

St. Joseph's Hospice Resource Centre of Sarnia Lambton			
Chapter:	Privacy	Policy No.	PRI-1
Section:	Board of Directors	Effective:	27 Sept 2018
Subject:	PRIVACY, CONFIDENTIALITY, PROTECTION OF PERSONAL HEALTH INFORMATION/ PERSONAL INFORMATION	Page:	1 of 7
Issue to:	All Manual Holders	Replaces:	---
Issued by:	Board of Directors	Revision 1: Revision 2:	28 Nov 2019 25 Jan 2022

1 POLICY

- 1.01 St. Joseph's Hospice Resource Centre of Sarnia Lambton (Hospice) has a legal and ethical responsibility and is committed to protect the privacy and confidentiality of its employees, clients/residents, professional staff, volunteers, community partners and affiliates, including confidential business information.
- 1.02 Employees, volunteers, and contractors are obligated to ensure that personal and confidential information they have access to remains confidential, is only used for the purposes for which it was collected, is not disclosed without authorization, or used for personal gain.
- 1.03 Employees, volunteers and contractors are required to follow all procedures regarding collection, use, sharing, and disclosure of personal information verbal, written, electronic, or any other format, as set out in this policy.
- 1.04 Intentional breaches or failure to protect information contrary to this policy, will be subject to disciplinary measures, up to and including termination for cause and will be reported to regulatory bodies as required.

2 PURPOSE

- 2.01 All employees, volunteers, and contractors, at one time or another, may receive personal, privileged, and/or confidential information that may concern other employees, company operations, or clients / residents. The purpose of this Statement of Policy and Procedure is to preserve the privacy of employees, clients, residents, and Hospice, by outlining employee obligations and procedures for dealing with personal, privileged, and/or confidential information.

3 SCOPE

- 3.01 This Statement of Policy and Procedure applies to all employees, volunteers, and contractors, affiliates, or anyone else who is granted access to personal, privileged, and/or confidential information.

4 RESPONSIBILITY

- 4.01 The **Executive Director** is accountable for the oversight of this policy.
- 4.02 **Directors** are responsible to:
- obtain consent for the collection and use of personal information from employees;
 - ensure policies and procedures regarding collection, use and disclosure of personal health information or personal information are consistently adhered to;
 - respond to requests for disclosure after the proper release is obtained;
 - cooperate with the Privacy Officer to investigate complaints or breaches of policy;
 - obtain from terminating employees, prior to their termination, any personal, privileged, confidential or client information in their possession;
 - ensure that disclosure of personal information or personal health information to a Third Party is done with the approval of the Privacy Officer, in order to minimize risk of non-compliance with applicable legislative or regulatory regimes.

St. Joseph's Hospice Resource Centre of Sarnia Lambton			
Chapter:	Privacy	Policy No.	PRI-1
Section:	Board of Directors	Effective:	27 Sept 2018
Subject:	PRIVACY, CONFIDENTIALITY, PROTECTION OF PERSONAL HEALTH INFORMATION/ PERSONAL INFORMATION	Page:	2 of 7
Issue to:	All Manual Holders	Replaces:	---
Issued by:	Board of Directors	Revision 1: Revision 2:	28 Nov 2019 25 Jan 2022

