



POLICIES and PROCEDURES

*"Building on the strengths of young pregnant women,
young parents and their children"*

St. Mary's Home - Mission Statement

SECTION: A. Organizational Policies, Procedures and Guidelines
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SUB-SECTION: Systems and Structures

POLICY: SS A.4 CONFIDENTIALITY OF CLIENT INFORMATION – CLIENT FILES/RECORDS
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CROSS-REFERENCE: CCA: ORG-SS-2.1, 3.2 PSS REC 1.1,1.2,1.3

St. Mary's Home Policy: Systems and Structures – Collection, Use and Release of Personal Information
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St. Mary's Home Policy: Systems and Structures – Records Management

EFFECTIVE DATE: August 28 th , 2017; April 12 th , 2018
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REVISION DATE: April, 2018

PURPOSE:

- To outline the procedures specific to protecting the confidentiality of information of our clients

POLICY:

The collection, use and release of confidential information of clients is done in keeping with the principles and procedures outlined in the St. Mary's Home Policy: Systems and Structures – Collection, Use and Release of Personal Information. This information is included in this policy to provide context to the development and maintenance of client files/records.

PROCEDURES:

- It is the policy of St. Mary's Home to maintain the confidentiality of all information concerning clients, including information obtained verbally and data recorded in the files or computerized records;
- Information may be shared, on a need to know basis, for the purposes of consultation among staff members and volunteers dealing with clients. The client must provide written consent before any information is shared with an outside agency or person;
- Each employee and volunteer dealing with clients and/or their information, shall sign a **Confidentiality Agreement Form**;
- Employees, volunteers and Board members will treat individual client information as confidential, and will keep the information secure;
- Employees working directly with clients will not divulge information on clients without a signed **Release of Information Form** signed by the client, except in the following instances:
 - Where required under law or contract, information may be released without a signed release;
 - Where an individual has reason to believe that a child is (or might be) in need of protection, they are obligated to report these concerns to child protection authorities;
 - Where there is a medical emergency or a question of personal harm to the client, information may be released with discretion; and
 - Where there is reason to believe that a client intends to harm another person.
- Where disclosure must be made, St. Mary's Home employees and volunteers will inform clients, to the extent possible, about the disclosure of confidential information and its potential consequences before the disclosure is made. This applies in all circumstances of disclosure, except when, sharing

this information with the client may bring about, or exacerbate, serious harm to individuals or the public.

Client Files Procedures

- The Intake Coordinators, Case Managers, Database Coordinator and any and all staff meeting with clients and entering information into client files must ensure proper storage of all client files;
- Once a client is no longer using St. Mary's Home services (e.g. moves out of town, ages out of our services, is no longer pregnant and/or parenting), their file is closed;
- No unnecessary documentation should be kept in a clients file;
- After one year, a closed client file is moved to the archives;
- Electronic records that are no longer active are moved to alumni status;
- Once a year, all client files at the outreach centre that have seen no client activity for the past year are closed;
- Closed files are re-opened when the client re-engages with our services and updates their file;
- When a client turns 25 and is no longer eligible to access services at St. Mary's Home, the file is closed and placed in archives;
- Once a client in our residential program discharges from residential services, the residential file is closed;
- All ex-residential clients who are eligible for services at the Young Parent Outreach Centre (i.e. under 25 years of age and parenting or pregnant) are offered continued services at the Outreach Centre after discharge from the residential program. Their file remains open at the Outreach Centre until they age out or choose to close the file;
- Files for former clients are stored in the archives which are kept locked, and are accessible by request to the Executive Director;
- Client files must be stored for twenty years;
- Client files may be used in the offices during the day and must be returned to the locked storage area each evening;
- Client files are never to be removed from the agency; copies can be taken from the agency with written authorization from the Executive Director;
- Clients can be provided with a copy of their file with special permission from the Executive Director; and
- If copies of a file are taken off property after written authorization is given, extra care to ensure their safety and security must be taken.

File Contents

Client files and records contain whatever information about the clients themselves and their family that is necessary for provision of care. This includes family and health history and information about care previously received.

