

COLLECTION, USE AND DISCLOSURE OF SERVICE RECIPIENTS' PERSONAL INFORMATION - AD-I-10

POLICY:

The privacy and confidentiality of personal information is of the highest importance to OPTIONS northwest. Our employees are bound by strict professional and ethical standards pertaining to the confidentiality of personal information. Training related to this policy will be provided to employees, directors, students and volunteers. OPTIONS will receive and respond to all inquiries or complaints related to privacy.

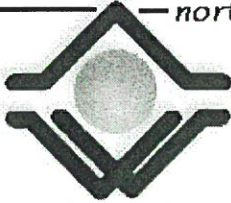
Our policy applies to personal information in any form whether written, oral or electronic about individuals and families that use our service.

The application of our Privacy Policy is subject to the requirements and provisions of the Personal Information Protection and Electronic Documents Act (PIPEDA), Ontario's Personal Health Information Protection Act (PHIPA), and any other applicable legislation, regulation, court order or other lawful authority.

This policy will be shared with individuals who receive our services and supports at the time that authorization is being obtained and shall be done in a language and manner, and with a level of support, that is appropriate to the capacity of the individual with a developmental disability and with any individual acting on their behalf.

PURPOSE:

1. To ensure accountability for personal information in our possession or under our control.
2. To ensure we limit the collection of personal information to that which is necessary for the purposes we have identified.
3. To ensure the individual is advised of the identified purposes for which personal information is being collected, used or disclosed and authorization is obtained as required.
4. To ensure the collection, use and disclosure of information is in accordance with applicable legislation.



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5. To ensure the individual has access to personal information.
6. To ensure an individual is able to address a challenge concerning compliance with the privacy policy.

REASONS FOR COLLECTION OF PERSONAL INFORMATION

1. to determine eligibility for OPTIONS services;
2. to place, advocate for, or refer an individual to other community services;
3. to coordinate the provision of services with other community services;
4. to assess or review an individual's abilities and support needs;
5. to provide accurate records to ensure ongoing care for recipients of service;
6. to establish and maintain helpful and responsible relationships with individuals and families that use our services;
7. to evaluate OPTIONS services and improve the quality of care;
8. to meet legal and regulatory requirements;
9. to carry out our organizational activities.

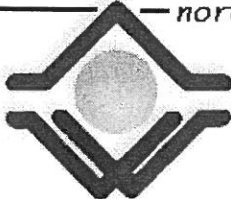
PROCEDURE:

A) EMPLOYEE AWARENESS

1. All employees including students, volunteers and board members will be trained on this policy during their General Orientation with the organization.
2. All employees, as a condition of employment, and students and volunteers are required to sign an oath of confidentiality (see Appendix A) which will be placed on their personnel file.

B) OBTAINING AUTHORIZATION FOR COLLECTION, USE OR DISCLOSURE OF PERSONAL INFORMATION

1. Personnel obtaining authorization for collecting, using or disclosing information will explain to the individual the nature and purposes for which the information is being collected.
2. Authorization is given by individuals 16 and over, and by a parent or legal guardian in the case of a child. If the individual is 16 and over but is not capable of giving authorization it shall be obtained from the person who has Legal Power of Attorney for Personal Care. If there is a Power of Attorney for Personal Care a copy will be retained in the individual's file and this information will be documented on the Admission/Discharge form at the front of the casebook for residential Recipients of Service. If there is no Power of Attorney for Personal Care the order for providing authorization is obtained according to the Consent/Decision Making Policy (AD-I-9)

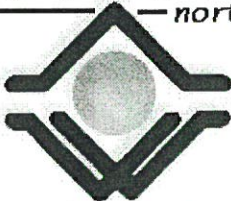


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3. When obtaining authorization it must be informed authorization which means the individual giving authorization must understand what information is being released/obtained, to whom and why.
 4. Authorization will be obtained yearly for individuals who remain on the Community Resource Team's caseload and for Client Services this will be done at the time of the annual planning meeting.
 5. The individual or their family/legal guardian/person with power of attorney are required to sign the authorization form prior to release/obtaining any information.
 6. A new authorization is required when obtaining or releasing information to/from a different sources. See Appendix B.
 7. When personal information that has been collected is to be used or disclosed for a purpose not previously identified/authorized, the new purpose will be identified prior to use and the appropriate authorization form signed.
 8. When obtaining authorization, the individual will be informed that they have the choice of withholding authorization and to withdraw authorization at a later time subject to any legal or contractual restrictions. The withdrawal of authorization shall not have a retroactive effect.
 9. Authorization to share/disclose information can not be implied through participation at a meeting/event (i.e. inviting others to participate at a planning meeting/taking photographs)
 10. Where there is an urgent request to disclose information authorization may be obtained verbally over the phone. The authorization form will be completed and a note will be made indicating that authorization was obtained in this manner.
 11. All signed authorization forms will be brought to the office and uploaded into CIMS and will then be filed in the individual's file.
 12. Requests to have information distributed by the Finance and Administration Department must be accompanied by a copy of the signed authorization form.
- C) **DISCLOSING PERSONAL INFORMATION WITHOUT KNOWLEDGE AND AUTHORIZATION**

