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| <b>Subject:</b> RELEASE OF INFORMATION AND ACCESS TO HEALTH RECORDS  | Staff  |
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## 1. POLICY STATEMENT

This policy is part of our *Privacy Policy*.

Vaughan Community Health Centre (VCHC) is a custodian of all client health records (including the electronic medical record). VCHC also has access to the eHealth Ontario ConnectingOntario system, which provides access to health information provided by hospitals, laboratories, etc. Any client information provided to, or collected from, ConnectingOntario is included in this policy. The information in the health record belongs to the client and the client has a right of access to that information and the right to direct VCHC to share that information or not share that information with others, subject to some exceptions.

This policy addresses six activities:

- Client<sup>1</sup> requests for access to their own health records (“**access**”);
- Client requests to correct their own health record (“**correction**”);
- Client complaints about access or correction activities (inquiries and complaints);
- Requests to share information with other organizations or health care providers with express consent or implied consent (“**circle of care**”);
- Requests to transfer client files to a new health care provider or organization (“**transfer**”); and
- Third party requests for a copy of a client’s health record (“**release of information**”) such as from lawyers, insurance companies and police.

## 2. CONSENT AND “AUTHORIZED PERSONS”

When consent is required under this policy, the following authorized persons may give consent:

1. The client, if the client is capable – we verify the identity of a client by checking picture identification
  - a. **Please note for capable clients under the age of 16:** If a client is capable and also under the age of 16, the client may consent AND the client’s parent or person who has lawful custody may also consent. BUT the parent or

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<sup>1</sup>We have used the term “client” throughout the policy. It is possible that we hold personal health information about individuals who are not VCHC clients or who are former clients, and this policy applies in those cases as well. Requests for access may also come from a client’s substitute decision-maker or “authorized person” as identified in this policy.

person with lawful custody may not consent if the information to be disclosed relates to “treatment” (as defined under the *Health Care Consent Act, 1996*) about which the child has made their own decision or “counseling” (as defined under the *Child, Youth and Family Services Act, 2017*) about which the child participated on their own. (That means if a child consented to the care on their own – a parent cannot consent to the release of that information on behalf of the child). **And if there is a disagreement between a capable child and the parent about the release of information, the capable child’s wishes prevail. If VCHC staff have questions about consent for children, please ask the Privacy Officer.**

2. A substitute decision maker, if the client is incapable. Please refer to the Informed Consent policy which lists the hierarchy of individuals/agencies that can act as substitute decision makers or refer to section 26 of PHIPA. We verify the identify of a substitute decision-maker by checking picture identification and other documentation as identified in the Informed Consent policy.
3. The Estate Trustee, in the case of a deceased client
  - a. VCHC staff should verify the identity of the Estate Trustee by reviewing a will or the notarized “Certificate of Appointment of Estate Trustee with a Will” or “Certificate of Appointment of Estate Trustee without a Will”. A copy of this documentation must be kept. If the deceased client does not have an Estate Trustee, consent can be obtained from the person who has assumed responsibility for the administration of the deceased person’s estate – if documented in writing. If in doubt, ask the Privacy Officer.

When consent is required, clients may withhold or withdraw consent. If clients decide to withhold or withdraw consent, that decision will be documented in their CPP and progress notes in their health record.

If the client requests restrictions on use of and disclosure of their health record, then the primary VCHC health professional meets with the client to discuss what is restricted and how this can be done. Restricted information can be put in a “lockbox” and the primary VCHC health professional needs to explain the repercussions of making this choice. See the Lockbox Policy for information about how clients may choose not to share information with other health care providers or organizations.

## Copies Versus Originals

Because VCHC is the custodian of the health record, originals of health records are not given to clients or released to other health care providers or third parties (except in rare situations if originals are required by law). In most situations, only copies are released. Clients may ask to view original documents as set out below.

### PROCEDURES:

Please note, front line administrative staff will not dispense any client information themselves, unless directed to do so by the client's physician, nurse practitioner, clinician who is the author of the record or the Privacy Officer.

### 3. CLIENT ACCESS TO INFORMATION

With limited exceptions, VCHC is required by law to give clients<sup>2</sup> access to their records of personal health information within 30 days (subject to a time extension of up to an additional 30 days if necessary (if responding would interfere with normal clinic functioning because finding or compiling the medical record is very complex or more time is needed to confirm whether some of the medical record should be withheld) and with notice to the client making the request). VCHC aims to provide access as quickly as possible within the allowable time frames.

#### Procedures

Any time a copy of a health record is released to a client, it is good practice to stamp it "Client Copy" to alert that a document has been released to the client directly (this protects us in case of client losing information).

