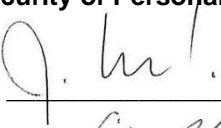



Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Resident Care	SUBJECT: Privacy and Security of Personal Health Information	SECTION: P
DATE: April 2021	Administrator: 	POLICY: 9
REVISION DATE:	Director of Care: 	

PRIVACY AND SECURITY OF PERSONAL HEALTH INFORMATION

As a provider of healthcare services LMH collects, uses, and discloses personal health information and is a personal health information custodian under the Ontario *Personal Health Information Protection Act (PHIPA)*. LMH is committed to protecting the privacy, confidentiality, and security of all personal health information to which it is entrusted in verbal, written, and electronic form.

All staff are expected to sign a Confidentiality Agreement and be aware of, and adhere to, this policy and procedure, even when no longer employed. The right to privacy of information is to be upheld.

ACCOUNTABILITY

The Leamington Mennonite Home has designated its MDS-RAI Co-ordinator to be the Privacy Officer. The PO can be reached by phone at 519-326-6109 extension 236.

The PO will have the following responsibilities:

- Accountable for compliance with privacy principles and to implement privacy and data protection measures.
- Maintain appropriate information practices,
- Deal with any access requests, privacy related inquiries and complaints, such as:
 - residents who ask to review their personal health records,
 - residents who ask to correct their personal health records, and
 - inquiries or complaints about possible violations of the law.

IDENTIFYING PURPOSES

Personal Health information will ONLY be used to:

- Provide health support and services based on their needs.
- Make sure providers have the most up-to-date and complete record of resident health history and needs.
- Help to see where there might be gaps or overlaps so LMH can provide services where they are most needed.
- Make sure everyone is getting the right support and services.

- To communicate with other professionals to whom residents are referred for care or consultation.
- Other purposes for which consent is given or are specifically permitted or required by applicable law.

CONSENT

LMH relies on implied consent for all Personal Health Information collected, use, and/or disclosed for each resident, unless otherwise exempted from the Act. A resident's request for care from LMH implies consent for the collection, use, and disclosure of personal health information for the following purposes:

- to provide and assist in the provision of health care to the resident through our services, programs, and facilities;
- to get payment for health care and any related goods and services provided to the resident, including from OHIP, your private insurer, WSIB, and others as necessary;
- to plan, administer, and manage the operation of LMH services, programs, and facilities;
- to manage risk and improve the quality and safety of LMH services and programs;
- to educate or train LMH agents to provide health care;
- to conduct research activities as approved by a research ethics board;
- to comply with legal and regulatory requirements; and,
- to fulfill other purposes that are permitted or required by law.

From time to time, LMH may communicate about a resident's care with other health care providers, including collecting, using, and disclosing personal health information through electronic medical information systems (sometimes called electronic health records, eHealth records, electronic medical records, etc.).

Any uses of your personal health information other than those mentioned above would require your express consent.

Role of a Substitute Decision Maker when resident is not capable

The substitute decision-maker may be the resident's legal guardian, attorney for personal care, spouse or partner, parent, child, sibling or other relative. A substitute decision-maker should consent only if:

- the resident is incapable or is capable and has authorized in writing an SDM to consent on their behalf,
- the SDM can consent, and
- the SDM is not prohibited by a court order or separation agreement from having access to the resident.
- available and capable of consenting,
- willing to assume responsibility for giving or refusing consent

Always make sure SDMs understand and are willing to assume consent responsibilities by discussing the responsibilities with them.

- Substitute decision-makers must consider the resident's wishes and beliefs, the benefits to the resident, why the information will be collected, used or disclosed, and whether collecting the information is necessary.
- The information needed to make a decision on whether or not the patient should consent to the collection, use or disclosure of personal health information, and the consequences of giving, withholding or withdrawing consent,
- Consent to the collection, use or disclosure of the resident's personal health information if the information is related to the treatment, personal care service or admission to a care facility.

Role of an estate trustee when a resident is deceased

Where the resident is deceased, the estate trustee or substitute decision-maker may make a request to access PHI on behalf of the deceased resident. They also have the right to request that the record be corrected.

Withdrawal of Consent by a resident/SDM

Residents/SDM who want to withdraw consent must notify LMH in writing using 'Withdrawal of Consent' form. The identity of the requestor must be confirmed using the Verification Process.

Consent Directives

Resident/SDMs have the right to impose a consent directive on the access/use of their PHI.

The identity of the requestor must be confirmed using the Verification Process.

'Consent Directive to Withhold Personal Health Information' form must be completed.

'Consent Directive to Withhold Personal Health Information' form must be filed in resident's chart.

Ensure the information in the consent is understood by the resident/SDM.

If a request is received relating to the use and/or disclosure of their PHI for the purpose of providing health care:

- The Administrator must be contacted, who will then contact the Privacy Officer.
- If the request is made after hours or on weekends when this person is not available, leave a message with them and inform the requestor that their request will be handled as soon as possible.
- **Requests will be processed within 30 business days** upon receipt of written request.

Procedure to notify all staff of an Imposed Consent Directive upon PHI

The Privacy Officer must:

Paper Health Records

- Attach a copy of 'Consent Directive to Withhold Personal Health Information and unlocking form' at the front of the record informing staff that the record has been locked.
- The locked portion of the paper health record will be stored in the med room filing cabinet, in a folder designated for "locked" health records.

