



Policy Number:	Risk Management- 6.06	Policy Group:	Risk Management – Confidentiality and Client Records
Policy Name:	Confidentiality and Release of Information to Third Parties	Date Issued:	<i>Date Finalized: June 2012 Revised: June 2016</i>
Responsibility Assignment:	<i>Executive Director or Designate</i>		
Policy History:	April 2009 – Approved by Management Team; Reviewed; Revised May 2012 – Revised	Previous Policy Locations (#)	Risk Management – Patient Relations/Records Client Related Risk Management Policies (Policy #2.11)
Applies To:	All Employees		

Circumstances in Which Personal Health Information Might be Disclosed

PCHC will take all legally required and reasonable steps to protect the confidentiality of Client health records. NO ONE HAS THE AUTOMATIC RIGHT TO ANOTHER PERSON’S HEALTH INFORMATION. When approached for access to any Client’s health records, all Employees should immediately consult with their Supervisor or the Executive Director before granting access to records.

Guidelines:

1. Rules regarding confidentiality are legal entities; breaching them can render a health care provider liable to a charge of professional misconduct. Therefore, breaching confidentiality guidelines will be considered a disciplinary matter.
2. Discretion must be used when discussing confidential information; a private area must be used.
3. Reasonable effort should be made to appropriately identify the caller when providing confidential information over the phone.
4. NO ONE HAS THE AUTOMATIC RIGHT TO OTHER PERSONS HEALTH INFORMATION. If a family member, friend, etc. calls or comes in requesting information on a Client’s health problems, treatment, test results, etc.; do not give out anything UNLESS we have specific written instructions from the Client to do so.
5. Any calls from the police, RCMP, or all requests for information regarding PCHC Clients should be referred to the Privacy Officer or designate. Information can only be disclosed with written consent, or where there is a search warrant, court order or subpoena.



6. All Employees, clinical Staff and medical secretaries have access to Client charts when appropriate. Clinical Students have access to their own Clients with the supervision of their clinical Supervisors.
7. Access to charts may be provided to reviewers for the purposes of accreditation.
8. Outside of clinical hours, charts should be kept locked in the file room.
9. PCHC members & Volunteers have no right to access PCHC charts.
10. Material of a confidential nature which is to be discarded MUST be shredded.
11. Any request by a third party for a Client's personal health information should be done in writing & accompanied by a specific consent form from the Client (or substitute decision maker) and brought to the attention of the main clinician who may approve the release of information after due diligence to confirm the validity of the request.
12. In the event of the death of a Client, the Client or their significant other retains their right to privacy. The Police will not be given information without providing formal paperwork (i.e. a warrant or court order).
13. Client confidentiality guidelines may be only breached (without written consent):
 - a. When under the authority of the Executive Director to provide Client records to PCHC's own lawyer, liability insurer or adjuster acting on behalf of PCHC. The Chair of the Board or designate may also access the chart if there is an issue of liability or legal nature.
 - b. When required by law – Subpoenas, Search Warrants, and Court Orders. It is often possible to seal the requested records in an envelope so that they may be viewed by the justice for their relevance to the alleged offence without being inspected by the police. While police may obtain a search warrant to access records and documents without the Client's consent, nothing in such a warrant legally requires release of information other than records or documents about the condition of the Client or any services rendered to a Client. Disclosures other than records pursuant to a search warrant which are not consented to or required by law are not permitted. If the physician is seriously concerned that significant medical harm will result from the release of the records, he/she may consult with a lawyer.
 - c. When a health care provider believes that Client information must be disclosed so as to prevent serious or imminent harm.
 - d. In emergency situations, Client information may be disclosed if it would be of medical benefit to the Client. What this means is that Client information held by physicians should not be passed on to other people without an appropriate authorization, unless:
 - i. the law requires the physician to do so; or
 - ii. unless the physician needs to provide information to some other health professional to ensure good Client care; or
 - iii. to researchers or administrators seeking Client information for planning or research purposes who will maintain the confidentiality of the information.



- e. Refer to the appropriate legislation, when provisions are under the following Acts or Legislation for Mandatory Disclosures Without Consent:
 - i. Public Guardian and Trustee's Office
 - ii. Child and Family Services Act
 - iii. Health Protection and Promotion Act (i.e. Regulations on Communicable Diseases)
 - iv. Coroners Act
 - v. Vital Statistic Act
 - vi. Aeronautics Act
 - vii. Health Insurance Act
 - viii. Highway Traffic Act