Personal Information may be disclosed without the individual's knowledge and authorization where:

1. it is clearly in the interest of the individual and authorization cannot be obtained in a timely manner, such as when the individual requires emergency medical attention;



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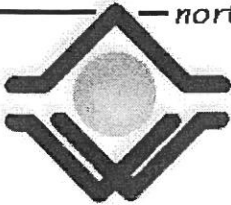
2. OPTIONS has reasonable grounds to suspect that a person younger than 16 years of age is, or may be suffering, or may have suffered abuse;
3. OPTIONS is informed of sexual abuse of an individual by a health care provider;
4. OPTIONS has reasonable grounds to believe that an individual is at risk of harming self or others;
5. disclosure is to a lawyer, police, or the court to comply with a subpoena, warrant or other court order, or is otherwise required or authorized by law;
6. a team approach is utilized to deliver services within OPTIONS;
7. information is released to a public hospital where the individual is being treated;
8. information is released to an attending physician, dentist, coroner or medical examiner;
9. information is required by the Public Guardian and Trustee for substitute decision making;
10. information is required by the Ministry of Community and Social Services and the Ministry of Community and Youth Services.

D) COLLECTION OF PERSONAL INFORMATION

1. Personal information may be gathered from the individual, human service agencies, or third parties who have authorization to disclose the information.
2. Personal information will be as accurate, complete and up-to-date as necessary for the purposes for which it is to be used.
3. The personal information typically collected and maintained by OPTIONS includes an individual's:
 - Name
 - Mailing address
 - E-Mail address
 - Telephone number
 - Date of birth
 - Next of kin
 - Emergency contact person
 - Social history
 - Education
 - Health information
 - Assessments
 - Place of employment/occupation
 - Photographs
 - Interests and abilities
 - Involvement with OPTIONS
 - Health number
 - Status number
 - Social Insurance number

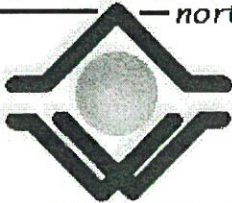
E) DISCLOSURE AND RETENTION OF PERSONAL INFORMATION

1. OPTIONS may disclose an individual's personal information to:
 - our employees, contractors, directors, committee members, students and volunteers;
 - our external auditors or legal counsel;



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- a person who is an authorized agent of that individual for example, we may provide information about an individual's purchases to that individual's legal financial advisors;
 - a government ministry or board that provides funding for a service of OPTIONS and in the service contract is entitled to access information to ensure the provision of services;
 - a third party who requires such information in order to assist in the general administration and/or operation of OPTIONS business and/or supply of products and/or services to that individual;
 - a third party where that individual has authorized to such disclosure; and
 - a third party where disclosure is required or permitted by law.
2. Information about another individual may not be contained in any documents/information released to other agencies/individuals.
 3. Information/assessments obtained from a third party may not be contained in any documents/information released to other agencies/individuals.
 4. OPTIONS will keep personal information only as long as it remains necessary or relevant for the identified purpose or as required by law.
- F) SECURITY OF INFORMATION
1. OPTIONS will use appropriate security measures to protect personal information against such risks as loss, theft, unauthorized access, disclosure, copying, use, modification or destruction, regardless of the format in which it is held.
 2. Personal information that is not attended to shall be retained in locked cabinets and/or locked rooms, passwords and encryption will be used for electronically-stored information and there will be restricted access to offices.
 3. When personal information is disclosed to third parties OPTIONS will stipulate the purposes for which the information is to be used and the necessity to provide a comparable level of protection.
- G) OPENNESS CONCERNING PRIVACY POLICY AND PROCEDURES
1. Information related to our privacy policy will be posted on the agency web site and be contained in a brochure that will be available to all OPTIONS stakeholders.
 2. OPTIONS will investigate all complaints concerning non-compliance of our Privacy Policy. If a complaint is found to be justified, appropriate measures will be taken to resolve the complaint. The individual will be informed of the outcome of the investigation regarding their complaint.