Electronic Health Records

- A notification screen may be attached to the resident's electronic information to inform staff that the electronic health record has been locked. If staff proceed beyond the notification screen without obtaining proper consent this will be considered a breach.

In situations where it is believed the 'locked' information is reasonably necessary for the provision of care; the recipient health care providers must be notified.

The locked portion of the health record can only be accessed by other health care institutions in an emergency situation or if resident/SDM provides express consent.

If a resident/SDM chooses to unlock their record, 'Unlocking Personal Health Information Re: Use and/or Disclosure' form must be completed and signed by the individual initiating the unlock request.

Release without Consent

Resident information may be released without consent when required by law or in emergency situations where withholding information could cause serious harm to the resident or another person.

Overriding a consent directive

The decision to override a consent directive can be made without consent of the resident under PHIPA, such as when the health care provider believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious or bodily harm to a person or group of persons.

- Information directly relevant to the circumstances should be disclosed to the appropriate party, i.e. police
- the resident must be notified at the first reasonable opportunity when these situations happen, except when notification could put the resident or someone else at risk.
- 'Request to Override Consent Directive' must be completed.
- The Administrator must approve the release of information when there is a subpoena, search warrant or court order.

IAR specific consent

If the resident requests assistance in withdrawing consent for sharing of assessments through the IAR, the Home shall:

- Provide the resident or SDM with the toll-free number (1-855-585-5279) and/or (TTY 1-855-973-4445) for the IAR Consent Management Call Centre.
- Explain to the resident the implication of a consent directive in the IAR (willing to share or not willing to share their assessments).
- Remind the resident that he/she can always change his/her mind, about his/her consent directives by calling 1-855-585-5279 and/or TTY 1-855-973-4445.

LIMITING COLLECTION, USE, DISCLOSURE, AND RETENTION

Collection of personal health information is done only for the purpose of providing or supporting healthcare.

Access to personal health information is limited to only those employees/agents with a need to know such information for their job purposes.

Access to records via an electronic sharing system such as IAR and Clinical Connect is restricted to LMH's MDS-RAI Co-ordinator and DOC. This is to ensure all personal health information is protected against inappropriate use.

If a hard copy of any PHI is printed the policy must be followed for retention and destruction of records.

PHI means identifying information about an individual in oral, written, or electronic form that relates to their physical or mental health. Examples include family health history, health card number, and any information that identifies an individual and links them to a healthcare provider.

Prior to granting access to PHI, the identity of the individual must be confirmed using the **Verification Process:**

Requestor: Resident

- Ensure the following resident information from the request matches information in your registration system:
 - Name
 - Date of birth
 - Health card number
- Ensure that a signature is included on the form and if possible match it to a signature in the health record of the resident.

Requestor: Substitute decision maker

- Review information in the health record or registration system to ensure there is documentation that the requestor is a substitute decision-maker
- Request documentation if there is no information in the health record
- Ensure the following resident information from the request matches information in your registration system for the patient:
 - Name
 - Date of birth
 - Health card number
- Ensure that a signature is included on the request form

Request for Access to PHI from Police

A resident's PHI will only be released to police upon the presentation of one of the following:

- A valid court order, or
- Search Warrant, or
- Subpoena, or
- Coroner's Writ, or

- An original written authorization from the resident allowing release of the information requested. When possible, the signature is verified with the signature on the resident's chart.

The information provided should only include that part of the record requested in the warrant. The release of information should be documented on the chart including:

- the name of the police officer requesting the information
- the police force the police officer is affiliated with
- the date and time
- the information that was released to the police officer (e.g., list the report name, the dates of the reports release and any other pertinent information)
- the documentation that was presented by the police officer for the release of information (e.g., the court order, search warrant, subpoena etc.)

Fees for Information Access Requests

Leamington Mennonite Home reserves the right to charge a fee for accessing health records. Decisions to charge a fee will be made on a case-by-case basis upon approval by the Administrator

Fees for Information Disclosures

Leamington Mennonite Home reserves the right to charge a fee for, printing, or photocopying health records. Decisions to charge a fee will be made on a case-by-case basis upon approval by the Administrator

Retention and Destruction of Personal Health Information

Paper health records shall be retained for a minimum of 10 years. Electronic records shall never be destroyed.

A log of destroyed records will be kept, with a detailed description of the records destroyed including the date, time, method of destruction and the identity of the individual whose records are being destroyed.

The destruction log will be stored by the Ward Clerk and kept forever.

SAFEGUARDS

The PO will be responsible to provide Privacy training, ongoing privacy awareness reminders, and updates.

Inappropriate use of PHI will result in discipline up to and including termination of employment/affiliation with LMH.

When Staff are no longer employed, the right to privacy of information must be upheld. Resident information will not be shared with others unless express consent is obtained.

Maintain security of home lap tops, ipads, and desk top computers through firewalls, and other means, using industry best practices (e.g. encryption).

Password Requirements for Electronic Health Records

Systems will require users enter a password to access Electronic Health Records.

Maintaining the Security of Passwords

- each user must be able to set their own password and be instructed **NOT** to:
- use passwords that are predictable such as birthdays or your favourite sports team.
- not to write passwords down.
- not to share passwords with anyone else.

