

MICBA FORUM ITALIA COMMUNITY SERVICES POLICY AND PROCEDURE MANUAL

Manual for:	Administration	Category:	Human Resources
Approved by:	The Board of Directors & the Executive Director	Date:	O: April 28.2010 R: June 6 th , 2019
Subject:	Privacy Policy	Number:	ADM-XIV-103

Page 1 of 10

POLICY

MICBA Forum Italia Community Services is committed to safeguarding the privacy of Personal Information and Personal Health Information of its employees, clients, donors and other stakeholders. We put a high value on the trust of those we deal with and recognize that maintaining this trust requires that we be accountable in how we treat this information.

PURPOSE

To identify the best privacy practices of MICBA Forum Italia Community Services.

DEFINITIONS

Personal Information means any factual or subjective information in any form, whether written, verbal, about identifiable individual. For example:

- Name, address, age, ID numbers, income, ethnic origin
- Opinions, evaluations, comments, social status or disciplinary actions
- Employee files

Personal Health Information means any personal information concerning:

- A person's physical or mental health or family health history
- Health Care an individual receives, including who provided the care
- A plan of service for an individual under the Long-Term Care Act
- An individual's eligibility for health care payments
- An individual's health number
- Anything that identifies an individual's substitute decision-maker

Third Party means any individual or organization other than the individual to whom the information relates to MICBA Forum Italia Community Services. All employees are responsible for ensuring that Personal Information and Personal Health Information remains confidential and is only used for the purposes for which it was intended. Employees who disclose Personal Information or Personal Health Information contrary to this policy will be subject to disciplinary measures, up to and including termination.

Consent Model describes the ways in which resident assessment data will be used and disclosed, such as delivery of health care or health system planning. These consent directives are supported by the IAR and/or its local system, such that the resident can make an informed decision on how to restrict access to their PHI.

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Subject:	Privacy Policy	Number:	ADM-XIV-103

Page 2 of 10

DUTIES

Employees are responsible for:

- Keeping their employee files current (e.g. name, address, phone number dependents, emergency contact information, disciplinary letters, etc.)
- Keeping their employee information updated on ADP
- Updating policies regarding Personal Information and Personal Health Information
- Ensuring proper consent and authorizations have been received prior to receiving personal, privileged and/or confidential information
- Reporting any breaches of confidentiality to Privacy Officer or Program Director
- Keeping passwords private and restricting access to personal/confidential information
- Returning any personal, privileged or confidential information in their possession to MICBA Forum Italia Community Services upon termination of employment
- Abiding the Confidentiality Agreement for Employees after leaving employment of MICBA Forum Italia Community Services

Supervisors are responsible for:

- Ensuring policies and procedures regarding collection, use and disclosure of Personal Information and Personal Health Information are consistently adhered to
- Maintaining systems and procedures for ensuring employee records are kept private
- Ensuring proper and secure disposal of unnecessary files and information
- Responding to requests for disclosure after the proper consent is obtained
- Co-operating with the Privacy Officer in investigating complaints/breaches of this policy
- Explaining this policy to all clients and referring them to the Privacy Officer, if required
- Ensuring that disclosure of Personal Information or Personal Health Information to a Third Party is done with the approval of the Privacy Officer
- Obtaining from terminating employees any personal, privileged and confidential information in their possession, prior to their termination

Privacy Officer is responsible for:

- Developing policies and procedures for the collection, use and disclosure of Personal information and Personal Health Information of employees, clients, donors, etc.
- Ensuring appropriate consents are obtained for the collection, use and disclosure of Personal Information and Personal Health Information
- Ensuring internal compliance with applicable policies
- Developing a Privacy Plan complaint with the 10 Privacy Principles, to include:
 - A Privacy Audit
 - Protection of Personal Information
 - Proper retrieval of Personal Information
- Ensuring that all complaints and inquiries regarding Personal Information or Personal Health Information is responded to within 30 days
- Monitoring and responding to Third Party requests for Personal Information or Personal Health Information

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Subject:	Privacy Policy	Number:	ADM-XIV-103

Page 3 of 10

Privacy & Health Service Providers

The person designated by the Health Service Provider (HSP) that is responsible for the protection of PHI and the privacy of clients is the Privacy Officer. The HSP has existing Data Retention practices in effect for assessment data stored within the HSP's environment, along with audit practices to monitor access and usage of assessment data stored within the HSP's environment by internal staff. The HSP have privacy policies and procedures to govern collection, use, disclosure, retention, disposal and protection of assessment data stored within the HSP's environment.

