Leamington Mennonite Home Long Term Care

POLICY AND PROCEDURE

CATEGORY: SUBJECT: SECTION:

Resident Care Privacy and Security of Personal Health

Information in Long Term Care POLICY:

DATE: Administrator:

October 2013

PRIVACY & SECURITY OF PERSONAL HEALTH INFORMATION IN LONG TERM CARE

The personal health information collected in resident assessments belong to the resident. The privacy and protection of each PHI is a priority. In any assessment, our Home only collects the health information we need in order to determine resident services and support needs. This information cannot be used for any other purposes without resident permission.

The following measures are taken by the Home to protect the privacy of resident information:

- Resident health information is kept in a secure place.
- Resident 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 resident 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 law.
- Our Home will investigate any suspected breach or unauthorized access to your personal health information.

PERSONAL HEALTH INFORMATION

Personal Health Information (PHI) is important in allowing our Home to provide residents with better services. Oftentimes that information is used when performing assessments to determine health service and support needs.

Individual resident assessments may include details on:

- Your physical and mental health
- Your personal health history

Health assessments are stored in the Integrated Assessment Record. Unless a resident tells us not to, we share assessment information with other health service providers who provide support and services for our residents as needed and required.

SHARING PERSONAL HEALTH INFORMATION

The Learnington Mennonite Home uses a secure electronic system to share health information with other health service providers. This allows them to view the information they need to provide our residents with the services needed.

When residents agree to share their PHI, the information in their assessments will 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 us see where there might be gaps or overlaps so our Home can provide services where they are most needed.
- Make sure everyone is getting the right support and services.

RESIDENT PRIVACY CHOICES

Residents have the right to:

- **See their own assessment:** Residents may request a copy of their assessment at any time.
- Correct their own assessments: Residents may ask to have information in their assessment corrected or updated.
- Opt out: Residents may choose not to share their assessment information with other health service providers. Residents may also choose to have their 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 HSP's to provide the best possible care/treatment.
- Avoiding potential duplication of information and extended time frames in receiving care.
- Streamlining a needed referral for care and services from another Health Service Provider.

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 of assessments and health status tests.
- Possibly prolonging access to needed services and treatment.

To choose to withhold consent to share assessment information or basic indentifying information residents are to call the IAR Consent Call Centre toll free at: 1-855-585-5279 (TTY 1-855-973-4445).

Further information is made available to residents upon request by the Privacy Information Officer/MDS: Rai Coordinator. Residents have the right to submit a complaint about the privacy of their records. These should be forwarded to the Privacy Officer of the Leamington Mennonite Home, utilizing the Complaint Form.

The Privacy Commissioner

Residents who have any issues or concerns about how health information is being handled also have the right to contact the **Information and 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

RESIDENT INFORMATION AND ASSESSMENT PRIVACY AND SECURITY: RECORD MAINTENANCE PROCEDURE

- Upon admission, each resident is to receive the Privacy and Personal Health Information brochure, with a review of information by the Registered Staff conducting the Admission procedure.
- The Consent Directive Form will be reviewed with the Resident/Power of Attorney
 to ensure the information is understood by the Resident/Power of Attorney.
 Specifically, the Resident/Power of Attorney must understand their right to review
 and correct Personal Health Information (PHI) and to consent/withdraw from
 sharing information with Health Service Providers (HSP's) and staff at the Home.
- The signed consent form shall be forwarded to the MDS:RAI Co-ordinator for entry into the Resident's chart.
- The consent options will be logged by the MDS:RAI Co-ordinator onto the Integrated Assessment Record (IAR).
- Authorized users with access to the Resident's PHI and IAR shall be clearly identified.
 - The MDS:RAI Co-ordinator shall log passwords of authorized users with a review and reset every 90 days.
- The MDS:RAI Co-ordinator and Privacy Officer shall audit the resident consent log monthly to ensure no breach of Resident directives and/or staff access have occurred.
- Requests from Residents/POA's regarding access, correction, with drawing of consent shall be processed by the MDS:RAI Co-ordinator, with changes implemented as directed by the Resident/Family.
- The MDS:RAI Co-ordinator shall conduct a monthly audit of Resident consent directives, Resident requests for access, corrections and withdrawal of consent. The staff access log shall also be audited monthly by the MDS:RAI Co-ordinator.
- The MDS:RAI Co-ordinator and Privacy Officer shall review the IAR User Activities Report, IAR Event Type Report, IAR User PHI Access Report, IAR Disclosure Report and Assessment Disclosure Reports on a monthly basis. The IAR Users Operational Report and IAR Participation Organization Report shall be reviewed monthly.
- The MDS:RAI Co-ordinator and Privacy Officer shall ensure that Resident Privacy Compliant Forms are 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.
- The Personal Health Information and Integrated Assessment Record Consent: Policy and Procedure and the Privacy and Security of Personal Health Information: Policy and Procedure shall be reviewed annually by the Administrator, Privacy Officer and MDS: Rai Co-ordinator.