System requirements for passwords:

- must be able to be reset by the account administrators;
- should be stored in an encrypted file that cannot be read.
- must not be hard coded into any system file or routine and must be keyed in each time the user signs on;
- characters must not be displayed on monitors when entered;
- must be changed at intervals of at least every 90 days;
- upon expiry, the system must require the user to change a new password before accessing

All resident health related information is to be kept in areas where access is limited to staff members.

- Health records are not to be left open or unattended.
- Provide staff privacy alerts to remind staff of their responsibilities associated with the use of the system.
- Ensure protection of the data from environmental threats (e.g. fire, flood, etc.)
- Ensure an uninterrupted power supply (UPS) is available for critical servers.

Privacy breach: A breach of confidentiality is defined as the inappropriate collection, access, use or disclosure of personal health information.

Privacy audits: The Privacy Officer shall conduct monthly audits to ensure no breach has occurred.

Service Agreements: Contractors, consultants, students, and volunteers are expected to sign a Confidentiality Agreement and be aware of, and adhere to, this policy and procedure.

Remote Access: Remote Access is only allowed by other HSP's or LMH's technical supports.

Access to PHI must only be made through trusted, secure devices. It is not permitted to access PHI on personal computers, smart phones, or tablets.

Secure Destruction Practices

For paper records, on-site destruction by means of cross-cut shredding,

The individual destroying a health record that has attained its legal retention period must complete a written statement that includes:

- a) The name(s) of the patient(s) to whom the health record(s) belong
- b) The date the record was destroyed;
- c) The last discharge date of the patient;
- d) The manner of destruction; and
- e) Confirmation that the destruction method was in accordance with this policy.

For electronic/wireless media such as hard drives, destruction by means of physically damaging the item (rendering it unusable) and discarding it.

All non-health care providers, and volunteers are expected to sign a **Confidentiality Agreement** and be aware of, and adhere to, this policy and procedure.

Addressing Privacy Breaches

The Leamington Mennonite Home shall ensure that all stored Personal Health Information, is accessed by required users only. Breaches of this security include, but are not limited to:

- Printed records left in a public area (e.g., coffee shop).
- A resident's record is faxed to the wrong number.
- Theft, loss, damage, unauthorized destruction or modification of resident records.
- Inappropriate access to resident information by unauthorized users.
- User account and password compromised.
- Network infrastructure affected by malicious users.

Any seen or recognized violation of PHI security shall be reported by staff to the Privacy Officer immediately.

The Privacy Officer shall ensure that:

- 'Resident Privacy Compliant Form' is correctly completed by Resident/POA and resolved within 5 working days.
- Any complaints which cannot be resolved within 5 working days shall be referred to the Administrator, who will undertake every effort to resolve the complaint.
- Complaint will be logged on the "Resident Privacy Complaint Registry".

OPENNESS

The Leamington Mennonite Home shall inform, and make available to, all residents, staff, and SDMs of the Privacy Policy of the Home as it relates to personal health information.

The 'Privacy and Personal Health Information' brochure will be available anytime through the office.

A Privacy Notice will also be displayed in a prominent location.

ACCESS

Resident have the right to:

- Make a request to obtain a copy of their record.
- Make a request to change their record.

- File a complaint about the privacy practice

Procedure for Resident Access

Requests from Residents/SDM's regarding access shall be processed by the Privacy Officer.

- The requestor will be given 'Access to Personal Health Information Request form'.
- The identity of the requestor will be confirmed.
- The DOC will then respond to the request with instructions to either print a copy of the record or to arrange a time to review the chart in person.
- If the resident is picking up a copy, they must pick up their records in person and provide identification to the staff releasing the information.
- When a resident accesses their original record(s), a staff member must be present to ensure that records are not altered or removed.
- Registered Staff may use their discretion in providing personal health information in the context of a clinical visit (e.g. providing a paper copy of blood work at an appointment).

An oral request may be accepted in extenuating circumstances, however written requests are preferred and the form must be provided to all requestors each time a request is made.

The Privacy Officer will respond to information access requests within 30 days (or up to 60 days upon extension).

In limited circumstances, residents may be denied the right of access to their record if this poses a serious risk to themselves or to others.

Challenging Compliance

Any individual has the right to challenge LMH's compliance with PHIPA, this policy, or Privacy Best Practices by contacting the Privacy Officer.

The Privacy Officer shall ensure that:

- 'Resident Privacy Compliant/Inquiry Form' is correctly completed by Resident/POA and resolved within 5 working days.
- Any complaints/Inquiries which cannot be resolved within 5 working days shall be referred to the Administrator, who will undertake every effort to resolve the issue.

Any decisions to deny access must be given in writing to the resident. The resident must be told that he or she has a right to challenge this decision with a complaint to the Privacy Officer, and if not resolved, to the **Information and Privacy Commissioner of Ontario**.

ACCURACY

The Leamington Mennonite Home will make every effort to ensure the information held is accurate, complete and up-to-date. Residents have the right to challenge the accuracy of the information.

Resident Request for Correction

After a resident/SDM has accessed their record and demonstrates that the record is

incorrect/incomplete a request for correction may be submitted.

The Leamington Mennonite Home is obligated to correct a record of PHI if the resident provides the organization with the information necessary to correct the record.