The HSP has established processes to:

- Obtain, record and honor consent
- Manage privacy breaches
- Advise residents of their privacy right (such as right to access and correct their information, or right to withhold/withdraw consent), and to respond to those rights
- Manage IAR user accounts
- Communicate its privacy practises to the public
- Provide privacy and security training to its staff/contractors

The HSP has developed the consent directive form or an alternative record of consent and determined venues (i.e. website, verbal, forms) to inform the resident about consent. The material covers:

- How and what information is collected, used, disclosed and shared
- Purpose for collection/use/disclosure
- Positive and negative consequences of giving or withholding consent

The HSP has established the process to register or update the consent directives requested by the clients on paper charts or in the electronic system and ensures that a resident's consent directive is implemented for assessment data stored within the HSP's environment. Training is also provided by the HSP to staff on the consent model and consent management process, with one individual identified by the HSP to review the IAR audit log.

The IAR audit log is used to conduct regular audits in a way that aligns with the IAR Audit Log Review Guidelines located on the CCIM website. Note that MICBA Forum Italia Community Services does not collect, use or disclose PHI for "High Profile" clients (e.g. politicians, etc.).

When auditing access and usage of resident's assessment data, unusual activities in accordance with the IAR Audit Log Review Guidelines located on the CCIM website will be

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Subject:	Privacy Policy	Number:	ADM-XIV-103

Page 4 of 10

noted and audited. During regular audit log review, unsuccessful login events been investigated and inactive users have been identified and deleted from the system.

System logs are reviewed as part of the audit log review and can be accessed via the IAR clinical portal by the HSP Privacy Officer; they contain events such as system shutdown and start up. Adversely, Clinical logs are reviewed as part of the audit log review and can be accessed via the IAR clinical portal by the HSP Privacy Officer. They contain information about access to a resident's assessment record. Likewise, Privacy logs are reviewed as part of the audit log review and can be accessed via the IAR clinical portal by the HSP privacy officer. They contain information about consent override events.

When auditing the logs, the Privacy Officer will review the IAR reports PS5 and PS6 and assess the need for user access to resident PHI and/or the need for any printed copies. Report PS5 contains information about access to client/patient's PHI by internal staff, and report PS6 contains information about access to client/patient PHI by external users. Both reports can be accessed via the IAR clinical portal by the HSP Privacy Officer. Privacy officers will review IAR reports PS5 and PS6 and assess whether all printed copies of the assessments are safeguarded and disposed after use.

Processes exist in regards to:

- Handle a client requesting a copy of their assessments
- Residents that request their PHI and related information from another HSP
- Handle a client complaint about the privacy practises of your HSP, which include steps to handle a client privacy complaint that involves other HSPs

The internal privacy and security incident/breach management process has been reviewed and updated to align with the IAR incident management process. This process has been identified for the HSP and the internal incident coordinator has been made known to staff, residents and third-party clients; and includes incident/breach detection control. The privacy and security incident/breach coordinator knows how to contact the HINP Privacy Officer, who is responsible or escalation to other HSPs that are affected.

The HSP has an Incident Report Form that is substantially similar to the recommended from found in Appendix A of the IAR Incident Management process on the CCIM website. The HSP has a standard procedure to notify clients/patients if an incident/breach involves their PHI. The list of IAR users is reviewed and validated regularly. IAR user change and deletion requests are communicated regularly. New users must read and sign the IAR User agreement.

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Subject:	Privacy Policy	Number:	ADM-XIV-103

Page 5 of 10

PROCEDURE

To evaluate how MICBA Forum Italia Community Services protects and maintains privacy, “10 Privacy Principles” and their accompanying procedures will be outlined as follows:

Accountability

MICBA Forum Italia Community Service is responsible for personal and health information under its control and shall designate an individual or individuals who are accountable for the facility’s compliance with the following principles.

