

Title	<b>Privacy Policy</b>	Number	CQPP 1.4.1
Approved by	Jennifer Rodgers	Last Approved	November 2022
	Director Corporate Clinical Support	Next Review	November 2024

<p><b>Preamble</b></p>	<p>In Canada, legislation has been implemented that limits how businesses can use the information they collect about their clients. The federal legislation is called the Personal Information and Protection of Electronic Documents Act (PIPEDA for short) and came into effect in late 2004. Additionally, the Personal Health Information Protection Act (PHIPA) (2004) provides clear direction on the management of personal health information. Amendments to this Act were introduced in 2016 under Bill 119 which provides further clarity and direction around personal health information management. A privacy policy is a statement that discloses the ways a party gathers, uses, discloses and manages a customer or client's information. In 2017, the Ontario Information and Privacy Commissioner (IPC) introduced new requirements for the reporting of privacy breaches of personal health information to the IPC, effective January 1 2018.</p>
<p><b>Policy</b></p>	<p><b>Identifying Purposes for the collection of Personal Health Information (PHI) and Personal Information (PI)</b></p> <ol style="list-style-type: none"> <li>1. Closing the Gap Healthcare (CTG), at or before the time Information is collected, identifies the purposes for which the Information is collected, used, disclosed, and retained.</li> <li>2. Primary purposes for collecting PHI include (but are not limited to): Direct client care, research, statistics, and health care management including quality and risk management activities, employer/worker relationship management, and legal and regulatory requirements.</li> <li>3. Primary purposes for collecting PI include (but are not limited to): Hiring, performance / contract management, payroll and billing, and emergency contact.</li> <li>4. Prior to the collection of Information, CTG provides information about the identified purposes either verbally and/or in writing to the clients from whom the Information is collected. <i>Your Privacy Rights</i> is embedded in the CTG <i>Client Rights and Responsibilities</i> handout.</li> <li>5. Should a new purpose be identified after receiving consent, a new consent is obtained prior to using the Information for the new purpose.</li> </ol> <p><b>Consent for the Collection, Use and Disclosure of Information</b></p> <ol style="list-style-type: none"> <li>1. The consent of the client or substitute decision maker (SDM) is obtained for the collection, use or disclosure of Information. This consent is documented on Form: <i>Consent for Collection and Release of Client Information</i> form.</li> <li>2. How consent is obtained varies: Consent may be written / oral or implied. Specific consent policies and procedures are in place. Refer to Policies: <i>Confidentiality</i> and <i>Consent for Treatment</i>.</li> </ol> <p><b>Limiting Collection of Information</b></p> <ol style="list-style-type: none"> <li>1. Collection of Information is limited to that which is necessary for the purposes identified by CTG.</li> <li>2. Information is collected by fair and lawful means.</li> </ol> <p><b>Limiting Use, Disclosure and Retention of Information</b></p> <ol style="list-style-type: none"> <li>1. Information is not used or disclosed for purposes other than those for which it was collected, except with the consent of the client or worker, or as required by law.</li> <li>2. CTG adheres to legislative requirements with respect to retention periods for both worker and client Information.</li> <li>3. Once the collected Information has exceeded the required retention period as identified by law and/or policy, it is destroyed, erased, or made anonymous.</li> <li>4. Policies and procedures are in place to govern the destruction of Information. They meet or exceed the minimum standards identified by the provincial Information and Privacy</li> </ol>

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Commissioner. Refer to Policy: *Records Management System* and Ref Doc: *Records Retention Periods*.

**Accuracy of Information**

1. Information collected is as accurate, complete, and up to date as necessary for the purposes for which it is to be used.
2. CTG relies on clients, our workers, and others to provide accurate and updated information.

**Accountability**

1. CTG is responsible for all Information in its care.
2. Our Privacy Officer ensures compliance with all policies, procedures and regulations.
3. A Privacy Report is provided to the Executive Team on a quarterly basis.
  - a. Privacy Breaches: Number, type, follow up actions, disclosures, outcomes
  - b. Privacy Risks: Number, type, follow up actions, outcomes
4. An Annual Privacy Report includes these same indicators as well as results of additional privacy audits including but not limited to the following:
  - a. Home Office Audits: Number, type (on-site, self-audit), outcomes
  - b. Requests for Release of Information: Number, type (client, third party)
  - c. Privacy Process Review: Policies, procedures and work instructions revised or developed
  - d. Privacy Initiatives: Number, type e.g. Privacy Impact Assessments completed or in progress
5. Information under the control of CTG, may be utilized by a contracted third party for specific functions e.g. PHI for service delivery, PI for benefits administration. To ensure compliance with privacy regulations, all contracted agencies and clients must meet the privacy requirements outlined in Policy: *Privacy Requirements – Contracted Individuals and Agencies*.
6. CTG has a system to track and report personal health information privacy breaches to the Ontario IPC in accordance with the Ontario IPC requirements.

