

**ATIKOKAN GENERAL HOSPITAL
GENERAL ADMINISTRATION MANUAL
Privacy & Security Subsection**

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PATIENT'S PRIVACY NOTICE

This document will be available to all patients upon request.

This notice describes how personal information about you may be used or disclosed and how you can gain access to this information. Please review it carefully.

If you have any questions about this notice, please contact the Atikokan General Hospital (AGH) Privacy Officer, Bridget Davidson, CHIM (807) 597-4215, ext. 306.

WHO WILL FOLLOW THIS NOTICE?

This notice describes the Atikokan General Hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments, units and sites affiliated with this hospital Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, contract staff and other hospital personnel.

All of these entities, sites and locations will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operational purposes described in this notice.

OUR PLEDGE REGARDING PERSONAL INFORMATION:

We understand that information about you and your health is personal. We are committed to protecting personal information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel, your personal doctor or other practitioners involved in your care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your personal information held in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose personal information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that personal information that identifies you is kept private
- Give you notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that is currently in effect

(O) = Date of Original

(R) – Date of Revision

(r) Date Last Reviewed

Atikokan General Hospital is dedicated to excellence in compassionate
and supportive healthcare for those we serve.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose personal information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use personal information about you to provide you with medical treatment or services. We may disclose personal information about you to doctors, nurses, technicians, health care students, clergy, or others who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share personal information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose personal information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as the local medical clinic/follow up physician, home nursing services, contracted diagnostic facilities, long term care facilities, specialists, or others we or your physician uses to provide services that are part of your care.

For Payment: We may use and disclose personal information about you so that we can ensure payment for the treatment and services you received at the hospital. Basic fees are covered by your provincial plan. For additional fees, we may need to release information to your extended health care plan provider. This would not be released until a proper informed consent to release the information was received from you. For example, we may need to give your health plan information about a treatment you received at the hospital so your health plan will pay us or reimburse us for the treatment.

For Health Care Operations: We may use and disclose personal information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use personal information to review our treatment and services and to evaluate the performance of our staff in caring for you or we (or an agent acting on our behalf) may send you a Patient Satisfaction Survey. We may also combine personal information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other hospital personnel for review and learning purposes. We may also combine the personal information we have with personal information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove identifying information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders: We may use and disclose personal information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital, or provide this information to other health services, so they may contact you.

Treatment Alternatives: We may use and disclose personal information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose personal information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Fundraising Activities: We may use information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We can only release your name and mailing address 60 days following your treatment here. If you do not want the hospital to contact you for fundraising efforts, you must notify our Privacy Officer in writing.

Hospital Census: We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital,

etc. This is so your family, friends and clergy can visit or contact you in the hospital.

Research: Under certain circumstances, we may use and disclose personal information about you for research purposes. Most research will be completed in a non-identifying format. In certain circumstances we may require your permission for some research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are and is using the data outside our organization, or if the researcher will be involved in your care at the hospital.

As Required By Law: We will disclose personal information about you when required to do so by federal or provincial law. We may disclose personal information to a police officer if they present to the hospital with a subpoena or search warrant.

SPECIAL SITUATIONS

Workers' Safety Insurance Board: When the WSIB is responsible for the payment of a visit,, we may release personal information about you to WSIB. These programs provide benefits for work-related injuries or illness

Organ and Tissue Donation: If you are an organ donor, we may release personal information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Public Health Risks (Health and Safety to You and/or Others): We may disclose personal information about you for public health activities. We may use and disclose personal information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect (Child & Family Services)
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

Outpatient Programs (Diabetes, Dietician, Rehab Therapy): We may use and disclose personal information about you for continued medical treatment. For example the physiotherapy department may have access to your records to follow up on an x-ray or a doctor's discharge plan, the diabetes education nurse may have access to your records to follow up on blood test results, etc.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose personal information about you in response to a court or administrative order or upon your signed direction. We may also disclose personal information about you in response to a subpoena, warrant, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release personal information if asked to do so by law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process or upon your direction;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstance, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and

- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release personal information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release personal information about patients of the hospital to funeral directors as necessary to carry out their duties

Telephone or Verbal Requests: Information may be disclosed this way in the following circumstances:

- If the request is from an identifiable person or agency who is qualified to receive the information, i.e. attending physician, specialist, other hospital, etc. Attempt will be made to confirm requestor's right to access information when in doubt (i.e. request identifying details, return phone calls, etc.).
- If a patient has not specifically objected, we may disclose to family and friends:
 - Whether or not the individual is currently a patient of the hospital,
 - The patient's general health status as follows (e.g. critical, poor, fair, stable or satisfactory), and
 - The patient's location within the hospital.

Any other request for disclosure should be directed to the physician in charge of the client.

Highway Traffic Act: Section 203(1) of the Highway Traffic Act requires physicians to report to the Registrar of Motor Vehicles the "name, address and clinical condition" of a client who, in the opinion of the physician, is suffering from a condition that may make it dangerous for the patient to operate a motor vehicle.

Nursing Home Act: Section 25(1) of the Nursing Homes Act requires physicians who suspect that a resident has suffered or may suffer harm as a result of unlawful conduct, improper or incompetent treatment, care or neglect to report this information to the director.

Aeronautic Act: The Aeronautics Act requires physicians to report air traffic controllers, pilots and other aviation license holders who suffer from a condition that may affect aviation safety. The Report must be filed with an aviation medical advisor.

Mental Health: Mental Health Counsellors are permitted to discuss client care with other health care workers as deemed necessary for the provision of health care. (Discretion must be used).

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING PERSONAL INFORMATION ABOUT YOU

You have the following rights regarding personal information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and request copies of personal information that may be used to make decisions about your care.

For a current episode of care: If you are still here and only request access to records related to your current visit or admission, speak directly with your attending physician or request to speak to a nurse manager. There is no charge for these interactive communications with your health care providers.

Subsequent to discharge from hospital: You may request access to and/or copies of your complete record or specified portions. You will have to make a written request to our Privacy Officer. There are fees associated with viewing sessions and provision of copies. You will be advised of these once our Privacy Officer has received your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to personal information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that personal information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is a medical opinion, diagnosis or observation;
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the personal information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of personal information about you to others except for purposes of treatment, payment and operations identified above.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not include dates before November 1, 2004. Your request should indicate in what form you want the list (i.e. hard copy or fax). There is a charge for the preparation of the accounting of disclosures. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the personal information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the personal information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

→ We Are Not Required To Agree To Your Request: If we do agree, we will comply with your request. However, we may refuse your request in circumstances such as: the information is needed to provide you emergency treatment, it is not reasonable to implement the restriction, we are required by law to collect/use/disclose the information.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us:

- what information you want to limit,
- whether you want to limit our use, disclosure or both, and
- to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any AGH employee.

→ Changes to This Notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for personal information we already have about you as well as any information we receive in the future. The current notice will be available: on our website at <http://www.aghospital.on.ca/> or in paper format from any of our staff. The notice will contain on the first page, in the top left portion, the date of original or most current revision.

COMPLAINTS:

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Privacy Officer at the hospital. If we cannot resolve your concern, you also have the right to file a written complaint with the Ontario Privacy Commissioner. **The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**

OTHER USES OF PERSONAL INFORMATION: Other uses and disclosures of personal information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose personal information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

No Information May Be Released Under the Following Circumstances

- Credit Bureaus, Banks
- News Media; these requests are referred to the CEO