- 4.03 **Human Resources and/or Payroll Administrator** are responsible to:
- ensure that appropriate consents have been obtained from employees, with respect to the collection and use of personal information;
 - maintain systems and procedures to ensure employee records are kept private;
 - obtain the proper consents and authorizations prior to disclosure of information contained in employee records;
 - respond to employees' requests for access to their files;
 - ensure proper disposal of unnecessary files/information;
 - maintain files to ensure that personal health information is protected; and
 - ensure that disclosure of personal information or personal health information to a Third Party is done with the approval of the Privacy Officer in order to minimize risk of non-compliance with applicable legislative or regulatory regimes.
- 4.04 **Employees** are responsible to:
- ensure they update their personal information with payroll and/or human resources;
 - be familiar with and follow policies and procedures regarding Confidentiality and Privacy of information;
 - obtain the proper consents and authorizations prior to disclosure of personal, privileged, and/or confidential information;
 - immediately report any breaches of Confidentiality/Privacy to their Director;
 - keep private passwords and access to personal, privileged, and/or confidential data;
 - explain this policy to Volunteers, visitors and clients, and refer them to the Privacy Officer if necessary;
 - relinquish any personal, privileged, confidential, or client information in their possession before or immediately upon termination of employment;
 - sign a Confidentiality Agreement and Conflict of Interest Agreement as required by Hospice;
 - identify confidential information as such when sending emails or fax transmissions, and to provide direction to the recipient if they receive a transmission in error; and,
 - discuss confidential information only with those who require this information to provide care or perform their duties (circle of care) and make every effort to discuss confidential information out of range of others who should not have access to this information.
- 4.05 **Volunteers and Contractors** will:
- sign a Confidentiality Agreement and Conflict of Interest Agreement (Board Volunteers - Attachment B, C) (Volunteers – Attachment D, E) as requested by Hospice.
- 4.06 **Privacy Officer** (Executive Director or Delegate) is responsible to:
- ensure internal compliance with applicable policies or legislation;
 - cooperate with supervisors, human resources, and/or payroll personnel in developing internal policies for the collection, use and disclosure of personal information and personal health information of employees, clients and residents;
 - monitor and respond to Third Party requests for personal information or personal health information;

St. Joseph's Hospice Resource Centre of Sarnia Lambton			
Chapter:	Privacy	Policy No.	PRI-1
Section:	Board of Directors	Effective:	27 Sept 2018
Subject:	PRIVACY, CONFIDENTIALITY, PROTECTION OF PERSONAL HEALTH INFORMATION/ PERSONAL INFORMATION	Page:	3 of 7
Issue to:	All Manual Holders	Replaces:	---
Issued by:	Board of Directors	Revision 1: Revision 2:	28 Nov 2019 25 Jan 2022

- d) ensure appropriate consents are obtained for the collection, use and disclosure of personal information and personal health information;
- e) ensure that employees, volunteers, contractors, affiliates, or anyone else who is granted access to personal, privileged, and/or confidential information comply with the organization's standards of Confidentiality/Privacy; and,
- f) where collection, use, or disclosure is permitted without prior consent, notify individuals of the collection, use and disclosure of personal information and/or personal health information after such occurrence.

5 DEFINITIONS

- 5.01 **Affiliates** refers to individuals who are not employed by the organization but perform specific tasks at or for the organization, including appointed professionals (e.g., physicians), students, researchers, contractors, or contractor employees, who may be members of a third-party contract or under direct contract to the organization, and individuals working at the organization but funded through an external source.
- 5.02 **General Employee Information** means personal information about an individual that is collected, used, or disclosed solely for the purposes reasonably required to establish, manage, or terminate an employment relationship between the organization and that individual, but does not include personal information not about an individual's employment.
- 5.03 **Personal information** is any information about an identifiable individual and includes race, ethnic origin, colour, age, gender, marital status, family status, religion, education, medical history, criminal record, employment history, financial status, address, telephone number, and any numerical identification, such as Social Insurance Number. Personal information also includes information that may relate to the work performance of the individual, any allegations, investigations or findings of wrongdoing, misconduct, or discipline. Personal information does not include job title, business contact information, or job description.
- 5.04 **Confidential Business Information of the Organization**
Information regarding the organization's business, which is not publicly disclosed by the organization, that individuals may discover during the performance of their roles at the organization not generally known by the public. Examples of this would be:
- Legal matters that involve the organization that are not public knowledge,
 - Financial information that would not be available in the organization's Annual Report, Contractual agreements with vendors, third parties, consultants (many times the confidentiality of this information is written within the contract, e.g., nondisclosure of how much is paid for the service),
 - Information related to intellectual property, e.g., patents pending, research and development of new technology and treatments,

St. Joseph's Hospice Resource Centre of Sarnia Lambton			
Chapter:	Privacy	Policy No.	PRI-1
Section:	Board of Directors	Effective:	27 Sept 2018
Subject:	PRIVACY, CONFIDENTIALITY, PROTECTION OF PERSONAL HEALTH INFORMATION/ PERSONAL INFORMATION	Page:	4 of 7
Issue to:	All Manual Holders	Replaces:	---
Issued by:	Board of Directors	Revision 1: Revision 2:	28 Nov 2019 25 Jan 2022

- Information related to the organization's information technology security and access to systems, including, but not limited to:
 - Information leading to improper access to the organization's computing resources, both internal and external to the Hospice network (e.g., "guest" access to systems, remote access credentials),
 - Hardware and software for products which may be vulnerable to external access attacks, or products that are part of our security infrastructure.