##### a. Informal Client Access

From time to time, a client's primary VCHC health professional will agree to give part of a client's health record to a client directly without engaging in a formal request for access under this policy. For example, sometimes a client needs a list of medications or a copy of a particular test or lab result. The primary health professional decides whether to release this information informally and who can

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<sup>2</sup> Clients and "authorized persons" as defined in this policy may be given access to health records.

do that on their behalf (e.g. another clinician, front line or administrative staff). Usually a chart note will be made to document what the client received.

If the clinician cannot, or decides not, to show the client their health record, the clinician must give the request to the Privacy Officer and advise the client that he/she has done so.

When clients request the release of test results they will be advised that they need to meet with their provider to review the results. Should a client not be agreeable to meet with the clinician prior to the release of the results, the client will be expected to sign a waiver form (*Waiver for Receipt of Test Results-No Discussion with Practitioner-Appendix A*).

N.B. Reception staff will not dispense any client information, unless directed to do so by the client's primary VCHC health professional.

When providing information from ConnectingOntario, before giving the client the medical record or the name of the Privacy Officer, the health professional must:

- Write in the “**Request for Access Log**” (Appendix B-4) that the request was made;
- Verify the identity of the client by asking for photo identification (Valid forms for photo identification can be found in the “Identification Standards” (Appendix E-1) or by asking another member of the clinic and sharing this with the Privacy Officer. (If the Privacy Officer knows the client, no identification need be requested).
- If applicable, confirm that the person is the substitute decision-maker for the client, by following the guidelines for Identifying a Substitute Decision-Maker. (If a client brings another person to an appointment or says that a person is a substitute decision-maker, the staff member does not need further proof that the person is the substitute decision-maker. If the person is unable to tell the staff member that the person is a substitute decision-maker, the Privacy Officer must request proof. The staff member who confirms the authority of the substitute decision-maker must tell the Privacy Officer of the relationship. The Privacy Officer must write the name of the substitute decision-maker in the **SDM Log**).
- Identify any location or system where the client's medical record exists;

- Confirm with the client's clinicians whether any information in the medical record should not be given to the client;
- Tell the client how much they will be charged for a copy of the medical record;
- Direct the client to contact the relevant program office (e.g. eHealth Ontario) to make the **Request for Access** (Appendix B-2) if the medical record involves personal health information contributed by another organization, or involves logs to which the VCHC has no access.

The Privacy Officer must meet with the client to explain any abbreviations, terminology or code, if the client asks.

The Privacy Officer must log the results of the request using the **Request for Access Log** (Appendix B-4).

#### b. **Written Requests**

Clients may ask for additional records of personal information. Client requests for their own information should be made in writing. Staff must have clients fill out the "Client Request for Access to Health Records" form.

- i. If a request for access is made to a health care provider, they should direct the client to our usual process for release of records.
- ii. The VCHC primary health professional who is most involved with the client's care shall be notified of a client's written request to access their health record and should be consulted if possible prior to access being granted. The health professional may choose to be in attendance when the client is viewing the health record and may assist the client with locating the desired information/document(s). Because records may be difficult to read and interpret and may mislead or alarm a client, clients will be encouraged to review the records with their primary VCHC health professional so the information can be explained.
- iii. If a client wishes to read the original health record, a VCHC staff person must be present to ensure the records are not altered or removed.

- iv. Clients may not make notes on the original health record or remove originals from the health record or otherwise alter their health records.
- v. If a client requests a copy of a health record, copies may be given and fees may be applied as per VCHC policy.
- vi. The original of the written request for access shall be placed with the client's records and must contain the following:
  - A description of what information is requested;
  - Information sufficient to show that the person making the request for access is the client or other authorized person;
  - The signature of the client or other authorized person and a witness to the signature; and
  - The date the written request was signed.
- vii. A notation shall be made in the record (e.g. documented into the EMR or a copy of the letter from VCHC) stating:
  - What information or records were disclosed;
  - When the information or records were disclosed; and
  - By whom the information or records were disclosed.

**c. Telephone Requests**

A client may only request health information over the telephone if the information is of a non-medical nature, such as dates of treatment, once the identity of the person has been verified. **Verbal requests for other information are honoured only if information required is for urgent or emergency medical treatment. In all cases the client's best interests must be kept in mind.** If the telephone request is non-emergent, then a written request is required as set out above. See also "a." above to address informal requests for access.

