

Policy: Collection, Use, Disclosure and Disposal of Health Information

Policy Details

Creation Date: _____ Revision Date: _____

Applies to: All Employees and Contractors

Approved by: _____

Principles

_____ will not collect, use, or disclose individually identifying health information if aggregate or other non-identifying health information is adequate for the intended purpose.

When collecting, using, or disclosing health information, _____ will only collect, use, or disclose the amount of health information that is essential to enable _____ or the recipient of the information to carry out the intended purpose.

Before using or disclosing health information, _____ will make a reasonable effort to ensure that the information is accurate and complete.

_____ will not use identifying health information to market any service for a commercial purpose without the expressed consent of the individual who is the subject of that information (if applicable).

Add your clinic's retention policy:

Example: We will ensure that the records retention and disposal guidelines set out by the College of Physicians & Surgeons of Alberta (CPSA) are followed and a secure destruction process is in place.

Collection of Health Information

Health information will be collected directly from the patient or their authorized representative unless indirect collection is authorized by the HIA. Examples of the indirect collection are:

- When the individual authorizes collection from a third party (this authorization can be verbal).
- When the individual is unable to provide the information, and the custodian collects the information from an authorized representative of the individual.
- When direct collection would compromise the interests of the individual, the purpose of the collection, the accuracy of the information, or the safety of another person (e.g., a patient is not completely truthful or cannot remember information).

- When direct collection is not reasonably practicable (e.g., due to a language barrier or cognitive impairment).
- When information is collected from another custodian during referral or consultative processes.
- When the information will be used for a purpose authorized under the HIA s27, including data matching.

When collecting health information directly from an individual, the clinic will inform the individual of the purpose for which the information is collected, the legal authority for the collection and the privacy officers contact information for any questions. Notification will be provided by means of a sign or verbally (from the custodian) as appropriate.

A poster is displayed in the clinic to inform clients of the purpose and authority for the collection of information and the availability of the Privacy Officer to answer questions or concerns.

Use of Health Information

Health information is only used for the following purposes (referred to as Authorized Uses). Staff must only use health information where required for their respective job duties and roles.

Authorized Uses of Health Information

- Providing health services
- Verifying the eligibility of an individual to receive health services
- Conducting research or performing data matching or other services to facilitate another person's research (research must be approved by a Research Ethics Board)
- Supporting health services provider education
- Carrying out any purpose authorized by an enactment of Alberta or Canada
- For internal management purposes, including planning, quality improvement, monitoring, audit, evaluation, reporting, or obtaining or processing payment for health services and human resource management.

The use of the clinic's electronic medical record, or other electronic applications will be monitored to ensure appropriate confidentiality and security. Audit and access logs will be checked periodically by the clinic system administrator and/or if a breach of security or privacy is suspected.

A participating custodian and/or authorized affiliate may access and use information in Alberta Netcare if, and only when:

- They are in a current care relationship with the individual who is the subject of the information.
- They are providing health services to the individual either in the presence or absence of that individual.
- Their access to the information is necessary for the provision of the health services or determining a related health service.
- The information is related to and necessary for the current session of care.

Unless alternate use or disclosure is authorized or required by law, or with the knowledge and consent of the subject individual, individuals have the right to request the Information and Privacy Commissioner to review access, privacy, and correction decisions made by the clinic.

Disclosure of Health Information

The clinic may disclose individually identifying health information to the individual who is the subject of the information or to their authorized representative.

The clinic may disclose individually identifying health information without the consent of the subject individual where authorized by the HIA. The most common examples of where the custodian has authority to share information without a patient's consent include:

- To another custodian for the authorized uses identified in HIA s27.
- To a person who is responsible for providing continuing treatment and care to the individual.
- To contact family members or a close personal friend of the individual if the individual is injured, ill or deceased.
- To comply with a subpoena, warrant or court order.
- If the disclosure is authorized or required by provincial or federal legislation (e.g., Public Health Act).
- For the purpose of a court proceeding or proceeding before a quasi-judicial body to which the custodian is a party.
- To its successor custodian where the successor is a custodian.
- To a health professional body for the purpose of an investigation, discipline proceeding, clinic review or inspection.
- To a researcher who has signed a written agreement with the lead custodian or the attending physician, in accordance with HIA s54, and has provided the clinic with a copy of the Ethics Board's response to the research proposal.

A custodian that discloses a record containing individually identifying diagnostic, treatment, and care information without the patient's consent **must** make a notation of the disclosure [HIA s.41(1)]. This notation must be maintained for ten (10) years after the disclosure.

Additional information is available from the Health Information Act Guidelines and Clinic's Manual, available at:

<https://open.alberta.ca/dataset/deb8e064-e4eb-4ad4-a80c-1b932cf6f3e7/resource/483cccd1-915b-47fe-b93b-5aad5e6cead2/download/information-sharing-decision-tree.pdf>

Individually identifying health information may be disclosed to a person other than the subject individual if the individual has consented to the disclosure or without consent as allowed per HIA section 35 provisions.

The clinic requires written consent, in writing or electronically, from the individual to disclose identifying health information to anyone other than the individual or their authorized representative unless there is authorization under the Health Information Act (see above). Consent must include:

- The information to be disclosed.
- The purpose for which the information may be disclosed.
- The identification of the person receiving the information.
- An acknowledgement that the person providing the consent is aware of the reasons why the health information is needed, and the risks and benefits of either consenting or refusing to consent.
- The date the consent is effective and expiry date (if any).
- A statement advising the person that they may revoke consent at any time.

In deciding how much information to disclose, a custodian must consider any expressed wish of the individual who is the subject of the information together with any other factors the custodian considers relevant [HIA s58(2)].

In all cases, the clinic will disclose the least amount of identifying health information at the highest level of anonymity that the custodian considers necessary to fulfill the request.

Authentication of the Recipient

Clinic staff shall take reasonable steps to ensure the disclosure is made to the person authorized and intended to receive the information. This involves verifying and authenticating the identity of any individual to whom health information is disclosed before disclosure. Proof of identity should be verified using government issued ID such as a driver's license, passport, etc.

Notation and Notification

When a record containing individually identifying diagnostic, treatment, and care information is disclosed in accordance with HIA s35, the clinic will record the following information in the patient's electronic and paper-based health record [HIA s41(1)]:

- Name of the person to whom the information is disclosed.
- Date and purpose of the disclosure (note: the disclosure purpose is not required for databases with electronic logs).
- Description of the information disclosed.

When individually identifying diagnostic, treatment and care information is disclosed to anyone other than the individual themselves or another custodian with or without consent, the clinic will inform the recipient in writing of the purpose of the disclosure and the authority under which the disclosure is made. This will be done in the covering letter or fax cover sheet accompanying the information.

Disposal of Health Information

The clinic retains health information as per the College of Physicians and Surgeons of Alberta (CPSA) guidelines, and securely destroy health information when the purpose for which it was collected has been accomplished or per CPSA record retention guidelines (whichever is longer).

The clinic destroys health information via secure shredding of paper records and the use professional disk wiping software to remove health information from computer hard drives and other media.

Shedding practices:

Questions?

If you have any questions about this policy, please contact the Clinic's Privacy Officer,