5.05 **Clients/residents**

Persons registered to receive care or services, e.g., Day Hospice, Palliative Care Clinic, etc., and/or occupy a suite at the Residence, as well as any identifying information.

5.06 Personal health information is any identifying information with respect to an individual, whether living or deceased, and includes:

- a) information concerning the physical or mental health of the individual;
 - b) information concerning any health service provided to the individual;
 - c) information that is collected in the course of providing health services to the individual;
 - d) information that is collected incidentally to the provision of health services to the individual;
 - e) the individual's entitlement to payment for health care;
 - f) the individual's health card number;
 - g) the identity of providers of health care to the individual;
- or,
- h) the identity of substitute decision-makers on behalf of the individual.

5.07 **Third parties** are individuals or organizations other than the subject of the records or representatives of the Hospice. Note that in certain circumstances, Hospice may be required to provide personal information to an external party acting as an agent of the Hospice, e.g., Pharmacy.

5.08 **Volunteers:** includes members of Board Committees and the Board of Directors, as well as all other Volunteers.

6 **REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE**

6.01 *Personal Information Protection and Electronic Documents Act, 2000 (PIPEDA)*

Personal Health Information Protection Act, 2004 (Ontario) (PHIPA)

Employment Standards Act, 2000 (Ontario)

HR Policy HR-ER-202 Computer, E-Mail and Internet Use

HR Policy HR-ER-207 Social Media

HR Policy HR-ER-203 Conduct and Behaviour

HR Policy HR-E-310 Interns and Co-operative Students

St. Joseph's Hospice Resource Centre of Sarnia Lambton			
Chapter:	Privacy	Policy No.	PRI-1
Section:	Board of Directors	Effective:	27 Sept 2018
Subject:	PRIVACY, CONFIDENTIALITY, PROTECTION OF PERSONAL HEALTH INFORMATION/ PERSONAL INFORMATION	Page:	5 of 7
Issue to:	All Manual Holders	Replaces:	---
Issued by:	Board of Directors	Revision 1: Revision 2:	28 Nov 2019 25 Jan 2022

7 PROCEDURE

7.01 Employee/Volunteer Records

- a) An employee's supervisor, Director, Human Resources and Payroll personnel shall have access to employee records containing personal information. An employee's supervisor, Director, Human Resources and Payroll personnel will have access to an employee's personal health information if the Privacy Officer determines that such access is permissible and necessary. Personal information and personal health information will not be disclosed outside of the organization without the knowledge and/or approval of the employee. Notwithstanding the foregoing, Hospice will cooperate with law enforcement agencies and will comply with any court order or law requiring disclosure of personal information without the employee's consent.
- b) Employees may request access to review their own file by making arrangements with the Executive Director/Human Resources. Employees shall provide at least twenty-four (24) hours-notice to the Executive Director/Human Resources. Employees may obtain a copy of any document in their file that they have signed previously. No material contained in an employee file may be removed from the file. The Executive Director/Human Resources representative will be present during viewing of the file.
- c) An employee may provide a written notice of correction related to any data contained in the employee's file. The notice of correction shall be provided to the Executive Director.
- d) Employee requests for disclosure of their own personal information to Third Parties must list the requested information specifically and be accompanied by a completed, signed and dated Authorization to Release Information form as provided in Attachment A. This form should also be used in dealings with insurance companies with respect to employee benefits, and to provide confirmation of earnings to financial institutions for lending purposes.
- e) Unless retention of personal information is specified by law for required time periods, personal information that is no longer required to fulfil the identified purpose shall be destroyed, erased, or made anonymous within twelve (12) months after its use.