Correcting a Record of PHI

The Privacy Officer shall ensure that:

- 'Correction to Personal Health Record Request Form' is correctly completed by Resident/POA,
- The identity of the resident is verified.
- The DOC is responsible for assessing the request to correct the record and sharing it with other team members who have documented in the chart.
- The correction should be done by the individual who originally wrote the record ensuring that the original record is maintained.
- The incorrect information should be clearly marked as erroneous. The correct information is added and saved.
- The entry must be dated and electronically signed.
- All requests for chart corrections must be responded to within 30 days.
- The resident must be notified in writing, if extension is required, with a clear reason for the delay stated and a time frame for completion of the request. The extension cannot be longer than 60 days.

Limitations of requirements to fulfill information correction requests.

Staff do not have to correct a record:

- A professional opinion or observation made in good faith about a resident
- when they do not have sufficient knowledge, expertise and authority to correct the record (this would include the ability to validate the new information being provided),
- if one reasonably believes that the request for correction is frivolous, vexatious or made in bad faith (requests should only be refused for these reasons in rarest of cases),
- if the resident has failed to demonstrate that the record is not correct or complete, or
- if the resident has not given the information needed to make the correction.

Refusal of Correction Request

If a correction request has been refused, the requestor must be informed of what can be done by them:

- Prepare a concise statement of disagreement that sets out the correction that LMH refused to make in the health record,
- Require LMH to attach the statement of disagreement to the health record and disclose the statement of disagreement whenever information to which the statement relates is released.
- The statement of disagreement must be filed in the health record in front of the applicable personal health information and a notice of this should be made available in the electronic systems.

- May make a complaint about the refusal to the Information and Privacy Commissioner of Ontario.

Staff will be made aware of the Statement of Disagreement through placement of SOD in the resident's health record.

LMH will notify persons to whom the record was previously disclosed, of the correction except where the correction would not affect the provision of healthcare.

See Attached Documents:

1. Privacy and Security Sheet for admissions
2. Withdraw of Consent to the Collection, Use, and Disclosure of Personal Health Information Form
3. Resident Privacy Complaint Form
4. Resident Privacy Complaint Registry
5. Privacy Notice
6. Access to Personal Health Record Request Form
7. Request to Override Consent Directive Form
8. Consent Directive to Withhold Personal Health Information Form / Unlocking Personal Health Information RE: Use and/or Disclosure Form
9. Correction o a Personal Health Record Request Form
10. Extension Request
11. Sample letters



Privacy and Security: The Collection, Use, and Sharing of Your Personal Health Information

How We Protect Your Privacy

We handle and protect your personal health information in accordance with Ontario's *Personal Health Information Protection Act, 2004* (PHIPA) and any other laws that we are required to follow. We provide training, follow established policies, and take other steps to ensure that our staff and anyone else acting on our behalf protects your privacy.

Collection, Use, and Disclosure of Personal Health Information

Your request for care from us implies consent for our collection, use, and disclosure of your personal health information for the following purposes:

- to provide and assist in the provision of health care to you through our services, programs, and facilities;
- to get payment for health care and any related goods and services provided to you, including from OHIP, your private insurer, WSIB, and others as necessary;
- to plan, administer, and manage the operation of our services, programs, and facilities;
- to manage risk and improve the quality and safety of our services and programs;
- to educate or train our agents to provide health care;
- to conduct research activities as approved by a research ethics board;
- to comply with legal and regulatory requirements; and,
- to fulfill other purposes that are permitted or required by law.

From time to time, we may communicate about your care with your other health care providers, including collecting, using, and disclosing your personal health information through electronic medical information systems (sometimes called electronic health records, eHealth records, electronic medical records, etc.). If you would like more information about the electronic medical information systems we use, please speak with our Privacy Contact.

Any uses of your personal health information other than those mentioned above would require your express consent.

Unless you tell us not to, we share your assessment information with other health service providers who will provide you with support, now, and in the future.

Sharing Your PHI

We use a secure electronic system to share your health information with other health service providers. This allows them to view the information they need to provide you with the services for your needs.

If you have agreed to share your Personal Health Information, the information in your assessment will be used to:

- Provide health support and services based on your needs.
- Make sure your providers have the most up-to-date and complete record of your history and needs.
- Help us see where there might be gaps or overlaps so we can provide services where they are most needed.
- Make sure everyone is getting the right support and services.

Privacy & Security of Your Information

The personal health Information collected belongs to you. The privacy and protection of your PHI is a priority. We only collect the health information we need in order to determine your service and support needs. This information cannot be used for any other purposes without your permission.

- Your health information is kept in a secure place.
- Your health information will only be viewed by authorized people who deliver your services.
- All health service providers have signed contracts to keep your information confidential.
- When a person views your information, it is recorded in a log. This log is reviewed regularly to make sure there has been no unauthorized access to your information.
- Information is stored and/or disposed of according to the law.
- We will investigate any suspected breach or unauthorized access to your personal health information.

Your Privacy Choices

Your Rights and Choices

Please speak to your usual care provider or our Privacy Officer, if you want to:

- **See your own assessment:** You can request a copy of your assessment at any time.
- **Correct your own Assessments:** You can ask to have information in your assessment corrected or updated.
- **Opt Out:** You may choose not to share your assessment information with other health service providers. You may also choose to have your basic personal information (like name, phone number, city) blocked from health care workers who view the IAR.

