Community Residential Standards](#)