7.02 Client / Resident Information

- a) Personal, privileged, and/or confidential information about clients/residents may only be collected, used, disclosed, and retained for the purposes identified by the Hospice as necessary.
- b) The Personal Health Information Protection Act (PHIPA) sets out rules for the collection, use and disclosure of personal health information. With limited exceptions, the legislation requires health information custodians to obtain consent prior to collection, use or disclose personal health information. In addition, individuals have the right to access and request correction of their own personal health information.
- c) Hospice is a health information custodian and as such must comply with the PHIPA during its day to day activities. Staff and volunteers of Hospice are considered "agents" of the custodian. Legislation defines agents as people authorized to act for, or on behalf of, a custodian. Custodians are responsible for practices that ensure the confidentiality and security of personal health information. Custodians are also responsible for compliance with the Act and ensuring that all agents are informed of their duties under PHIPA.
- d) Employees must ensure that no personal, privileged, and/or confidential client / resident

St. Joseph's Hospice Resource Centre of Sarnia Lambton			
Chapter:	Privacy	Policy No.	PRI-1
Section:	Board of Directors	Effective:	27 Sept 2018
Subject:	PRIVACY, CONFIDENTIALITY, PROTECTION OF PERSONAL HEALTH INFORMATION/ PERSONAL INFORMATION	Page:	6 of 7
Issue to:	All Manual Holders	Replaces:	---
Issued by:	Board of Directors	Revision 1: Revision 2:	28 Nov 2019 25 Jan 2022

information is disclosed without the client's/resident's consent, and then only if security procedures are satisfied.

- e) Client / resident information is only to be accessed by employees with appropriate authorization.
 - f) Unless retention of personal information is specified by law for required time periods, personal information that is no longer required to fulfil the identified purpose shall be destroyed, erased or made anonymous within twelve (12) months after its use.
- 7.03 Notwithstanding Paragraphs 7.01(e) and 7.02(d), personal information that is the subject of a request by an individual or a Privacy Commission shall be retained as long as necessary to allow individuals to exhaust any recourse they may have under the Personal Health Information Protection Act (PHIPA).
- 7.04 Concerns or complaints related to privacy issues must be made, in writing, to the Executive Director or Designate, or Privacy Officer, setting out the details of the concern or complaint. The Executive Director or Designate, or Privacy Officer, shall investigate the matter forthwith and make a determination related the resolution of the concern(s) or complaint(s).
- 7.05 No employee shall be disadvantaged or denied any benefit of employment by reason the Hospice believes an employee will do anything referred to paragraphs a), b), or c) below or by reason that an employee, acting in good faith and on the basis of reasonable belief,
- a) has disclosed to the Privacy Commissioner of Canada that the Hospice, or any other person, has contravened or intends to contravene a provision of PHIPA related to the protection of personal information;
 - b) has refused or stated the intention of refusing to do anything that it is in contravention of a provision of PHIPA related to the protection of personal health information; or,
 - c) has done or stated an intention of doing anything that is required to be done in order that a provision of PHIPA related to the protection of personal information not be contravened.
- 7.06 **Disclosure**
- a) Appropriate disclosure of personal information is:
 - i. Only when the disclosure is consistent with the purpose(s) for which it was collected; and,
 - ii. To others, on a 'need-to-know' basis, where they require the information to perform their assigned duties and responsibilities.
 - b) All information regarding clients/residents of Hospice is private and confidential. Under circumstances of inquiry, the following information may be disclosed and, in keeping with PHIPA, the following disclosure guidelines are to be followed:

St. Joseph's Hospice Resource Centre of Sarnia Lambton			
Chapter:	Privacy	Policy No.	PRI-1
Section:	Board of Directors	Effective:	27 Sept 2018
Subject:	PRIVACY, CONFIDENTIALITY, PROTECTION OF PERSONAL HEALTH INFORMATION/ PERSONAL INFORMATION	Page:	7 of 7
Issue to:	All Manual Holders	Replaces:	---
Issued by:	Board of Directors	Revision 1: Revision 2:	28 Nov 2019 25 Jan 2022

- i. Disclosure by facilities that provide healthcare:
 - Unless the individual specifically requests otherwise, hospitals and other facilities that provide healthcare, may provide the following information:
 - Confirmation that an individual is a patient or resident;
 - The individual's general health status; and,
 - The location of the individual in the facility.
- ii. Disclosure about a deceased individual:
 - Custodians may disclose personal health information about a deceased individual for the purposes of identifying the individual and informing persons that the individual is deceased and the circumstances of the death, where appropriate.
- iii. Development
 - Fundraising plans should only be shared with consultants and organizations directly involved in fundraising efforts. Lists of Hospice donors and donor prospects are considered proprietary and are not to be shared with any individuals or organizations for any purpose, including personal profit or gain.