By choosing to share information with other Health Service Providers, residents are:

- Ensuring relevant information is reviewed by other Health Service Provider's to provide the best possible care/treatment.
- Avoiding potential duplication of information and extended time frames in receiving care.
- Streaming a needed referral for care and services from another Health Service Providers.

By choosing not to share information with other Health Service Providers, residents are:

- Perhaps withholding relevant and important Personal Health information that would expedite services and treatment.
- Potentially creating duplication for assessments and health status tests.
- Possibly prolonging access to needed services and treatment.

Issues or concerns

To choose to withhold your consent to share your assessment information or your basic identifying information, contact our Privacy Officer. If you would like to know more about how your personal health information is handled and shared with our partner organizations, feel free to ask our Privacy Officer. They will be happy to answer any questions that you might have.

Leamington Mennonite Home:
Privacy Officer

(519) 326-6109 ext.236

The Privacy Commissioner

If you have any issues or concerns about how your health information is being handled, you have the right to contact the **Information and Privacy Commissioner of Ontario** at:

2 Bloor Street East Suite 1400 Toronto,
ON M4W 1A8

Telephone: 1 (416) 326-3333
or 1 (800) 387-0073

Online: <http://www.ipc.on.ca>

I acknowledge that my request for care implies consent for the collection, use, and disclosure of my personal health information.

I also acknowledge that have the right to withhold or withdraw consent to share Personal Health Information at any time by contacting Leamington Mennonite Home's Privacy Officer.

Name: _____

Signature: _____ Date: _____

Substitute Decision-Maker (if applicable):

Name: _____ Date of Birth: _____ Health Card Number: _____

Signature: _____ Date: _____

LEAMINGTON MENNONITE HOME

Long Term Care Home

Withdraw of Consent to the Collection, Use and Disclosure of Personal Health Information

The Leamington Mennonite Home strives to provide all residents with health care services that meet individual resident needs and enable residents to seek appropriate services from organizations across the province. In doing so, our Home may need to share your Personal Health Information and Assessment Data via fax, or an electronic sharing system, with other health service providers, who need to review this data in order to provide services to you.

You have the right to withhold or withdraw your consent to share your Personal Health Information at any time.

- the consent directive only applies to PHI the resident has already provided, and not to PHI which the resident might provide in the future;
- PHIPA permits certain collections, uses, and disclosures of the PHI, despite the consent directive; healthcare providers may override the consent directive in certain circumstances, such as emergencies; and the consent directive may result in delays in receiving health care, reduced quality of care due to a healthcare provider's lacking complete information about the patient, and a healthcare provider's refusal to offer non-emergency care.
- Residents may withdraw their consent for sharing any and all PHI, regardless of which HSP has conducted the assessment

I, _____ withdraw my consent to the sharing of the **Personal Health Information** collected, used, or disclosed by the Leamington Mennonite Home.

I understand my choice will be applied to the sharing of the **Integrated Assessment Record, Clinical Connect, and/or all other assessments** with health service providers via fax or an electronic sharing system.

Name: _____

Signature: _____ Date: _____

Substitute Decision-Maker (if applicable):

Name: _____ Date of Birth: _____ Health Card Number: _____

Signature: _____ Date: _____

Resident Information (collected for resident identification)

The fields below are used for the purposes of identifying the individual who is consenting so that their Consent can be properly managed.

Name: _____ Date of Birth: _____ Health Card Number: _____

Address: Leamington Mennonite Home 35 Pickwick Drive, Leamington, ON N8H 4T5

LEAMINGTON MENNONITE HOME

Long Term Care Home

Resident Privacy Complaint/Inquiry Form

1. Personal Information:

To be completed by the individual lodging complaint/inquiry

First Name	Last Name	Initial
Date of Birth (dd/mm/yyyy)	Email	
Phone No.	Alternate Phone No.	
Street Address (street, city, province, postal code)		

2. Complaint/Inquiry Description:

In your own words, provide the details of your complaint, the names of any individuals or healthcare organizations involved if you know them, and the date when it happened. Attach additional pages if more space is needed.

	Date of Occurrence (dd/mm/yyyy)

3. Purpose of Use

I understand that my personal information will be used for the purposes of resolving my complaint.

Signature _____ Date (dd/mm/yyyy)

For Internal Use Only

Complaint #	Complaint Reception Date (dd/mm/yyyy)
Follow-up Action	Most Responsible (Primary) Organization
Follow-up Date (dd/mm/yyyy)	Other Organizations (if any)
Resolution Status	
Resolution Date (dd/mm/yyyy)	

Notes



PRIVACY NOTICE FOR LEAMINGTON MENNONITE HOME AND APARTMENTS

How We Protect Your Privacy

We handle and protect your personal health information in accordance with Ontario's *Personal Health Information Protection Act, 2004* (PHIPA) and any other laws that we are required to follow. We provide training, follow established policies, and take other steps to ensure that our staff and anyone else acting on our behalf protects your privacy.

Collection, Use, and Disclosure of Personal Health Information

Your request for care from us implies consent for our collection, use, and disclosure of your personal health information for the following purposes:

- to provide and assist in the provision of health care to you through our services, programs, and facilities;
- to get payment for health care and any related goods and services provided to you, including from OHIP, your private insurer, WSIB, and others as necessary;
- to plan, administer, and manage the operation of our services, programs, and facilities;
- to manage risk and improve the quality and safety of our services and programs;
- to educate or train our agents to provide health care;
- to conduct research activities as approved by a research ethics board;
- to comply with legal and regulatory requirements; and,
- to fulfill other purposes that are permitted or required by law.