1. The Board of Directors of the facility has ultimate accountability for protecting the personal and health information of residents. The Board may be supported in this activity by delegating the day-to-day operational privacy responsibilities to another individual(s). All staff share responsibility for adhering to the facility’s privacy policies and procedures.
2. The name and contact information of the individual(s) designated by the facility to oversee the compliance with the principles is available upon request to the management staff by calling (905) 507-2711 or in writing to 155 Forum Drive, Mississauga, ON L4Z 3M9 or by FAX at 905-507-3016.
3. The facility is responsible for personal and health information in its possession or custody, including information that has been transferred to a third party for processing. The facility will not transfer such information to a third party unless such third party provides a comparable level of protection while the information is being processed.
4. The facility shall implement practices to give effect to this policy, including
 - (a) implementing procedures to protect personal and health information;
 - (b) establishing procedures to receive and respond to complaints and inquiries;
 - (c) training staff and communicating to staff information about the policy

Identifying Purposes

The purposes for which personal and health information is collected shall be identified by the facility at or before the time the information is collected. The primary purposes are the delivery of services, quality improvement, benchmarking; communication with health professionals, government agencies, suppliers, research, billing, and meeting legal and regulatory requirements.

1. Identifying the purposes for which personal and health information is collected at or before the time of collection allows the facility to determine the information they need to collect to fulfill these purposes.

**MICBA FORUM ITALIA COMMUNITY SERVICES
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Subject:	Privacy Policy	Number:	ADM-XIV-103

Page 6 of 10

2. The identified purposes are specified at or before the time of collection to the individual from whom the personal and health information is collected. Depending upon the way in which the information is collected, this can be done orally or in writing. As examples, application for tenancy form, a posted notice or a web-site posting may give notice of the purposes.
3. When personal and health information that has been collected is to be used for a purpose not previously identified, the new purpose shall be identified prior to use. Unless the new purpose is required by law, the consent of the individual will be obtained before information can be used for that purpose in accordance with this policy.
4. Persons collecting personal and health information should be able to explain to individuals the purposes for which the information is being collected.

Consent

The knowledge and consent of the individual are required for the collection, use, or disclosure of personal and health information, except where inappropriate.

Consent is required for the collection of personal and health information and the subsequent use or disclosure of this information. Typically, the facility will assume consent for the use or disclosure of the information from the time of collection. In certain circumstances, consent with respect to use or disclosure may be sought after the information has been collected but before use (for example, when the facility wants to use information for a purpose not previously identified).

1. The facility shall make a reasonable effort to ensure that the individual is advised of the purposes for which the information will be used. To make the consent meaningful, the purposes must be stated in such a manner that the individual can reasonably understand how the information will be used or disclosed.
2. The form of the consent sought by the facility may vary, depending upon the circumstances and the type of information. In determining the form of consent to use, the facility shall consider the sensitivity of the information.
3. In obtaining consent, the reasonable expectations of the individual will be taken into consideration. For example, an individual seeking service/admission should reasonably expect that the facility, in addition to using the individual's name and address for administration purposes, would also contact the individual to advise on the availability of the room in the facility. As well, the individual would reasonably expect the facility to use and disclose information for the purposes of care delivery, quality control, management purposes, liaison with professionals, agencies, suppliers and others, billing, etc. On the other hand, an individual would not reasonably expect that personal information given to a

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POLICY AND PROCEDURE MANUAL**

Manual for:	Administration	Category:	Human Resources
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Subject:	Privacy Policy	Number:	ADM-XIV-103

Page 7 of 10

health-care professional would be given to a company selling health-care products, unless consent were obtained. Consent shall not be obtained through deception.

4. The way in which the facility seeks consent may vary, depending on the circumstances and the type of information collected.
5. Individuals can give consent as follows:
 - (a) A letter may be used for express consent. By completing and signing a letter, the individual is giving consent to the collection and the specified uses
 - (b) consent may be given orally
 - (c) consent will be implied by the individual's use of the Facility's product or service
6. A copy of this facility's Privacy Policy is available from the office.
7. An individual may withdraw consent at any time, subject to legal or contractual restrictions and reasonable notice. The facility will inform the individual of the implications of such withdrawal.

Limiting Collection

The collection of personal and health information shall be limited to that which is necessary for the purposes identified by the facility. Information shall be collected by fair and lawful means.

The facility shall not collect personal and health information indiscriminately. Both the amount and the type of information collected shall be limited to that which is necessary to fulfill the purposes identified.

Retention

If the facility uses personal and health information for a new purpose, it will document this purpose. Please see policy Retention of Records ADM-III-10.

1. The facility will develop guidelines and implement procedures with respect to the retention of personal and health information. These guidelines will include minimum and maximum retention periods. Personal and health information that has been used to decide about an individual shall be retained long enough to allow the individual access to the information after the decision has been made.
2. Personal and health information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. The facility will develop guidelines and implement procedures to govern the destruction of personal information.