**d. Walk-in Requests**

A signed consent is required for access to a client's record. Clients should be directed to Reception to fill in the **Client Request for Access to Health Records** form (Appendix B-1). Clients may be requested to return at a later date to pick up authorized information. See also "a." above to address informal requests for access.

#### **e. Denying Client Access to Health Records**

In certain situations, VCHC may choose not to provide a client access to all or part of a health record. Exceptions to the right of access requirement must be in accordance with law and professional standards. Reasons to deny access to a health record (or part of a health record) may include:

- The information is subject to a legal privilege that restricts disclosure to the individual;
- The information was collected or created primarily in anticipation of or for use in a proceeding (and that proceeding and any appeals have not been concluded);
- The information was collected or created in the course of an inspection, investigation or similar procedure authorized by law or undertaken for the purpose of the detection, monitoring or prevention of a person's receiving or attempting to receive a benefit to which the person is not entitled under law (and the inspection or investigation has not been concluded);
- If granting access could reasonably be expected to:
  - Result in a risk of serious harm to the treatment or recovery of the individual or a risk of serious bodily harm to the individual or another person;
  - Lead to the identification of a person who was required by law to provide information in the record; or
  - Lead to the identification of a person who provided information explicitly or implicitly in confidence (if it is appropriate to keep that source confidential).

Clients must be told if they are being denied access to their own health records. In some situations, we may advise a client that we can neither confirm nor deny the existence of a record. We get legal advice in such cases. If denied information, clients have a right to complain to the Information and Privacy Commissioner of Ontario, and must be told of this right and how to reach the Commissioner's office.

#### **4. CORRECTION OF HEALTH RECORDS**

A clinician may edit or correct any note they author.

If an error was due to an administrative error (such as a client's record is misfiled in another client's record or there is a data entry error) and is noticed by administrative staff, that error may be fixed by the administrative staff so long as the error is

identified before the health care provider had the opportunity to act on it and before anyone else received it externally. If the entry or record has been in the chart for more than a day in error, staff must notify the physician or nurse practitioner involved and any other clinical staff involved in that client's care that it is in the chart in error. If any action was taken based on the false information by any staff member, the erroneous information must be scanned into the chart and attached to a note indicating the error and the deletion. In such cases, seek legal advice.

### ***Requests for Correction***

VCHC has an obligation to correct personal health information if it is inaccurate or incomplete for the purposes it is to be used or disclosed.

Clients may request that their health information be corrected if it is inaccurate or incomplete. Such requests must be made in writing using the **Correction of Health Records Request Form** (and for Connecting Ontario the **Request for Correction Form**—Appendix C-1) and must explain what information is to be corrected and why. The fact of the request must be recorded in the “**Request for Correction Log**” (Appendix C-6)

#### A) Role of Privacy Officer

The Privacy Officer must:

- Respond to requests for correction within 30 days (or seek an extension);
- Help the client to complete the form(s), if necessary; and
- Discuss the correction with the appropriate clinician(s) to determine whether to change the information.

#### B) Correction is Granted

When VCHC corrects a record it will be done by:

- Striking out the incorrect information in a manner that does not obliterate the record or
- If striking out is not possible:

- Labelling the information as incorrect, severing it from the record, and storing it separately with a link to the record that enables VCHC to trace the incorrect information, or
- Ensuring there is a practical system to inform anyone who sees the record or receives a copy that the information is incorrect and directing that person to the correct information.

If a correction is made, the Provider who made the correction will ensure that all other providers – internal and external (and including eHealth Ontario) – who had previously viewed the now corrected health information are informed of the correction. This will be done through our EMR system via a staff member. For information from ConnectingOntario a **Notice of Changes to PHI to HICs** (Appendix C-5) must be completed but only if it may impact the client's care.

When a correction is made to a client's record, the client must be informed by the Privacy Officer, in writing, that the correction was made and (to meet the requirement of S. 55(10) in PHIPA) how the correction was made.

eHealth Ontario may be able to assist the VCHC with the requirement to inform other providers by confirming who previously viewed the personal health information on ConnectingOntario through their audit logs.

### C) Correction is Refused

VCHC will not correct a record if:

- The record was not originally created by VCHC and VCHC does not have the knowledge, expertise or authority to correct the record,
- The correction request is frivolous, vexatious, or made in bad faith; or
- The record consists of a professional opinion which was made in good faith.

Where VCHC chooses not to correct a record, the fact that the client requested a correction and the fact that no correction was made should be recorded in the client's record and the client must be informed in writing. The client will have the choice to submit a statement of disagreement. If the client submits such a statement, it will be scanned onto the health record and released any time the information that was asked to be corrected is released.