From time to time, we may communicate about your care with your other health care providers, including collecting, using, and disclosing your personal health information through electronic medical information systems (sometimes called electronic health records, eHealth records, electronic medical records, etc.). If you would like more information about the electronic medical information systems we use, please speak with our Privacy Contact.

Any uses of your personal health information other than those mentioned above would require your express consent.

Your Rights and Choices

PHIPA provides you with certain rights related to your personal health information under our custody or control. Please communicate with our Privacy Contact for more information related to your rights:

- to see and get a copy of your personal health information;
- to ask us to make corrections to inaccurate or incomplete personal health information;
- to withdraw your consent to our collection and use of your personal health information or its disclosure to other health care providers (subject to certain legal obligations); and,
- to be informed if your personal health information is lost, stolen or improperly accessed.

Our Privacy Contact

For more information or to raise a concern about our privacy practices, please contact our Privacy Contact:

Name: Melissa Laforce-Ostrander

Phone: 519-326-6109 ext. 236

Email: melissa@mennonitehome.ca

Mailing Address: 35 Pickwick Drive,

Leamington, ON. N8H 4T5

The Information and Privacy Commissioner of Ontario

The Information and Privacy Commissioner of Ontario is responsible for making sure that privacy law is followed in Ontario. For more information about your privacy rights, or if you are unable to resolve an issue directly with our Privacy Contact and wish to make a complaint, contact:

Information and Privacy Commissioner of Ontario
2 Bloor Street East, Suite 1400
Toronto, ON M4W 1A8

Email: info@ipc.on.ca

Toll Free: 1-800-387-0073

TDD/TTY: 416-325-7539

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LEAMINGTON MENNONITE HOME

Long Term Care Home

ACCESS TO PERSONAL HEALTH RECORD REQUEST FORM

Information and Instructions

Instructions to person making the request:

- Complete this form with as much information as possible.
- We only accept requests from the resident or someone that the resident has asked to make the request (i.e., substitute decision maker).
- If we don't know you or are unsure whether the resident has asked you to make the request, you will need to provide photo identification, and prove that the resident has allowed you to make the request.
- Ontario law (PHIPA) allows a healthcare provider to charge administrative fees to a person who wants a copy of his or her medical records. We may ask you to pay a fee before giving you a copy of your record.

1. Resident Information

First Name

Last Name

Contact Information if it is different than the information we have on file

2. Person Making the Request (ONLY COMPLETE IF YOU ARE NOT THE RESIDENT)

First Name

Last Name

Relationship to the resident

Contact Information

3. Information being Requested

Which of the following information do you need (please check all that apply)?

All health information from the last

3 months

3 years

6 months

5 years

2 months

All

Some health information (describe what information you would like)

4. Permission to Leave Voice Mail

If we need to confirm information or contact you, we will call you. May we leave a message if you do not answer the phone?

Yes you may leave a detailed message

No you may not leave a detailed message

Provide any instructions about leaving a message (e.g., only on electronic voicemail, not with a person if the phone is answered).

6. Signature

This access may take the form of a review of the electronic record, or be a printed copy of the record.

I understand that I may be charged a reasonable fee for accessing, printing or photocopying the health record.

Additionally, I understand that access to the record needs to be discussed between my care providers and that a staff member of LMH may choose to be with me when I review the records to answer any questions I may have.

If this is the case, an appointment will be made for me to return and review the records.

I understand that requests to view records cannot be processed immediately.

In keeping with provincial guidelines, LMH's commitment is to respond to this request within a maximum of 30 days of receipt of this form.

For information about our privacy protection practices, contact our Privacy Officer at: 519-326-6109 extension 236

Name: _____
(Printed)

Signature: _____

Date: _____

LEAMINGTON MENNONITE HOME
Long Term Care Home

Request Form to Override Consent Directive

The decision to override a consent directive can be made without consent of the resident under PHIPA, such as when the health care provider believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious or bodily harm to a person or group of persons.

- Information directly relevant to the circumstances should be disclosed to the appropriate party, i.e. police
- the resident must be notified at the first reasonable opportunity when these situations happen, except when notification could put the resident or someone else at risk.

1. Requestor Information:

Firm/Company Name:

Requestor Name:

Phone Number:

2. Resident Information

Name: _____ Date of Birth: _____ Health Card Number: _____

Address: Leamington Mennonite Home 35 Pickwick Drive, Leamington, ON N8H 4T5

3. Reason for Request

Please explain what personal health information you would like access to.

Your request will be assessed and processed by the Administrator, DNPC, and the Privacy Officer.
The Administrator must approve the release of information when there is a subpoena, search warrant or court order.

Please describe what information you want access to and the reasons for your request (add pages if necessary):

Signature: _____ Date: _____

LEAMINGTON MENNONITE HOME

Long Term Care Home

Consent Directive to Withhold Personal Health Information

You may use this form to request restrictions on access to your health records. However, if the personal health information in the records is reasonably necessary for the provision of health care, your care team may not be able to provide you with that health care.