**MICBA FORUM ITALIA COMMUNITY SERVICES
POLICY AND PROCEDURE MANUAL**

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Subject:	Privacy Policy	Number:	ADM-XIV-103

Page 8 of 10

Accuracy

Personal and health information shall be as accurate, complete, and up-to-date as is necessary for the purposes for which it is to be used.

1. The extent to which personal and health information shall be accurate, complete, and up-to-date will depend upon the use of the information, considering the interests of the individual. Information shall be sufficiently accurate, complete, and up-to-date to minimize the possibility that inappropriate information may be used to decide about the individual.
2. The facility will routinely update personal and health information.

Safeguards

Security safeguards appropriate to the sensitivity of the information will protect personal and health information.

1. The security safeguards will protect personal and health information against loss or theft, as well as unauthorized access, disclosure, copying, use, or modification. The facility will protect personal and health information regardless of the format in which it is held.
2. The nature of the safeguards will vary depending on the sensitivity of the information that has been collected, the amount, distribution, and format of the information, and the method of storage. More sensitive information will be safeguarded by a higher level of protection.
3. The methods of protection include:
 - a) physical measures, for example, locked filing cabinets and restricted access to offices and other areas
 - b) facility measures (i.e.; security clearances or limiting access on a "need-to-know" basis)
 - c) technological measures, for example, the use of passwords and encryption.
4. The facility will make their employees aware of the importance of maintaining the confidentiality of personal and health information.
5. Care shall be used in the disposal or destruction of personal and health information, to prevent unauthorized parties from gaining access to the information
6. Personal and health information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or required by law.

**MICBA FORUM ITALIA COMMUNITY SERVICES
POLICY AND PROCEDURE MANUAL**

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Subject:	Privacy Policy	Number:	ADM-XIV-103

Page 9 of 10

Openness

The facility shall make specific information about its policies and practices relating to the management of personal and health information available to individuals.

1. The facility will be open about their policies and practices with respect to the management of personal and health information.
2. The information made available shall include:
 - a) Name/title and address of the person (privacy officer) who is accountable for the facility policies and practices and to whom complaints or inquiries can be forwarded
 - b) Means of gaining access to personal and health information held by the facility
 - c) Description of the type of personal and health information held by the facility, including a general account of its use
 - d) Copy of any brochures or other information that explain the facility policies or standards
 - e) What personal and health information is made available to related facility (i.e, other healthcare providers, suppliers, agencies, etc.).
3. The facility may make information on its policies and practices available in various ways.

Individual Access

Upon request, an individual shall be informed of the existence, use and disclosure of his or her personal and health information and shall be given access to that information. An individual shall be able to challenge the accuracy and completeness of the information and have it amended as appropriate.

1. Upon written request and with reasonable notice, the facility will inform an individual whether or not the facility holds personal and health information about the individual. The facility will indicate the source of this information. The facility will allow the individual access to this information. However, the facility may choose to make sensitive medical information available through a medical practitioner. In addition, the facility will provide an account of the use that has been made or is being made of this information and an account of the third parties to which it has been disclosed.
2. An individual may be required to provide sufficient information to permit the facility to provide an account of the existence, use, and disclosure of personal and health information. The information provided shall only be used for this purpose.
3. In providing an account of third parties to which it has disclosed personal and health information about an individual, the facility will attempt to be as specific as possible.

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Subject:	Privacy Policy	Number:	ADM-XIV-103

Page 10 of 10

4. When an individual successfully demonstrates the inaccuracy or incompleteness of personal and health information, the facility will amend the information as required.
5. When a challenge is not resolved to the satisfaction of the individual, the substance of the unresolved challenge will be recorded by the facility. When appropriate, the existence of the unresolved challenge will be transmitted to third parties having access to the information in question.

Challenging Compliance

An individual shall be able to address a challenge concerning compliance with the above principles to the designated individual for the facility's compliance.

1. The facility will put procedures in place to receive and respond to complaints or inquiries about their policies and practices relating to the handling of personal and health information. The complaint process should be easily accessible and simple to use.
2. The facility will investigate all complaints. If a complaint is found to be justified through the complaint review process, the facility shall take appropriate measures, including, if necessary, amending its policies and practices.

OUTCOME

Failure to comply with necessary procedures may result in liabilities or legal action.

It is an offense to:

- Destroy Personal Information or Personal Health Information an individual has requested
- Retaliate against an employee or client who has complained to the Information and Privacy Commissioner/Ontario
- Obstruct a complaint investigation or an audit by the Information and Privacy Commissioner/Ontario or her delegate