When we choose not to correct a record, clients have a right to complain to the Information and Privacy Commissioner of Ontario and must be told that they have that right.

As well, for ConnectingOntario, the Privacy Officer must complete the **Request for Correction Response – No Change Made Template** (Appendix C-3) and ask the client whether he/she would like to attach a note to his/her medical record that they disagree with the accuracy of the information.

## **5. QUESTIONS & COMPLAINTS ABOUT PHI HANDLING PRACTICES, ACCESS & CORRECTION DECISIONS**

The VCHC allows clients to ask questions or make a complaint about PHI handling practices or its compliance with PHIPA and the associated Regulations. Inquiries or complaints may be verbal or in writing and, for ConnectingOntario-based inquiries or complaints, must be recorded in the **Inquiries and Complaints Log** (Appendix D-1).

The VCHC must respond to all privacy-related inquiries or complaints within 30 calendar days. In limited circumstances, the VCHC may notify a client that it requires additional time to respond to an inquiry or complaint.

### **a. Operating Procedures**

In general:

- When a staff member receives a privacy-related question or complaint that is easy to answer, he/she should answer it.
- If the staff member is unable to answer the question or complaint, he/she should:
  - Tell the client that the question or complaint will be given to the Privacy Officer and the the Privacy Officer will respond within 30 days.
  - Give the inquiry/complaint to the Privacy Officer.
- When receiving the question or complaint, the Privacy Officer must:
  - Contact the client within 7 days and ask for clarification if the question or complaint is unclear;
  - Ask the client to contact the appropriate organization, if the question or complaint relates to another organization; and

- Log that the inquiry or complaint was received using the ***Inquiries and Complaints Log*** (Appendix D-1)
- When responding to the question or complaint, the Privacy Officer must:
  - Write a response to the question or complaint using the “***Response-Client Inquiry or Complaint***” template (Appendix D-2)
  - Circulate the response to other members of the clinical team, if required;
  - Respond to the question or complaint within 30 days or inform the client that an additional 30 days is needed; and
  - For ConnectingOntario-based inquiries or complaints, update the ***Inquiries and Complaints Log*** (Appendix D-1) when the response is sent.

When clients are dissatisfied with a decision to refuse access to or corrections to their private health information, they can request, in writing, a meeting with the Privacy Officer (PO) to discuss the decision. The PO will send the client a written statement outlining the complaint procedure outlined in the Client Complaint Policy. If the client is still dissatisfied after hearing the Privacy Officer’s decision, the client will be informed of his/her right to contact the Information and Privacy Commissioner of Ontario.

### **Request for Access or Correction – Other or Multiple Organizations or Shared Systems (e.g. ehealth Ontario’s ConnectingOntario)**

If a client wants to view or get a copy of their medical record in a shared system, the Privacy Officer must:

- Respond to the request following normal procedures if the answer is known; or
- Within 4 days, give the client the contact information for the program office responsible for the shared system (e.g. eHealth Ontario’s Connecting Ontario). The client should be referred to the eHealth Ontario Privacy Contact, who coordinates these requests (see below) if the medical record was contributed by another or multiple organizations.

The client must complete the *EHR Access and Correction Request* form at <https://www.ehealthontario.on.ca/en/ehr/accessing-your-ehr> and submit it to:

eHealth Ontario  
P.O. Box 148  
Toronto, ON M5G 2C8

Or Telephone eHealth Ontario at:  
1-866-250-1554

eHealth will respond within 30 days of receiving the client's request.

If the VCHC receives a request from the program office of eHealth Ontario on behalf of a client, the Privacy Officer must follow the instructions from the program office on whether to use (1) the VCHC's policies and operating practices to address the request, or (2) the policies and procedures governing the shared system.

## **6. RELEASE OF INFORMATION TO OTHER HEALTH CARE PROVIDERS FOR HEALTH CARE PURPOSES**

### **a. *Express Consent***

Should a client wish their other health care providers working externally to VCHC to have access to the client health record, the client can provide a written statement of consent to this effect (release of information), which will be directed to the primary VCHC health professional.

The following is the process for releasing health records to a third party health care provider relying on a client's express consent. This process is coordinated by the Medical Secretary Team Lead.

1. Record the date of the request in client's health record (clinical chart)
2. Advise the primary VCHC health professional of the request
3. If release of information to the third party health care provider is authorized by the primary VCHC health professional:
  - a. Select and photocopy/print requested specific information;
  - b. Do not photocopy/print the entire health record unless required;
  - c. Use the VCHC official cover letter that should accompany the released information;
  - d. Send out/ mail-out requested information;
  - e. Scan the letter of request, client's consent, and a copy of the covering letter and save in the client's health record; and
  - f. Costs associated with release of information will be invoiced by VCHC.