**Ensuring Safeguards to Protect Information**

1. CTG implements security safeguards appropriate to the sensitivity of the Information to protect Information against theft or loss, as well as unauthorized access, disclosure, copying, use, or modification.
2. CTG protects Information regardless of the format in which it is held. Methods of protection are described in the Policy: *Confidentiality* and include but are not limited to:
  - a. Physical measures, for example locking filing cabinets, restricting office access, after hour’s alarm monitoring, and locked offices.
  - b. Organizational measures, for example, confidentiality agreements.
  - c. Technological measures, for example, the use of telephone, website, computer, software and office passwords and access controls.
3. CTG makes its workers and supervisors aware of the importance of maintaining confidentiality of Information. Confidentiality agreements are renewed annually.
4. CTG takes care in the disposal or destruction of Information to avoid unauthorized parties from gaining access to the Information. Refer to Policy: *Records Management System*.

**Openness about Information and Practices**

1. CTG makes information about its policies and practices relating to the management of Information readily available to clients through the public section of the website.
2. In addition, CTG provides this information in written form upon request.

**Access to Information**

1. Upon receipt of written request

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	<ol style="list-style-type: none"> <li>a. A client, authorized substitute decision maker, or Third-Party agent acting on behalf of the client, is provided access to client Information in accordance with PHIPA.</li> <li>b. A worker or Third-Party agent acting on behalf of the worker is provided access to worker Information in accordance with ESA and PHIPA.</li> </ol> <ol style="list-style-type: none"> <li>2. A client can challenge the accuracy and completeness of the Information and have it amended in accordance with regulatory colleges' standards / guidelines and legislation.</li> <li>3. Rigorous and standardized processes are utilized to ensure requests for release of Information are handled in accordance with ESA and PHIPA. Refer to Policy: <i>Records Management System</i> and Job Aid: <i>Guidelines for Managing Request for Release of Information</i>.</li> <li>4. Auditing of access to client PHI is completed by the Privacy Officer to proactively identify inappropriate access by unauthorized staff. Any inappropriate access by staff will be investigated and, where unauthorized access is determined, appropriate actions complying with PHIPA and associated amendments will be adhered to.</li> </ol> <p><b>Challenging Compliance with Closing the Gap Healthcare 's Privacy Policy and Practices</b></p> <ol style="list-style-type: none"> <li>1. Any client or worker concerned with the privacy practices of CTG has the right to make a complaint to the Manager/Designate of the CTG location and/or to the Privacy Officer.</li> <li>2. All complaints and inquiries are responded to promptly. CTG will utilize current complaint procedures and root cause analysis methods to respond to complaints or inquiries about privacy practices. Follow-up actions will be taken, and policies and procedures revised, when appropriate, in response to privacy breaches.</li> <li>3. Complainants who are not satisfied with the response to their complaint or inquiry are informed of their right to access the provincial Office of the Information and Privacy Commissioner and/or the Office of the Privacy Commissioner of Canada. Phone numbers and addresses will be provided.</li> </ol>										
<b>Standards</b>	<p>CTG complies with employment standards and both federal and provincial privacy legislation. This policy is based on the ten principles embedded within the federal Personal Health Information Protection and Electronic Documents Act (2004), the provincial Personal Health Information Protection Act (2004), and related updates:</p> <table border="0"> <tr> <td>1. Identifying the purposes for collection</td> <td>6. Accountability</td> </tr> <tr> <td>2. Consent for the collection, use and disclosure</td> <td>7. Safeguards</td> </tr> <tr> <td>3. Limiting the collection of Information</td> <td>8. Openness about PHI practices</td> </tr> <tr> <td>4. Limiting the use, disclosure, and retention</td> <td>9. Client access to PHI</td> </tr> <tr> <td>5. Accuracy</td> <td>10. Challenging compliance with Privacy Policy and practices</td> </tr> </table>	1. Identifying the purposes for collection	6. Accountability	2. Consent for the collection, use and disclosure	7. Safeguards	3. Limiting the collection of Information	8. Openness about PHI practices	4. Limiting the use, disclosure, and retention	9. Client access to PHI	5. Accuracy	10. Challenging compliance with Privacy Policy and practices