- Notwithstanding the first statement, all client records contain the following minimum information:
 - Biographical or other identifying information regarding the client;
 - The name of, or other identifying information, regarding the referral source (if applicable);
 - The nature of any presenting concern or the reason(s) for service;
 - Information collected at the time of intake;
 - Copies of psychological, psychiatric, medical, psychosocial or other assessments collected from other service providers that will assist in providing appropriate services;
 - Any court orders related to the service being provided;

- Screening and Assessment measures;
- All signed consent forms related to the provision of service and the release or sharing of information;
- A closing summary, that includes any recommendations being made for future services, aftercare, or follow-up; and
- For Residential clients, this summary must be done within 30 days of discharge.
- St. Mary's Home will collect information for the purpose of its main activities such as: providing pre- and post-natal services, residential services, support services, assistance and advocacy, provision of childcare, and to comply with legal agreements;
- St. Mary's Home may also use client PHI for Residential licensing and accreditation processes;
- St. Mary's Home collects information from clients indirectly (e.g. from family or other professionals) if necessary to provide care, with client consent, either implied or express, or if the law permits us to do so;
- St. Mary's Home takes reasonable steps to ensure that client information is as accurate, complete and up-to-date as necessary at the time of collection;
- When St. Mary's Home is made aware of changes in client information and/or in the event that the original purpose for the collection of information changes, the information will be updated;
- 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; and
- **Release of Information Forms** will be signed as required.

Client File Audit

(See St. Mary's Home Policy: Systems and Structures – Records Management)

- St. Mary's Home uses the Canadian Centre for Accreditation Client File Audit Standards to audit files;
- Client files are audited every 6 months; and
- Evidence of the audit (date and name of auditor) is placed in the client file in order to track the auditing process.

Correction of Personal Health Information

- Depending on the circumstances, clients 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 Director of Client Services or Residential Director, with approval from the Executive Director;
- We will provide a response to correction requests within 14 days, except when we require additional time to provide an adequate 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 agent has made in good faith; and
 - The request is deemed to be vexatious or made in bad faith as determined by leadership.
- If we refuse to make the correction requested, written reasons will be provided.

Disclosure of Client Information with Consent:

We will always ask for express written consent when we are:

- Where we are collecting, using or disclosing personal health information for health care purposes, and the client is not able to give their consent in the moment because they are unconscious, critically ill, etc. the law normally permits us to rely on implied consent, where the surrounding circumstances allow us to make a reasonable determination that the client would agree to the collection, use or disclosure;
- Clients can give an express (written) instruction that specific information not be used or disclosed. The Privacy Officer or any mental health professional working with the client will assist with in this process;
- Staff only have access to client information that is deemed necessary for the service and/or program delivery they are providing to the client;
- Data may be collected about clients for research and evaluation of services and programs. Any data collected will be in an unidentifiable, coded manner; names will not be released;
- Consent is only valid if it is obtained from a capable person;
- To be capable of consenting, a client must be able to understand the information relevant to the decision and the consequences of giving, withholding or withdrawing consent; and
- If a client is found to be incapable of making decisions about PHI, we will obtain consent from a substitute decision-maker, as determined by law.

Disclosure of Client Information to Clients

- Clients may have access to information about themselves by making a request to a member of the Leadership Team;
- Client requests for access to files must be made in writing and the agency must respond to the request within 14 days of the receipt of the request;
- When clients are reviewing the contents of their file they must do so with a St. Mary's Home staff member present;
- Clients may have copies of reports pertaining directly to themselves;
- Clients may have access to or receive copies of third party reports (reports about them written by a professional of another organization). A ***Release of Information Form*** will be signed as required;
- Requests for access to files must be made in writing and the agency must respond to the request within 14 days of the receipt of the request;
- The client must show identification in order to access the file;
- No file may be accessed only through a telephone inquiry; and
- A record must be kept in the file documenting the access or receipt of copies of file materials contained in the file by the client accompanied by the written request and consents as appropriate.

Disclosure of Client Information Without Consent

- We may sometimes collect, use or disclose personal information without client consent in limited instances that are required or permitted by law. For example, some laws require disclosure of client information, such as the ***Coroners Act 1990*** and the ***Vital Statistics Act 1990***;
- Clients must be given notice of disclosure of information prior to the disclosure being made if possible. This must be recorded in the file/record;
- The following people may have access to a client's file without consent by the client or legal guardian:
 - any specific party in which a court orders disclosure;

- The Ministry of Children and Youth Services, the City of Ottawa and The Canadian Centre of Accreditation may inspect our records and interview our staff as part of their regulatory activities; they are required to sign Confidentiality Agreements beforehand;
- Staff personnel if disclosure is necessary to prevent serious bodily harm to the person or another person until the disclosure is made;
- We have a duty to report to the Children's Aid Society, any unexplained injuries to a client or a child of a client;
- Cases of reportable communicable diseases must be reported to a public health agency; and
- If a client is unable to make informed decisions, a parent, guardian or appointed public trustee may have access to the client's information.