4. If the request is incomplete, unclear or contains an invalid consent or is otherwise not authorized by the primary VCHC health professional:
  - a. Inform requester of the problem in writing (or in person or by phone as appropriate), such as:
    - The request is not sufficient to identify the client;
    - The request is unclear or unspecific;
    - The request does not have the required consent;
  - b. Document the date and time of the contact, name of the person with whom contact was made, a brief summary of the conversation and comments made by the requester

***b. Implied Consent – Circle of Care***

VCHC may also release information to a client's other health care provider(s) and organizations for health care purposes (within the "circle of care") without the express written consent of the client as long as it is reasonable in the circumstances to believe that the client wants the information shared with the other health care provider(s) and organizations. However, no information will be released to other health care providers and organizations if a client has stated they do not want the information shared.

The following process for releasing health records to a third party health care provider relying on a client's implied consent is similar to that outlined above. This process is coordinated by the Medical Secretary Team Lead.

1. Record the date of the request in the client's health record.
2. Advise the primary VCHC health professional of the request.
3. If release of information to the third party health care provider is authorized by the primary VCHC health professional:
  - a. Select and photocopy/ print requested specific information;
  - b. Do not photocopy/print the entire health record unless required;
  - c. Prepare an official cover letter that will accompany the released information;
  - d. Send out/ mail-out requested information;

- e. Record the verbal request for information;
  - f. Costs associated with release of information may be invoiced by VCHC.
4. If the request is incomplete, unclear or VCHC has been advised by the client not to disclose relying on implied consent, or the request is otherwise not authorized by the primary VCHC health professional:
- a. Inform requester of the problem in writing (or in person or by phone as appropriate), such as:
    - The request is not sufficient to identify the client;
    - The request is unclear or unspecific; or
    - The request does not have the required consent.
  - b. Document the date and time of the contact, name of the person with who contact was made, a brief summary of the conversation and comments made by the requester.

### **c. Transfer of Client Records to a New Health Care Provider**

If the client is moving to another health care provider outside VCHC and wishes the VCHC file to be transferred, the client should be encouraged to see their new physician or nurse practitioner or other health care provider and sign a consent form with them for the release of information. If this is not possible, however, the client may sign a copy of Vaughan Community Health Centre (VCHC) Release of Medical Information form. Clinical health records are transferred only with a written request signed by the client (or client's authorized person). A verbal request is not sufficient to transfer health records. Originals of VCHC records are never sent as they are the property of the VCHC and must remain accessible to VCHC staff.

When a Release of Medical information request comes in to transfer client records, the medical secretary should print the client's health care record, place the transfer request on the front and put it in the appropriate VCHC health professional's box. The VCHC health professional is responsible for responding to the request as soon as possible by either:

- Writing a summary of the client's pertinent medical history or
- Directing Medical Secretaries regarding the relevant information to copy from the client's health care record. This may include copies of consultation reports or other laboratory and hospital records.

A copy of the Release of Medical Information form should be filed and scanned into the client's health care record with the date of transfer marked on this form.

When mailing the file, the envelope will be to the attention of the provider and marked "Confidential".

## **7. Third Party Requests for Release of Information (to Non Health Care Providers)**

Should a client wish their lawyer, insurance company, employer, landlord or other such persons or agencies to have access to the client health record, the client must provide a written statement of consent to this effect, which will be directed to the primary VCHC health professional. VCHC will not process verbal third party requests for release of information to anyone who is not a health care provider. These requests must be in writing. No information will be released without the express consent from the client or the authorized person (unless permitted or required by law. See below "Permitted or Mandatory Release of Information"). Third party requests not accompanied by appropriate consent will be returned with an official letter, outlining proper and complete consent requirements.

Any third party request for release of information shall include:

1. The name, address and telephone number of person/agency requesting the information;
2. The full name, address and date of birth of the person about whom the information relates;
3. A specific description about the type and amount of information to be released; and
4. A consent for release of information form signed by the client (or client's authorized person) and this consent form must not be older than 90 days from the date of the request.

The following is the process for releasing health records to a third party with consent of the individual client. VCHC Medical Secretary Team Lead will coordinate this process.

