

Confidentiality, Privacy and Informed Consent

Policy

Family Services Perth-Huron operates in principle and in practice on the belief in client confidentiality, where it is known and ought to be known to be private as it refers to the commitment to hold safe and respect the privacy of client's records, data, and information, which includes all electronic records and transmissions (emails) .

Confidential data includes but is not limited to: client contact information, demographics (gender, date of birth, household income), credit information, bank card information, social insurance number, medical information and personal health information.

It is understood that confidentiality can be assured only within present legal restrictions which will be conveyed to clients in their initial personal contact with the Agency. When a legal authority requires information in regard to a client, a subpoena of these records is required. Information may be disclosed for routine management, professional supervision, review, accreditation and quality assurance purposes, all bound to confidentiality.

Privacy Officers are assigned where necessary to meet contractual obligations. Breaches of confidentiality are considered serious. FSPH will notify clients in the event that personal information is compromised.

Procedure

1. **All Agency personnel, students, and volunteers will have orientation regarding confidentiality** guidelines of the Agency prior to commencing work, and are to sign the Oath of Confidentiality. Violation of confidentiality merits disciplinary action. The Board of Directors will educate and monitor their members in this regard.
2. **Client files are the property of Family Services Perth-Huron.** Files are to be securely locked in the appropriate cabinets at the end of each business day, and should not normally be taken off the premises of the Agency in order to protect confidentiality. However, where client records need to be transported on Agency client business to meetings, case conferences, updating records in the home, Respite Support records, access to service meetings and other appropriate client service needs, files will be locked in the Staff/ Volunteer's automobile trunk, not left unattended and returned back to the respective staff's office and locked in a secure filing cabinet. When photocopies of material from the file are taken to case conferences, these pages will be shredded on return. Staff/volunteers will report immediately to their Supervisor situations where client file information seems to be missing for remedial action.
3. All confidential information recorded electronically will be subject to the FSPH Computer Systems Use Policy. Confidential electronic information must be password protected and encrypted. There will be no access without appropriate passwords. Unattended device security will exist for all agency electronic devices.

Confidential data cannot be emailed to insecure email addresses (including home computers). It must be transported on an encrypted memory stick or emailed through the Agency secure remote access.

4. **Contracted services and programs on behalf of third parties** must adhere to confidentiality and privacy conditions.
5. **Privacy Officers** are specified as outlined in contractual agreements; Privacy Officers adhere to the conditions outlined in the contract and to transparency as needed.
6. **Clients must give written consent on the Agency's Release of Information Authorization form** before any information can be released to or obtained from another individual, agency, facility, or organization. A client's authorization is not necessary for consultation or for referrals between Agency programs. Each form must bear the client's signature, the date of signature, and a date naming the expiry date of this authorization as well as the signature of a witness. Two forms are to be completed in regard to each source, one of which will be retained in the client file and the other sent to the source for obtaining or releasing the required information. When information is required by or sent to a health related practitioner or organization, or some government and/or private organizations, two copies of forms provided by these organizations can be accepted and utilized: forms to include Consent to the Disclosure, Transmittal, or Examination of a Clinical Record - are signed, dated, and witnessed.
7. **Transmission of facsimile(fax)** when received has secured access. The incoming facsimiles (fax) are received in the Business Administrator's (privacy officer) office only and is monitored prior to being distributed to the appropriate recipients. Any concerns are brought to the attention of the Executive Director immediately.
8. **Incoming mail** is opened and monitored by the Business Administrator (privacy officer) only, it is date stamped and distributed to the appropriate recipients. **Outgoing mail** is mailed by the Business Administrator or designate. Any concerns are brought to the attention of the Executive Director immediately.
9. For all **instances of suspected child abuse** or belief that a child is in need of protection as defined by the Child and Family Services Act, follow the FSPH policy, Suspected Child Abuse or Child in Need of Protection.
10. If a staff member, in the performance of his/her duties in the Agency, has reason to believe **that a client may be a danger to himself/herself or others**, he/she will take appropriate action and consult/advise the supervisor as soon as possible.
11. **Interviews may be video and/or audio taped for the purpose of supervision, consultation,** and review within the Agency, provided that the client fully understands and consents to this verbally and in writing on Consent to Video/Audio Tape. Before a group session may be videotaped all members of the group must give their written consent.

12. Where there is an **appropriate court order (subpoena), the Executive Director (or designate) will make the final decision in this situation** as to whether or not requested information will be released.
13. Where there are professional reports and assessments contained within the file, the agency will advise the person requesting the file that these reports must be obtained directly from the professional that created them. The type of reports and source of where to obtain them, may be shared with the requester with the proper consents in place.
14. Information may be conveyed to **researchers** in disguised form so long as no particular individual is identifiable, and according to current standards of research practice.
15. Information may be disclosed without consent if **the client waives privileges by bringing charges against a staff member.**
16. **Referring agencies or individuals do not have an automatic right to information related to that client.** Requests for personal client information can only be accommodated upon receipt of a proper Release of Information. Whenever possible the requesting professional (e.g. police, lawyer, probation and parole, the Children's Aid Society, physician) will be asked to provide specific information on how the information will be used.
17. In the event a **Staff Member becomes aware that personal information has been compromised**, the Supervisor and their Executive Director will be informed and the appropriate remedial actions will be advised to determine next steps which may include disclosure to clients and/or funders in accordance to contractual agreements. If personal health information is compromised refer to the Compromised Personal Health Information policy.

Informed consent means:

- Release of information under stipulated guidelines attested to by client(s) signature(s).
- Each client, to the best of his/her ability, knows the nature of the request and whether or not he/she is legally required to comply.
- The client is aware of the nature of his/her client record, may have access to the information, as stipulated in Agency policy, and knowing with whom the data may be shared, and the time frame within which it is to be handled.
- The client knows what information may be revealed and is aware, as much as can be expected, of the implications of providing this information in so far as this is predictable.
- Where a client(s) for whom English Language Capability or literacy is an issue, interpretation and Support will be provided to ensure Informed Consent.

- Clients may choose to change or withdraw their consent to release information after a Release of Information has been signed; however, this request must be made by the client in writing. The client will be informed of any implications of withdrawing or withholding consent to release information (e.g. loss of third party benefits, limits for service, etc.)

See also:

*PIPEDA (The **P**ersonal **I**nformation **P**rotection and **E**lectronic **D**ocuments Act)*

PHIPA (The Personal Health Information Protection Act 2004)

Regulation 299/10, 10(1) (1) Services and Supports to Promote the Social Inclusion of Personal Disabilities Act, 2008

Child and Family Services Act, 2010

See also: FSPH Customer Service-Serving People with Disabilities AODA

See also: FSPH Personnel Policy Manual, Confidentiality Guidelines

See also: FSPH Communication

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