

## **PHD ABIS Privacy Policy**

Peel Halton Dufferin Acquired Brain Injury Services (PHD ABIS) recognizes the sensitivity of your personal health information. This Privacy Policy outlines how we manage your information and safeguard your privacy.

### **PHIPA is the Law**

Starting November 1, 2004, any health care institution or practitioner in Ontario who collects, uses or discloses personal health information must comply with the *Personal Health Information Protection Act, 2004*.

*We have prepared this brochure in order to provide you with a brief description of our privacy policies. Our privacy officer would be pleased to help you with your questions or concerns.*

### Definitions

In this document we refer to the new law as “PHIPA”. We refer to your Personal Health Information as defined by the new law as “PHI” or “information”. This is identifying information that relates to your physical or mental health, including your health history and your family’s health history.

PHIPA refers to health professionals, institutions and agencies that hold personal health information as “Health Information Custodians”. In this document we sometimes shorten that to “custodian” or “HIC”. PHD ABIS is a HIC and is responsible for the PHI we collect, use, maintain and disclose, as set out in this Policy.

“Express Consent” means permission that we have specifically obtained from you. “Implied Consent” means that we have concluded from surrounding circumstances that you would agree to the collection, use or disclosure of your PHI.

### What Information Do We Collect From You?

- ❖ We will ask you to give us whatever information about yourself and your family that we need to provide you with health care.
- ❖ We will collect information from you for the purpose of our main activities: consultation, assessment, intervention, teaching, limited research, statistics and complying with legal requirements.
- ❖ We will only collect information from you indirectly (e.g. from family or other professionals) if necessary to provide you with health care, with your consent, either implied or express, or if the law permits us to do so.

### How Do We Use Your Information?

- ❖ Your information is given to our staff and is used to provide services to you.
- ❖ Our staff are trained and understand that your information is private and can only be used or accessed to care for you or carry out our main activities.
- ❖ If we use your information for any purpose other than our main activities, we will ask your permission.
- ❖ Unless we have your express consent to use your information for research purposes, your information will only be used for research if the strict process in PHIPA is followed by both the Centre and the researcher.
- ❖ Sometimes the law requires us to disclose your information, such as to a Children’s Aid Society when they are doing an investigation. We will only disclose your information if the law requires or permits us to do so.

### When Will We Disclose Your Information?

***Unless you tell us not to, we will:***

- ❖ Disclose your information to other health care providers in your “Circle of Care” who need to know this information to provide you with care or help to provide you with care. The “Circle of Care” may include other health care professionals outside of our agency, such as a psychologist, psychiatrist or nurse practitioners, Community Care Access Centres (CCACs) and home service providers who provide you with health care services.
- ❖ Disclose client information for the purpose of administration and enforcement of various Acts by the professional Colleges and other regulatory bodies.

### Getting Your Consent

*Your consent to our collection, use or disclosure of your information may be implied or expressed.*

1. We will always ask for your express consent when:
  - ❖ We are disclosing your information to someone who is not a HIC (e.g. school, employer, lawyer, etc.);
  - ❖ We are disclosing your information to a HIC but for purposes other than providing you with health care (e.g. a doctor working for an insurance company). Express consent means specific verbal or written authorization for the collection, use or disclosure.
2. Where we are collecting, using or disclosing personal health information for health care purposes, the law normally permits us to rely on implied consent, where the surrounding circumstances allow us to make a reasonable determination that you would agree to the collection, use or disclosure.

2. You may withhold or withdraw your consent at any time. If we believe that the withdrawal or limiting of consent may compromise your care, we will tell you, and we may also have to tell other members of our Circle of Care who request your records that we are unable to provide the complete record.
4. You can give an express (written) instruction that specific information not be used or disclosed. The Privacy Officer or any of our mental health professionals who are dealing with you will assist you with this process.
5. We may sometimes collect, use or disclose your personal information without your consent in limited instances that are required or permitted by law. For example, some laws require disclosure of your information, such as Coroners Act and the Vital Statistics Act.

Consent is only valid if it is obtained from a capable person. To be capable of consenting, you must be able to understand the information relevant to the decision and the consequences of giving, withholding or withdrawing consent. If you are found to be incapable of making decisions about your PHI, we will obtain consent from a substitute decision-maker, as determined by law.

### Retaining Your Information and Disposing of Your Information

We retain your information at the Centre or in premises controlled by us in a secure manner and keep it for as long as necessary to fulfil the purposes for which it was collected, or as required by law.

PHD ABIS has a policy in place to address the retention and destruction of records in the organization. This policy sets out minimum and maximum retention periods and complies with applicable laws governing retention of information. Generally, we retain records of PHI for ten years.