1. Record the date of the request in the client's health record.
2. Advise the primary VCHC health professional of the request.
3. If release of information to the third party is authorized by the primary VCHC health professional:
  - a. Select and photocopy/print requested specific information

- b. Do not photocopy/ print the entire health record unless required
  - c. Prepare an official cover letter that will accompany the released information
  - d. Send out/ mail-out requested information
  - e. Scan the letter of request, consent, and a copy of the covering letter and save in the client's health record
  - f. Costs associated with release of information will be invoiced by VCHC
4. If the request is incomplete, unclear or contains an invalid consent or is otherwise not authorized by the primary VCHC health professional:
- a. Inform requester of the problem in writing (or in person or by phone as appropriate), such as:
    - The request is not sufficient to identify the client;
    - The request is unclear or unspecific;
    - The request does not have the required consent; or
    - The date the client's consent was signed is not recent; while legally still accurate, you may ask why it has taken a length of time for it to be provided.
  - b. Document the date, time of the call, name of the person with who contact was made, a brief summary of the conversation and comments made by the requester.

#### **i. Permitted or Mandatory Release of Information**

We may release personal health information to a third party if "permitted or required by law". A list of mandatory disclosures is included at the end of this policy.

Any time a mandatory disclosure is considered, the Programs and Services Director is to be informed PRIOR to reporting. The Programs and Services Director will consult with the Executive Director on these matters as soon as they are brought to her attention. Legal advice may be sought.

### **1. Disclose a Deceased Person's Health Information to Family and Friends**

The VCHC may disclose a deceased client's personal health information to the client's spouse, partner, sibling or child if it is reasonably required in order for the individual to make decisions about their own health care or their children's health care.

The VCHC may also disclose personal health information about a deceased individual under the following situations:

- to identify the individual;
- to inform anyone whom it is reasonable of the fact that the individual is deceased, and, where appropriate, the circumstances of death; and
- to the spouse, partner, sibling or child of the individual who need the information to make decisions about their own health care or their children's health care.

## **2. Police/OPP/RCMP**

There is a natural tendency to want to cooperate with the police and assist them in their investigations. However this must be balanced against clients' right to privacy and the right to confidentiality of their personal health information.

The fact that a client is suspected of being a victim of a crime or suspected of having committed a crime is not a recognized reason for breaching the client's right to confidentiality. However, there is a recognized exception to client confidentiality where there is a significant risk of serious bodily harm to someone (either the client or someone else) **and if it is genuinely believed that disclosing information to police could eliminate or reduce that risk.**

Otherwise, personal health information will only be released to police upon the presentation of one of the following documents:

- A consent for release of information form signed by the client or authorized person
- A valid court order (or other legal document) requiring the release of information to the police
- A coroner's writ requiring the release of information to the police
- An urgent demand for records under the *Missing Persons Act, 2018*

Each document must be reviewed carefully before information may be disclosed to police (to ensure the disclosure is **permitted or required** by law). This review should be done by the primary VCHC health professional and/or the VCHC Privacy Officer before any information is released. The documentation from the client, police, court or coroner will be scanned into the chart. Legal advice should be sought as necessary.

## **3. Children's Aid Society (CAS)**

Health professionals have a mandatory duty to report a “child in need of protection” to the CAS under the *Child, Youth and Family Services Act, 2017*. Information may be sent to the CAS to explain the reason for the report.

Where the CAS is the legal guardian of a child, the CAS should be treated as any other parent or guardian would be in response to a request for access to or disclosure of the health records.

Any documentation from CAS claiming authority to release information to the CAS must be reviewed carefully before information may be disclosed (for the section of the legislation giving the legal authority that the release of information is **permitted or required** by law). This review should be done by the primary VCHC health professional and/or the VCHC Privacy Officer before any information is released. The documentation from CAS will be scanned into the chart. Seek legal advice as appropriate.

#### **4. Regulatory Colleges**

Under the *Regulated Health Professions Act, 1991* and other health profession specific legislation, regulatory Colleges may have the authority to review client records as part of investigations or quality assurance practices. Any documentation from a regulatory College claiming legal authority to release information to the College must be reviewed carefully before information may be disclosed (for the section of the legislation giving the legal authority that the release of information is **permitted or required** by law). This review should be done by the primary VCHC health professional and/or the VCHC Privacy Officer before any information is released. The documentation from the regulatory College will be scanned into the chart.

#### **5. Other Authorities**

Certain legislation gives government agencies and others authority to review client records (such as immigration, the Ministry of Health, workplace safety and insurance and others). Any documentation from an agency claiming legal authority to release information to the agency must be reviewed carefully before information may be disclosed (for the section of the legislation giving the legal authority that the release of information is **permitted or required** by law). This review should be done by the primary VCHC health professional in consultation with the Privacy Officer and/or the VCHC Privacy Officer before any information is released. The documentation from the agency will be scanned into the chart.