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POLICY: AD-I-10
DEPARTMENT: Administration
CATEGORY: General
EFFECTIVE DATE: November 2011
SUPERSEDES VERSION DATED: N/A
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3. For more information or to complain about our Privacy Policy and procedures contact OPTIONS northwest Privacy Officer by:
Telephone: (807) 344-4994
Mail: OPTIONS northwest
95 N. Cumberland Street
Thunder Bay, ON
P7A 4M1
Fax: (807) 346-5811
4. To contact the Privacy Commissioner of Canada call 1-800-282-1376 or visit the web site www.privcom.gc.ca
5. To contact Ontario's information and Privacy Commissioner call 1-800-387-0073 or visit the web site www.ipc.on.ca
6. To contact the Ontario College of Social Workers and Social Service Workers call 1-877-828-9380 or visit the web site www.ocswssw.org

H) **INDIVIDUAL ACCESS TO PERSONAL INFORMATION**

1. Upon receipt of a written request to the privacy officer, an eligible individual/legal guardian may be given the opportunity to review the personal information held in the records of OPTIONS and/or information that was disclosed. Information will be provided within thirty (30) days of the request and at no cost to the individual. Each request will be assessed on an individual basis and a supervisory staff person will be available to provide an explanation of the records.
2. The individual will be able to challenge the accuracy and completeness of the information and request to have it amended as appropriate.
3. OPTIONS will promptly correct or complete any information that is deemed to be inaccurate or incomplete. Third parties having access to the information in question shall be advised of the amendments only.

RECOMMENDED BY: Director, Client Services

APPENDICES: 2

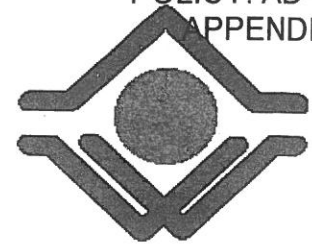
OPERATIONAL ACCOUNTABILITY: Administration, Finance, Human Resources, Client Services Administration, Client Services, Community Resource Team

ORIGINAL POLICY DATE: November 2011

AUTHORIZED BY: Executive Director

SIGNATURE

OPTIONS Personal Support Services northwest



PLEDGE OF CONFIDENTIALITY

OPTIONS northwest recognizes the right to privacy of the people to whom we provide support and of our employees.

Any clinical information that a staff member/volunteer/student may learn about an individual receiving support from OPTIONS northwest shall be kept in the strictest confidence. Only authorized personnel shall release such related clinical information. This information shall include anything related to the individual that is handwritten, typed, electronically stored, videotaped or in the form of photos.

OPTIONS northwest also recognizes that in order to provide effective personal support, employees, volunteers, students and caregivers must have access to relevant information in a timely manner. Any personal information which an employee, volunteer or student comes to know regarding any recipient of service will be kept in the strictest of confidence. Information will only be shared as is needed to assist the person to participate in the community and to ensure that appropriate supports and service are being provided. Personal information related to health, behaviour, or social status may only be released with the consent of the recipient of service.

Employment related information that an employee may learn due to the nature of their position with the agency shall be held in confidence and the release of such information shall only be made with consent of the employee.

Any misuse of information or unauthorized release of information shall be considered a breach of confidentiality and shall be immediately reported to the Executive Director. Where a breach of confidentiality is confirmed, disciplinary action will be taken and may constitute grounds for dismissal.

PLEDGE:

I, _____ have read and understood the above pledge of confidentiality of OPTIONS northwest and pledge to keep in strict confidence any information concerning the agency, it's employees, or recipients of service in the agency's programs.

I will not engage in discussions concerning the agency, it's staff or recipients of service, except as may be required for the appropriate conduct of the business of the agency and recipient's health and well being.

Witness

Signature

Date _____, 20__



OPTIONS northwest

95 N. Cumberland Street Thunder Bay ON P7A 4M1
Tel: (807) 344-4994 Fax: (807) 346-5811

AUTHORIZATION TO COLLECT / DISCLOSE PERSONAL INFORMATION

I hereby authorize OPTIONS northwest to collect disclose the personal information of:

_____ (print full name of person to whom information applies)

Specifically: _____

(Describe the personal information to be disclosed and the purpose)

From / To: _____

(Print name and address of person, agency, or facility having / requiring the information)

I understand the purpose for obtaining / disclosing this information from / to the person/agency/ facility noted above. I understand that I can refuse to sign this consent form.

Signature of Individual or authorized representative/
substitute decision-maker*

Date

Witness Name (Print)

Witness Signature

Date

*If signed by an authorized representative/substitute decision-maker, print name and indicate relationship: _____

This authorization will be obtained yearly for individuals who remain on the Community Resource Team's caseload and for Client Services, at the time of the annual planning meeting.

Important Information. Please read:

An individual can withdraw their authorization at any time by writing to the Privacy Officer of OPTIONS northwest, subject to legal and contractual restrictions and reasonable notice. The withdrawal of authorization, however, shall not have a retroactive effect.

OPTIONS northwest's Privacy Officer is available to provide information on our Privacy Policy and to respond to any questions you may have.