7.07 **Amendments to the Policy**

Any amendments to this policy must be approved by the Board of Directors of St. Joseph's Hospice Resource Centre of Sarnia Lambton.

8 ATTACHMENTS

8.01	Attachment A	ADM-010	Employee Authorization to Release Personal Information
	Attachment B	ADM-019	Board of Directors/Committee Members Confidentiality Agreement
	Attachment C	SS-006	Consent to Collect, Use and Disclose Personal Health Information
	Attachment D	SS-008	Consent to Collect, Disclose, Transmit, Exchange, Store Personal Health Information
	Attachment E	SS-009	Consent to Collect, Disclose, Transmit, Exchange, Store Personal Health Information for Children Under 16
	Attachment F	SS-007	Client Privacy and Confidentiality Statement
	Attachment G	ADM-020	Withdrawal of Consent
	Attachment H	ADM-021	Request Access to Personal Health Record
	Attachment I	ADM-022	Consent to the Collection, Use and Disclosure of Personal Information for Fundraising Purposes
	Attachment J	ADM-023	Withdrawal of Consent to the Collection, Use and Disclosure of Personal Information for Fundraising Purposes
	Attachment K	ADM-024	Request for Correction to Personal Health Record
	Attachment L	ADM-025	Letter for Extension to Comply with Request
	Attachment M	ADM-026	Refusal of Access Letter
	Attachment N	ADM-038	Confidentiality Agreement Residence Staff

Attachment A



EMPLOYEE AUTHORIZATION TO RELEASE PERSONAL INFORMATION

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I, _____ do hereby authorize St. Joseph's Hospice Resource Centre of Sarnia Lambton (Hospice) to release the information listed below to (check all boxes that apply):

- Confirmation of employment and salary information (typically used for banking/lending purposes)
- All employment information in Hospice's possession, including dates of hire, positions held, information relating to performance and attendance (both objective and subjective), salary information and all related matters (typically used for reference checking methods)
- Any medical information in the Hospice's possession, including absences, medical notes or reports (typically used for sick leave, disability benefits or health insurance)
- Other (please specify information to be released):

By signing below, I hereby release and discharge St. Joseph's Hospice Resource Centre of Sarnia Lambton from any claim whatsoever by acting in accordance with this authorization.

Employee Signature

Date

If submitting via email, send from your Hospice email account, which will constitute as your signature.

Completed form is to be submitted to the Executive Director.

Attachment B



Board of Directors/Committee Members

Confidentiality Agreement

I, _____, a Director of the Board/Committee Member, acknowledge, during the course of my duties, I will have access to and acquire Confidential Information. Without limiting the generality of the foregoing, "Confidential Information" includes all confidential and proprietary information relating to St. Joseph's Hospice Resource Centre of Sarnia Lambton (Hospice), its Board and Committee Members, clients, families, employees, and other associate partners, that is not generally known to others or in the public domain.

Access to and knowledge of Confidential Information is essential to the performance of my duties as a Director of the Board/Committee Member. In recognition of this fact, I agree that save and except with permission of the Board, I will not, during or after my service to the Board/Committee, disclose any such Confidential Information to any person or entity, for any reason or purpose whatsoever. Nor shall I make use of any such Confidential Information (other than information in the public domain) for my own purpose or for the benefit of any person or entity under any circumstances during or after the term of this Agreement.

I further confirm that I have read the Board Orientation Manual, governing Hospice policies and by-laws, and understand and agree to adhere to and respect the direction provided in these documents, as well as abide by any applicable Federal and Provincial privacy legislation.