### Accuracy of Your Information

We take reasonable steps to ensure your information is as accurate, complete and up-to-date as necessary on collection. We take reasonable steps to ensure that any information that is routinely disclosed to others under this Policy, is accurate, complete or up-to-date, this fact will be indicated at the time of use or disclosure.

### Security of Your Information

Your information in our custody is protected by security safeguards designed to protect your information against loss or theft and unauthorized access, disclosure, copying, use or modification.

Some of the steps we take to protect your information include:

#### 1. Physical measures:

- ❖ Protecting the premises by a lock and alarm
- ❖ Locking offices that contain PHI
- ❖ Storing PHI in locked filing cabinets that are fire retardant

#### 2. Administrative measures:

- ❖ Creating and implementing internal operations and procedures regarding security
- ❖ Training staff regarding privacy responsibilities
- ❖ Monitoring printers and fax machines and ensuring they are kept in areas that are secured
- ❖ Auditing information and security practices to ensure that our policies are complied with
- ❖ Establishing contracts with outside parties to ensure the confidentiality of PHI

#### 3. Technical measures:

- ❖ Requiring complex individualized passwords to access computers
- ❖ Encrypting PHI stored in electronic format
- ❖ Ensuring that anti-virus, firewall, and security measures are current and implemented on all computers that maintain PHI.

Our staff (employees, directors, volunteers, students, and professional staff members) are aware of the importance of keeping your information confidential. As a condition of employment or association with us, all staff are required to sign a Confidentiality Agreement.

### Responding to Privacy Breaches

If a privacy breach occurs, we will make every reasonable effort to contain the breach, which includes locating and retrieving all PHI outside of our control, as well as ascertaining whether other PHI is at risk of exposure.

We will then take any steps necessary to minimize the chances of a similar future breach.

We will notify you at the first reasonable opportunity if your information is lost, stolen, or subject to unauthorized access, disclosure, copying, use or modification.

### How to Access Your Information

You can request access to any records in PHD ABIS' custody or control that contain your information by calling or writing to our Privacy Officer. The guidelines for processing these requests are available on request. You will receive at least a preliminary response from the Privacy Officer within 30 days, and a full response within 60 days.

Your right to access your information is not absolute. We may deny access when:

- ❖ Denial of access is required or authorized by law, or
- ❖ The request is frivolous or vexatious or in bad faith.

If the Privacy Officer refuses you access to your records, there will be a reason given, and you will also be notified of your right to complain to the Information Privacy Commissioner of Ontario (IPC).

We may charge you a reasonable fee (based on cost recovery) for copies of your information. We will advise you of any fee before we make copies.

### Correction of Personal Health Information

Depending on the circumstances, you have the right to request correction to a record of PHI in our custody or control. Such a request may be made by providing a written request to our Privacy Officer. We will provide a response to all correction requests within 30 days, although in certain circumstances, we may require additional time to provide a response. If we agree with the correction request, we will make every effort to record the correct information in the record and to cross out the incorrect information, without obliterating it. A correction request may be denied where:

- ❖ We are not satisfied that the record is incomplete or inaccurate for the purposes for which the information was recorded
- ❖ The request consists of a record that was not originally created by us and we do not have sufficient knowledge, expertise or authority to correct the record the request consists of a professional opinion or observation that a professional or staff has made in good faith
- ❖ The request is frivolous, vexatious or made in bad faith

If we refuse to make the correction requested, written reasons will be provided.

### Compliance with this Policy

All our staff are required to know and comply with this Policy. Any breach of this Policy may result in significant action.

Staff may only use your information as permitted by us and within legal limitations. All staff must notify us at the first reasonable opportunity if your information is lost, stolen or accessed without authorization.

### How to Contact Us

Please direct to our Privacy Officer any question or concern respecting our information and practices or this policy. We will answer all questions and will promptly investigate any concerns you raise regarding this policy or a potential privacy breach. If an issue raised is found to have merit, we will take all appropriate measures, including taking disciplinary action or amending our information practices.

### Our Privacy Officer

Candice Drury  
Peel Halton Dufferin Acquired Brain Injury Services  
176 Robert Speck Parkway  
Mississauga, ON. L4Z 3G1  
Phone: [905] 949-4411 x250 or 1-877-654-1137  
Fax: [905] 949-4019  
Email: [privacy@phabis.com](mailto:privacy@phabis.com)

### Ontario's Information & Privacy Commissioner

Although we will make every effort to provide an amicable resolution to all privacy concerns, PHIPA provides individuals with the right to complain to the Information & Privacy Commissioner of Ontario. The Commissioner can be reached at:

Dr. Ann Cavoukian  
Suite 1400, 2 Bloor Street East  
Toronto, Ontario M4W 1A8  
1-800-387-0073 TTY 416-325-7539