Disclosure of Information about a Client Involved in Illegal Activities

- Staff members, having knowledge of an illegal act being done by or to a client where there is a plan to harm self or others, are obligated to report this information to the police and notify their Supervisor; and
- In any situation regarding abuse, staff is to follow the procedures in the St. Mary's Home Policy: Risk and Safety - Duty to Report Child Abuse

Transmission of Confidential Information

- Personal information that might identify a client should not be sent via email without our prior consent of the client unless the via email is password protected and encrypted;
- All outgoing confidential information must be stamped CONFIDENTIAL;
- Outgoing confidential information should be mailed, if at all possible;
- When necessary, confidential information may be sent and received by FAX. No information containing a client's name is sent via FAX without prior consent of client; and
- Incoming confidential faxes need to be picked up immediately from the FAX machine, put into a closed envelope labeled confidential and addressed to the appropriate staff.

Interagency Collaborative Client Service

- A client involved in a program and/or service run by St. Mary's Home and any number of other partner agencies must sign a **Release of Information Form** for each of the agencies involved permitting St. Mary's Home staff to discuss client information among staff involved with the client;
- For collaborative client service, St. Mary's Home will sign a **Release of Information Form** as part of any project or program collaboration, ensuring that it is consistent with agency policy; and
- Client files remain at the program site in the appropriate location in a locked and fire-proof cabinet.

Public Use of Client Information

- When clients are being photographed, involved in audiovisual taping for promotional or public viewing purposes, share a poem or story, a **Media Consent Form and/or an Agreement to Participate in Public Relations Activities** specifically designating the use of the materials and putting a time limit on their use, must be signed by the client. The copy of the photo or print material will be attached to the form;
- The original **Media Consent Form and/or Agreement to Participate in Public Relations Activities** is kept in the clients file, and a scanned copy is kept in the client's electronic record once these are set up; and

- Information about specific clients must not be released to the press by staff or volunteers. Unless a specific agreement is signed, only general information about clients, that does not identify the client, will be released to the press only by and at the Executive Director's discretion.

Internal Agency Confidentiality

- Client information noted in staff meeting minutes should be recorded in a non-identifying manner, by first name and last initial only;
- There should be no identifying clinical information noted in staff meeting minutes;
- Any written information including internal referral forms, reports etc. regarding clients must be distributed to only those staff who "need to know" and must be in sealed envelopes labelled confidential when distributed;
- All discussions about clients are confidential. Only those who "need to know" are involved in client discussions;
- Under no circumstances should information be discussed with or in the presence of non-involved parties; and
- Every effort needs to be made so that no one else is privy to the discussions. This includes but is not restricted to keeping office doors closed, making phone calls to clients or regarding clients in private and remembering to keep voice volume low to avoid being heard through walls or doors.

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;
- St. Mary's Home will then take any steps necessary to minimize the chances of a similar future breach; and
- St. Mary's Home will notify the client at the first reasonable opportunity if information is lost, stolen, or subject to unauthorized access, disclosure, copying, use or modification.

Informing Clients and Staff of Confidentiality Policy

- Clients and staff will receive a copy of St. Mary's Home privacy policies;
- Staff is required to know and comply with these policy and are to sign an **Acknowledgement and Agreement Form** stating such;
- Any information discussed in group must be held confidential by group members;
- The group leaders may only share information about clients discussed in group with program staff needing to know this information; and
- Information about clients provided to Board members will be given in a non-identifying fashion and only for the purpose of accountability or to illustrate the programs and/or services delivered.

How to Contact Us

- Please direct to our Privacy Officer (Executive Director) any question or concerns regarding our information and practices or this Policy. We will answer all questions and will promptly investigate any concerns raised regarding this Policy or any potential privacy breach. If an issue raised is found to have merit, we will take all appropriate measures, including taking disciplinary action or amendment of our information practices.

Our Privacy Officer

The Executive Director St. Mary's Home
780 rue de l'Église, Ottawa, ON K1K 3K7

Phone: (613) 749-2491 ext 732

Contact info: 613-749-2491 ext. 732

Ontario's Information & Privacy Commissioner

Although we will make every effort to provide an amicable resolution to all privacy concerns, if we are unable to do so, complaints to the Information & Privacy Commissioner of Ontario can be made at:

The Information & Privacy Commissioner of Ontario, Suite 1400, 2 Bloor Street East, Toronto, Ontario
M4W 1A8 1-800-387-0073 TTY 416-325-7539