Signature of Director/Committee Member

Date

Signature of Witness

Attachment C



Consent to Collect, Use and Disclose
Personal Health Information

Client Name: _____

Address: _____

Privacy of Personal Health Information is an important principle to St. Joseph's Hospice Resource Centre of Sarnia Lambton (Hospice). We are committed to collecting, using and disclosing personal health information responsibly and only to the extent necessary for the health and social services we provide.

I, the undersigned, have received and reviewed the Hospice privacy statement outlining the personal information practices of Hospice. I have had the opportunity to have my questions answered regarding these practices and I understand the purposes for which my personal health information is being collected, used and disclosed.

I hereby authorize the collection, use, storage and disclosure of my personal information by Hospice to facilitate the provision of services as described in the policy statement.

I understand that I may withdraw my consent at any time, subject to legal restrictions and reasonable notice. Hospice will inform me of any implications of such withdrawal.

Hospice also uses your name, address, along with your care and service information, for quality improvement processes and may send you a client satisfaction survey or invite you to participate in a client focus group.

I **do not** wish to be contacted for client satisfaction surveys or focus groups.

Signature of Client or Substitute Decision Maker (SDM)

Signature of Witness

Substitute Decision Maker (SDM) Name: _____

Relationship: _____

Identification/Evidence of SDM: _____ (i.e. driver's license)

Date: _____

Attachment D



**Consent to Collect / Disclose / Transmit / Exchange / Store
Personal Health Information**

I, _____ give consent to St. Joseph's Hospice Resource
(Name/D.O.B.)

Centre of Sarnia Lambton to collect / disclose / transmit / exchange / store personal health information with the indicated service provider for the purpose of treatment:

(Name of Organization; Name of Individual)

The information I consent to being collected or released includes:

This consent for release of information is valid for _____.
(identify time frame)

(This consent can be revoked at any time upon receipt of my dated verbal or written request.)

Signature

Date

Witness Signature

Date

Attachment E



**Consent to Collect / Disclose / Transmit / Exchange /
Store Personal Health Information
For Children Under the Age of 16**

I, _____ give consent to St. Joseph's Hospice Resource
(Name of parent / guardian /D.O.B.)

Centre of Sarnia Lambton to collect/disclose/transmit/exchange/store personal/health information pertaining to:

_____ (Child's name / Child's D.O.B.)

with the indicated service provider:

(Name of Organization; Name of Individual)

The information I consent to being collected or released includes:

This consent for release of information is valid for _____
(identify time frame)

(This consent can be revoked at any time with receipt of my dated verbal or written request.)

Signature

Date

Witness Signature

Date

Attachment F



Client Privacy and Confidentiality Statement

St. Joseph's Hospice Resource Centre of Sarnia Lambton (Hospice) is committed to protecting your privacy and meeting all the requirements of Ontario's Personal Health Information Protection Act (PHIPA), Bill 31, 2004. Personal Health Information is identifying information that is collected about your health or health care history.

From time to time, as a result of their activities, staff, volunteers and Board members may have knowledge of confidential information of individuals, groups, agencies, and/or governments in this community. This information is privileged and not to be discussed with persons other than relevant staff and those identified in my circle of care. Hospice has a legal and ethical responsibility to protect the privacy of residents, clients, their families, staff and the organization and ensure confidentiality is maintained.

Client Information

The *Personal Health Information Protection Act* sets out rules for the collection, use and disclosure of personal health information. These rules apply to all health information custodians operating within the province of Ontario and to all individuals and organizations that receive personal health information from health information custodians. The rules recognize the unique character of personal health information that is frequently shared for a variety of purposes, including care and treatment and health research.

The legislation balances individuals' right to privacy with respect to their own personal health information with the legitimate needs of persons and organizations providing health care services to access and share this information. With limited exceptions, the legislation requires health information custodians to obtain consent before they collect, use or disclose personal health information. In addition, individuals have the right to access and request correction of their own personal health information.

Hospice is a health information custodian and as such must comply with the Personal Health Information Protection Act (PHIPA) in the course of its day to day activities. In general, staff and volunteers of Hospice are considered "agents" of the custodian. The legislation defines agents as people authorized to act for, or on behalf of, a custodian.

Custodians are responsible for practices that ensure the confidentiality and security of personal health information. Custodians are also responsible for complying with the Act and ensuring that all agents are informed of their duties under PHIPA.