## 6. Lawyers

Most lawyers' letters require client consent for the release of information to a lawyer. **Do not release information to a lawyer without client consent unless you have some other documentation to state that VCHC is required by law to disclose the information.** Any documentation from a lawyer claiming legal authority to release information to the lawyer must be reviewed carefully before information may be disclosed (in most cases the lawyer is asking for the record – not advising VCHC that it is required by law to release the record). This review should be done by the primary VCHC health professional and/or the VCHC Privacy Officer before any information is released. The documentation from the lawyer will be scanned into the chart.

## 7. Communicable Disease

The *Health Protection and Promotion Act* requires health care providers to report all communicable diseases to the local Public Health Unit. (See **Clinical Policy Reporting Communicable Diseases**). Reporting is done by the primary VCHC health professional or delegate as soon as possible after the diagnosis is made.

## 8. Mandatory Disclosures

| Quick reference             | What information must be disclosed  | Who must disclose  | To whom disclosure must be made | Authority   |
|-----------------------------|---|--|---------------------------------|---|
| Child in need of protection | Information about a “child in need of protection” (e.g. suffering, abuse or neglect). Only information that is reasonably necessary to make the report should be shared. Ongoing information sharing after the report has been made should only be done with express consent or as permitted or required by law (such as a court order for the client | Any person including a person who performs professional or official duties with children | Relevant Children's Aid Society | <a href="#">Child, Youth and Family Services Act, 2017</a> , s. 125 |

| Quick reference | What information must be disclosed  | Who must disclose                                | To whom disclosure must be made  | Authority  |
|-----------------|---|--|--|--|
|                 | health record)  |  |  |  |
| Sexual abuse    | <p>Where there are reasonable grounds to believe a health care professional has sexually abused a client, details of the allegation, name of the health care professional and name of the allegedly abused client</p> <ul style="list-style-type: none"> <li>The client's name can only be provided with consent</li> <li>You must include your name as the individual filing the report</li> </ul> | All regulated health providers                   | Registrar of the suspected health care professional's regulatory College | <a href="#">Regulated Health Professions Act</a> , Schedule 2, ss. 85.1, 85.3. See also, <a href="#">Social Work and Social Service Work Act</a> , ss. 43 and 44 |
| Safe driving    | Name, address and condition of a person (over the age of 16) who has a condition that may make it unsafe for them to drive  | Physicians, nurse practitioners and optometrists | Registrar of Motor Vehicles  | <a href="#">Highway Traffic Act</a> , s. 203(1).   |
| Air crew        | Information about flight crew members, air traffic controllers or other aviation license holders who have a condition that may impact their ability to perform their job in a safe manner (likely to constitute a hazard to aviation safety)  | Physicians and optometrists                      | Medical advisor designated by the Minister of Transport                  | <a href="#">Aeronautics Act</a> , s. 6.5(1)  |
| Seaman          | Information about a seaman  | Physicians, surgeons, hospital official          | If requested by the seaman's employer                                    | <a href="#">Merchant Seamen Compensation Act</a> , s. 48   |
| Railway workers | Information about patients who work in the railway industry who have a condition that may put the safety of rail travel at risk   | Physicians and optometrists                      | A railway designated Organization  | <a href="#">Railway Safety Act</a> , s. 35(2)  |

| Quick reference                    | What information must be disclosed   | Who must disclose   | To whom disclosure must be made                          | Authority  |
|------------------------------------|--|---|--|--|
| Fraud                              | Information about health care fraud (including an ineligible person receiving or attempting to receive an insured service; an ineligible person obtaining or attempting to obtain reimbursement by OHIP for money paid for an insured service; or an ineligible person in an application, return or statement made to OHIP or the General Manager giving false information regarding his or her residency) | Physicians and registered nurses in the extended class, podiatrist, chiropractor, midwife, optometrist, dentist, dental surgeon, operator of a physiotherapy facility, hospital, facility whose primary function is the provision of insured services, laboratory, specimen collection centre | General Manager of OHIP                                  | <a href="#">Health Insurance Act</a> , s.43.1(1) and <a href="#">Health Fraud Regulation</a> , s.1                             |
| Queue jumping                      | Information about an individual offering to pay, confer, charge or accepting a benefit in exchange for improved access to health care  | Physicians and registered nurses in the extended class, podiatrists, midwives, optometrists, dentists, dental surgeons, Illicensees under the Independent Health Facilities Act, hospital or private hospital   | General Manager of OHIP                                  | <a href="#">Commitment to the Future of Medicare Act</a> , ss. 17(1) and 17(2) and <a href="#">General Regulation</a> , s 7(1) |
| Reportable or communicable disease | Information about a patient who has (or may have) either a “reportable” or “communicable” disease. The report should include the client’s: <ul style="list-style-type: none"> <li>Name and address in full,</li> </ul>   | Physicians and registered nurses in the extended class and hospital, children’s residence, child care centre,   | Medical Officer of Health of the appropriate health unit | <a href="#">Health Protection and Promotion Act</a> , s. 26 and <a href="#">Reporting Regulation</a> , s.1(1)                  |