The consent directive only applies to PHI the patient has already provided, and not to PHI which the patient might provide in the future; PHIPA permits certain collections, uses, and disclosures of the PHI, despite the consent directive; healthcare providers may override the consent directive in certain circumstances, such as emergencies; and the consent directive may result in delays in receiving health care, reduced quality of care due to a healthcare provider's lacking complete information about the patient, and a healthcare provider's refusal to offer non-emergency care.

A copy of this form will be filed in the chart, in place of restricted PHI. The Personal Health Information that is restricted will be filed in the med room filing cabinet in "Locked Records" file. Refer to

Please explain what personal health information you do not want used or disclosed. Your request will be assessed and processed by the Administrator, DOC, ADOC, and the Privacy Officer, who may request additional information or who may discuss the implications of your request with you.

Please describe the restrictions you want to impose on your health Record and the reasons for your request (add pages if necessary):

READ CAREFULLY: I acknowledge and agree that restricting access to my personal health information may result in Leamington Mennonite Home being unable to provide me the best possible health care. If the personal health information in the records is reasonably necessary for the provision of health care, I acknowledge and agree that my care team may not be able to provide me with care.

Resident:

Name: _____

Signature: _____ Date: _____

Substitute Decision-Maker (if applicable):

Name: _____ Date of Birth: _____ Health Card Number: _____

Signature: _____ Date: _____

Resident Information (collected for resident identification)

The fields below are used for the purposes of identifying the resident

Name: _____ Date of Birth: _____ Health Card Number: _____

Address: Leamington Mennonite Home 35 Pickwick Drive, Leamington, ON N8H 4T5

SEE REVERSE FOR UNLOCKING LOG

LEAMINGTON MENNONITE HOME

Long Term Care Home

CORRECTION TO PERSONAL HEALTH RECORD REQUEST FORM

Information and Instructions

We will correct health record information if it is demonstrated, to our satisfaction, that the record is not correct or complete for the purpose for which we collect, use or disclose the information. We will make every effort to respond to your request in a timely fashion. Please complete Parts A and B of this Form. Part C is for our internal use. For information about our privacy protection practices, contact our Privacy Officer at: 519-326-6109 extension 236.

PART A: REQUESTOR INFORMATION

Resident:

Name: _____

Signature: _____ Date: _____

Substitute Decision-Maker (if applicable):

Name: _____ Date of Birth: _____ Health Card Number: _____

Signature: _____ Date: _____

Note: Include copies of documents that provide your authority as a substitute decision-maker.

Resident Information (collected for resident identification)

The fields below are used for the purposes of identifying the resident

Name: _____ Date of Birth: _____ Health Card Number: _____

Address: Leamington Mennonite Home 35 Pickwick Drive, Leamington, ON N8H 4T5

PART B: CORRECTION REQUEST

1. List or attach the correction requested, with reasons for the correction.

Requested Correction

Reasons for Correction

2. How do you wish to receive notice of the correction (in writing, by telephone)?

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 _____ 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

2. If correction was not made, provide reasons:

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

- Date of Extension _____
- Reason for Extension _____
- Date Resident Notified of Extension _____
-

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

List names:

5. Processed by: _____

Date: _____

Signature: _____

LEAMINGTON MENNONITE HOME
Long Term Care Home

EXTENSION TO COMPLY WITH REQUEST TO ACCESS/CORRECT PERSONAL HEALTH RECORD

35 Pickwick Drive
Leamington, Ontario N8H 4T5

Date

Dear Sir/Madam,

RE: Request for Access to Personal Health Record of: _____

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 reason:

If you have any concerns or questions please contact our Privacy Officer at 519-326-6109 extension 236. If they are unable to resolve your concerns, you may file a complaint with the Information and Privacy Commissioner/Ontario, who may be contacted at:

The Privacy Commissioner of Ontario at:
2 Bloor Street East, Suite 1400
Toronto, ON M4W 1A8
Telephone: 416-326-3333
or 1-800-387-0073
Online: <http://www.ipc.on.ca>

Sincerely,
[Name, Title]

LEAMINGTON MENNONITE HOME

Long Term Care Home

Notification Concerning a Request for Correction

Date: _____

Dear _____,

Re: Request for Correction to PHI

Correction or Amendment Agreed To

Your request for a correction or amendment of [*error or omission*] has been agreed to by the Leamington Mennonite Home and your record has been corrected or amended as you requested.

You can inspect the corrected record by arranging a meeting.

The following persons, [*name persons*], to which the information has been disclosed over the last year have been informed of the facts of [*the correction or amendment*] and requested to amend their files to reflect this information.

Correction Refused

Your request for a correction or amendment of [*error or omission*] has been refused by the Leamington Mennonite Home, you may either:

(a) Ask for a review of this decision by the Information and Privacy Commissioner under section 73 of the Act;

OR (b) Submit within 30 days of receiving this notice a statement of disagreement to Leamington Mennonite Home setting out in 500 words or less the requested correction and your reasons for disagreeing with this decision.

Your statement of disagreement will be attached to the record that is the subject of the requested correction and will be provided to any person to whom LMH has disclosed the record in the year prior to your request.

You may request the Information and Privacy Commissioner to review our decision to refuse to correct or amend your health information. The *Act* allows you 60 days from the date you receive this notice to request a review by writing to:

If you wish to request a review, please provide the Office of the Information and Privacy Commissioner with the following information:

1. The reference number quoted at the top of this notice.
2. A copy of this letter.
3. A copy of your original request for correction which you sent to the Leamington Mennonite Home.