Personal health information is any identifying information about clients that is in verbal, written or electronic form. Clients do not have to be named for information to be considered personal health information. Information is "identifying" if a person can be recognized, or when it can be combined with other information to identify a person.

Attachment F (cont'd)



Client Privacy and Confidentiality Statement

Appropriate disclosure of personal information is:

- Only when the disclosure is consistent with the purpose(s) for which it was collected;
- To others on a "need to know" basis where they require the information to perform their assigned duties and responsibilities;
- To meet your identified needs and provide services, there is a need to communicate with the health team involved in your care (Circle of Care). The consent you sign on admission to Hospice programs or services is for consent to share with the following health team members as needed:
 - Erie St. Clair LHIN (formerly Community Care Access Centre)
 - Health Care Team (i.e. physician, pharmacist, physiotherapy, emergency contact, social worker, psychiatrist)
 - Hospice Team Members (i.e. Manager, Program Coordinator, RN, RPN, PSW, volunteer, complementary therapist)
 - Other health or social agencies
 - Other contractors or funders, WSIB, Insurance Company
 - Designated family members and caregivers
 - Quality reviews (i.e. chart audits, by regulated bodies: College of Social Workers Social Services Workers, College of Nurses)

Disclosure of your personal health information beyond the above would require Hospice to ask you for additional consent. If you identify any exceptions to the sharing of information, it will be recorded and respected.

What information does Hospice collect?

- Your name, primary address and phone number
- Your date of birth
- Languages spoken
- Your current medical situation, diagnoses medications, allergies and past medical conditions
- Personal health and social history for yourself/family
- The reason you require services
- Any special care instructions for us from you

What will Hospice do with the information?

- Assess your needs based on the information collected
- Provide health and social services relevant to your needs
- Share your information with others involved in planning and providing your care

Attachment G



WITHDRAWAL OF CONSENT

I, _____ wish to withdraw my consent to any further use or disclosure by St. Joseph's Hospice Resource Centre of Sarnia Lambton (Hospice) of my personal health information for: (please check all that apply)

- Fundraising, using more than my name and mailing address
- Publicity, using more than my name and mailing address
- Other:

I wish to place the following conditions on any further use or disclosure of my personal health information:

(Please specify conditions)

This withdrawal of consent does not have a retroactive effect, nor does it affect the uses and disclosures of personal health information collected by Hospice where the uses and disclosures are permitted or required by law without consent.

Name: _____

Address: _____

Signature: _____ Date: _____

Attachment I



**CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF
PERSONAL INFORMATION FOR FUNDRAISING PURPOSES**

St. Joseph's Hospice Resource Centre of Sarnia Lambton (Hospice), Fund Development & Community Relations Department would like to use personal [demographic] information about you, including your name and mailing address, in order to contact you to support our fundraising programs. By signing below, you permit us to contact you with information on our fundraising campaigns at a later date.

You can refuse to sign this consent form. You can also withdraw your consent any time, in writing, to our Privacy Officer, Larry Lafranier, Executive Director. Your refusal or withdrawal of consent will in no way affect the care, treatment, or services you receive at Hospice.

Client Consent

I, _____ authorize Hospice to collect, use and disclose:
(First and Last Name)

- my name and mailing address
- my name, mailing address, email and phone number and the following personal information:

for use in fundraising relating to Hospice charitable activities. I understand that you might share information about me with the Fund Development Department.

Name: _____

Address: _____

Email: _____

Phone No.: _____

Signature Date

Attachment J



WITHDRAWAL OF CONSENT TO THE COLLECTION, USE
AND DISCLOSURE OF PERSONAL INFORMATION
FOR FUNDRAISING PURPOSES

|

I, _____ no longer wish
(First and Last Name)

St. Joseph's Hospice Resource Centre of Sarnia Lambton use the following personal information for fundraising purposes:

- my name and mailing address
- following personal information (check all that apply):
 - my name mailing address email
 - phone other: _____

Name: _____

Address: _____

Email: _____

Phone No.: _____

Signature

Date

Attachment K (cont'd)



REQUEST FOR CORRECTION TO PERSONAL AND HEALTH RECORD

PART B: CORRECTION REQUEST

- 1. List or attach the correction request, with reasons for the correction.