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	<b>Employer</b>	<ol style="list-style-type: none"> <li>1. Develops, implements, supports, monitors and evaluates the Privacy Program.</li> <li>2. Ensures that the Privacy Program complies with all relevant legislation.</li> <li>3. Assigns a competent Privacy Officer to oversee the Privacy Program.</li> </ol>
<b>Specific Accountabilities</b>	<b>Responsibility</b>	<b>Action</b>
	<b>Privacy Officer</b>	1. Responsible for managing the risks and business impacts of privacy laws and policies. Refer to Job Description: <i>Privacy Officer</i> .
<b>Definitions</b>	<p><b>Client:</b> The recipient of care. May also be called a patient, consumer, individual, or resident.</p> <p><b>Information:</b> For the purposes of this document Information will refer to both PHI and PI (See Definitions) unless otherwise specified. It is understood that collection and disclosure of Information occurs in a variety of ways, including verbal, paper, and electronic means.</p> <p><b>Personal Health Information (PHI):</b> Identifying Information about a client in oral or recorded form if the Information</p> <ul style="list-style-type: none"> <li>• Relates to the physical or mental health of the client including information that consists of the health history of the clients’ family</li> <li>• Relates to the providing of health care to the client including the identification of a person as a provider of health care to the client</li> <li>• Is a plan of service within the meaning of the Long-Term Care Act, 1994, for a client</li> <li>• Relates to payments (e.g. time sheets or weekly reports) or eligibility for health care, or eligibility for coverage for health care, in respect of the client</li> <li>• Relates to the donation by the client of any body part of bodily substance</li> <li>• Is the client’s health card number</li> <li>• Identifies a clients’ substitute decision-maker.</li> </ul> <p><b>Personal Information (PI):</b> Information that is contained in payroll and personnel files, stored within a database or within WSIB/return to work files.</p> <p><b>Worker</b> refers to a member of the CTG workforce who performs work or supplies services for monetary compensation regardless of employment category or work group i.e. employees and independently contracted workers, management, front-line healthcare providers and other support staff, <u>and</u> unpaid students, learners and trainees participating in work programs at CTG as approved by their school boards or post-secondary institutions.</p>	
<b>Related Documents</b>	<p><b>Forms</b> Consent for Collection and Release of Client Information Consent for Release of Information to Third Parties</p> <p><b>Reference Documents</b> Handout: Client Privacy Rights Job Aid: Guidelines for Managing Request for Release of Information Job Description: Privacy Officer</p> <p><b>Policies</b> Confidentiality Privacy Privacy Requirements – Contracted Individuals and Agencies Records Management System</p>	

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<b>References</b>	<p><b>Legislation</b>  Employment Standards Act      PHIPA and PIPEDA  Health Care Consent Act      Substitute Decisions Act  Long-Term Care Homes Act</p> <p><b>Links on Internet</b>  Office of the Privacy Commissioner of Canada <a href="http://www.privcom.gc.ca">www.privcom.gc.ca</a>  Office of the Privacy Commissioner of Ontario <a href="http://www.ipc.on.ca">www.ipc.on.ca</a></p>		
<b>Reviewers</b>	This Policy was reviewed by the following teams for their input and feedback: Quality Risk and Education Team		
<b>Original Approval</b>	<b>Approved by:</b>		<b>Date:</b>
	Lois Beamish Taylor, Senior. Director Quality, Risk, and Integration		23/May/2013
<b>History of Policy Reviews</b>	<b>Approved by:</b>		<b>Date:</b>
	Joanne Greco, Vice President of Infrastructure		17 July 2014
	Joanne Greco, Vice President of Infrastructure & Privacy Officer		01 May 2016
	Jennifer Rodgers, Director Corporate Clinical Support & Privacy Officer		20 December 2018
	Jennifer Rodgers, Director Corporate Clinical Support & Privacy Officer		10 December 2020
	Jennifer Rodgers, Director Corporate Clinical Support & Privacy Officer		24 November 2022