If you have any questions, please call me at 519-326-6109.

Sincerely,

[*Name*]

[*Title*]

LEAMINGTON MENNONITE HOME

Long Term Care Home

Notice to Persons in Receipt of Health Information

Purpose: To advise persons who have received health information that a correction or amendment has been made or that a statement of disagreement has been submitted.

[Reference number]

[Date]

[Name of person and address]

Dear *[Name of official]*:

Option 1: Correction or Amendment Made

On *[date]*, the Leamington Mennonite Home disclosed to you information concerning *[name of individual requesting correction or amendment]*. This information has *[been corrected or amended and a copy of the corrected record is attached]*. Section 13(3)(c) of the *Health Information Act* requires that we notify you of this correction. Please amend your records or link the correction or amendment to them in order to ensure that they contain this new information.

Option 2: Statement of Disagreement Submitted

On *[date]*, the Leamington Mennonite Home disclosed to you information concerning *[name of individual requesting correction or amendment]*. This information has not been corrected or amended but *[name of individual]* has submitted a statement of disagreement under section 14(1)(b) of the *Health Information Act*. Section 14(3) of that *Act* requires that we provide a copy of this statement of disagreement to you to attach to the information that was disclosed to you (see attached statement).

Sincerely,

[Name]

[Title]

LEAMINGTON MENNONITE HOME

Long Term Care Home

Notice Agreeing to Make a Correction or Amendment and Dispensing with Notification of Persons About a Correction or Amendment

Purpose: To advise an applicant that a request for correction or amendment has been agreed to and to obtain the applicant's consent to dispense with notifying other persons about the correction or amendment.

[Reference number]

[Date]

[Applicant's name and address]

Dear [Applicant's name]:

Re: Health Information Act

[Request for Correction or Amendment under Consideration]

Your request for a correction or amendment of [error or omission] has been agreed to by the Leamington Mennonite Home and your record has been corrected or amended as you requested. The record containing the information that you requested to be corrected or amended has been disclosed over the last year to the following persons [name persons]:

Since the Leamington Mennonite Home believes that you will not be harmed if the above persons are not notified about the correction or amendment, we are asking for your consent to dispense with notifying those persons under section 13(4) of the *Health Information Act*.

Please sign and return the attached form, indicating whether you consent to dispensing with notification.

If you have any questions, please write to me or call me at [telephone number].

Sincerely,

[Name]

[Title]

LEAMINGTON MENNONITE HOME

Long Term Care Home

Consent to Dispense with Notification About a Correction or Amendment

I, [Name of Applicant] consent to the Leamington Mennonite Home not notifying the persons to which my health information has been disclosed during the year prior to my request for a correction or amendment, dated [date of request], that my health information has been corrected or amended.

Dated this [day] of [month], [year]

Expiry date [day] of [month], [year]

[Signature of Applicant]

[Name of Applicant]

[Witness Signature] Witness

REFUSAL OF ACCESS/CORRECTION LETTER

LEAMINGTON MENNONITE HOME

Long Term Care Home

35 Pickwick Drive

Leamington, Ontario N8H 4T5

Date

Dear Sir/Madam,

RE: Request for Access/Correction to Personal Health Record of [Patient's Name]

Your request for access to the personal health record has been declined for the following reason:

[Reason for declining request]

If you have any questions or concerns please contact _____ (Contact Person). If we are unable to resolve your concerns, you may contact the Information and Privacy Commissioner/Ontario, who may be contacted at:

2 Bloor Street East, Suite 1400

Toronto, ON M4W 1A8

Telephone: 416-326-3333

or 1-800-387-0073

Online: <http://www.ipc.on.ca>

Sincerely,

[Name, Title]

LEAMINGTON MENNONITE HOME
Long Term Care Home

EXTENSION TO COMPLY WITH REQUEST TO ACCESS/CORRECT PERSONAL HEALTH RECORD

35 Pickwick Drive
Leamington, Ontario N8H 4T5

Date

Dear Sir/Madam,

RE: Request for Access to Personal Health Record of: _____

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 reason:

If you have any concerns or questions please contact our Privacy Officer at 519-326-6109 extension 236. If they are unable to resolve your concerns, you may file a complaint with the Information and Privacy Commissioner/Ontario, who may be contacted at:

The Privacy Commissioner of Ontario at:
2 Bloor Street East, Suite 1400
Toronto, ON M4W 1A8
Telephone: 416-326-3333
or 1-800-387-0073
Online: <http://www.ipc.on.ca>

Sincerely,
[Name, Title]

REFUSAL OF ACCESS/CORRECTION LETTER

LEAMINGTON MENNONITE HOME

Long Term Care Home

35 Pickwick Drive

Leamington, Ontario N8H 4T5

Date

Dear Sir/Madam,

RE: Request for Access/Correction to Personal Health Record of [Patient's Name]

Your request for access to the personal health record has been declined for the following reason:

[Reason for declining request]

If you have any questions or concerns please contact _____ (Contact Person). If we are unable to resolve your concerns, you may contact the Information and Privacy Commissioner/Ontario, who may be contacted at:

2 Bloor Street East, Suite 1400

Toronto, ON M4W 1A8

Telephone: 416-326-3333

or 1-800-387-0073

Online: <http://www.ipc.on.ca>

Sincerely,

[Name, Title]