Table with 2 columns: Requested Correction, Reasons for Correction

- 2. How do you wish to receive notice of completion of the correction?

mail email phone

- 3. Would you like us to give notice of the correction, to the extent reasonably possible, to others to whom we have disclosed the incorrect information? (We will only do so if this notice will affect your health care or otherwise benefit you.)

Yes No

Signature Name (print) Title

Date

PART C: CORRECTION REQUEST RESPONSE (For Internal Use Only)

- Correction made
Correction not made
Refusal letter (with reasons) sent
Statement of disagreement attached to record
Date of response

- 1. List names, contact information and comments of any individuals consulted:

Blank lines for input

- 2. If correction was not made, provide reasons:

Blank lines for input

- 3. If an extension to the correction request response was required, please indicate:

Table with 3 columns: Date of Extension, Reason for Extension, Date Patient Notified of Extension

Attachment K (cont'd)



**REQUEST FOR CORRECTION
TO PERSONAL AND HEALTH RECORD**

4. Notice of correction provided to others where incorrect information was disclosed.

List names:

5. Processed by:

Signature

Name (print)

Title

Attachment L



Month Day, 2019

Name
Address
City, ON Postal Code

Dear Name:

Re: Request for Access to Personal Health Record of (Client's Name)

Client #:

An extension of _____ days is required to address your request to access the personal Health Record of the individual named above. While every effort is made to retrieve the information requested, this extension is required for the following reasons:

(reason for extension)

If you have any concerns or questions please contact our Privacy Officer, Larry Lafranier, Executive Director at llafranier@sjhospice.ca. If he is unable to resolve your concerns, you may file a complaint with the Information and Privacy Commissioner of Ontario, who may be contacted at:

2 Bloor Street East, Suite 1400 Toronto, ON M4W 1A8 or 1-800-387-0073

Sincerely,

Larry Lafranier
Executive Director

/km

cc. Client File



Attachment M



Month Day, 2019

Name
Address
City, ON Postal Code

Dear Name:

Re: Request for Access to Personal Health Record of (Client's Name)

Client #:

Your request to access the personal Health Record of the individual named above has been declined for the following reasons:

(reason for declining request)

If you have any concerns or questions, please contact me at lfrancier@sjhospice.ca. If I am unable to resolve your concerns, you may contact the Information and Privacy Commissioner of Ontario, who may be contacted at:

2 Bloor Street East, Suite 1400 Toronto, ON M4W 1A8 or 1-800-387-0073

Sincerely,

Larry Lafranier
Executive Director

/km

cc. Client File





Residence Staff

Confidentiality Agreement

I, _____, a Residence Staff Member, acknowledge during the course of my duties, I will have access to and acquire Confidential Information. Without limiting the generality of the foregoing, "Confidential Information" includes all confidential and proprietary information relating to St. Joseph's Hospice Resource Centre Samia Lambton, its Board and Committee Members, clients, families, employees, and other associate partners, that is not generally known to others outside of the "Circle of Care" or in the public domain.

Access to and knowledge of Confidential Information is essential to the performance of my duties as a Residence Staff Member. In recognition of this fact, I agree that save and except with permission of the Executive Director or Director of Resident Services, I will not, during or after my service to St. Joseph's Hospice Resource Centre Samia Lambton, disclose any such Confidential Information to any person or entity outside of the "Circle of Care", for any reason or purpose whatsoever. Nor shall I make use of any such Confidential Information (other than information in the public domain) for my own purpose or for the benefit of any person or entity, under any circumstances, during or after the term of this Agreement.

I further confirm that I have read the PRIVACY, CONFIDENTIALITY, PROTECTION OF PERSONAL HEALTH INFORMATION/ PERSONAL INFORMATION Policy (PRI-1) governing Hospice and understand and agree to adhere to and respect the direction provided in this document, as well as abide by any applicable Federal and Provincial privacy legislation.

Signature of Residence Staff Member

Date

Signature of Witness

ADM-038 Confidentiality Agreement Residence Staff

P:\Admin\001 BOARD OF DIRECTORS\03 Board Policies\Privacy\Confidentiality Agreements\Residence Staff Nov 15 2021