| Quick reference      | What information must be disclosed   | Who must disclose  | To whom disclosure must be made                          | Authority   |
|----------------------|--|--|--|---|
|                      | <ul style="list-style-type: none"> <li>• Date of birth in full,</li> <li>• Sex, and</li> <li>• Date of onset of symptoms</li> </ul>  | home for special care, long-term care home, psychiatric facility (and others)                                  |  |   |
| Communicable disease | Name, address of a client receiving care and treatment for a communicable disease but who is neglecting or refusing to comply with the treatment regime  | Physicians and registered nurses in the extended class   | Medical Officer of Health                                | <a href="#">Health Protection and Promotion Act</a> , s. 34(1)  |
| Rabies               | Animal bites or animal contact that may result in humans contracting rabies  | Physicians and registered nurses in the extended class (and other persons with information about animal bites) | Medical Officer of Health                                | <a href="#">Health Protection and Promotion Act</a> and <a href="#">Communicable Diseases Regulation</a> , s. 2(1)                  |
| Immunizations        | Instances of adverse reactions to immunizations  | Physicians, nurses, and pharmacists  | Medical Officer of Health of the appropriate health unit | <a href="#">Health Protection and Promotion Act</a> , s.38(3)   |
| Immunizations        | <p>Information about a child whose eyes have become reddened, inflamed or swollen within two weeks of birth possibly due to a communicable disease. Report must be in writing and include:</p> <ul style="list-style-type: none"> <li>• The name, age and home address of child (or if not at home, where the child can be located)</li> <li>• The conditions of the eyes that were</li> </ul> | Physicians or other health care professionals who have attended the birth of a child                           | Medical Officer of Health                                | <a href="#">Health Protection and Promotion Act</a> , s. 33(1) and <a href="#">Communicable Diseases Regulation</a> , s. 1 para. 2) |

| Quick reference          | What information must be disclosed  | Who must disclose  | To whom disclosure must be made  | Authority  |
|--------------------------|---|--|--|--|
|                          | observed  |  |  |  |
| Birth                    | Births  | Physicians and midwives (or nurses if neither of the above are present at birth)             | Registrar General  | <a href="#">Vital Statistics Act</a> , ss. 8, 9.1 and <a href="#">General Regulation</a> , ss. 1(1) and 19(1)                                    |
| Death                    | Facts surrounding the death of an individual in prescribed circumstances (e.g. violence, negligence or malpractice).<br>Information requested for the purpose of an investigation   | Any person with information about the circumstances of the death                             | Coroner or designated Police Officer   | <a href="#">Coroners Act</a> , s. 10(1)  |
| Death                    | Deaths  | Physicians and registered nurses in the extended class                                       |  | <a href="#">Vital Statistics Act</a> , s. 21(1) and <a href="#">General Regulation</a> , ss. 35(2) and 35(3)                                     |
| Occupational assessments | Reasonable conclusions of an occupational illness   | Physicians who conduct medical examinations or supervise clinical tests for workplace safety | The worker's employer, the joint health and safety committee and the Provincial Organization | <a href="#">Occupational Health and Safety Act</a> and the <a href="#">Designated Substances Regulation</a> , ss. 29(2), 29(3), 29(6) and 29(7). |
| WSIB                     | Information requested by the WSIB about workers claiming benefits under the Workplace Safety and Insurance Act  | All health care providers  | Workplace Safety and Insurance Board (WSIB)  | <a href="#">Workplace Safety and Insurance Act</a> , s. 37(1)  |
| Self-report of offence   | Information if you yourself are found guilty of an offence to include <ul style="list-style-type: none"> <li>• Your name</li> <li>• The nature and description of the offense</li> <li>• The date you were found guilty of the offense</li> </ul> | All regulated health care providers  | Registrar of your regulatory College   | <a href="#">Regulated Health Professions Act</a> , Schedule 2, ss. 85.6.1(1) – (3)   |

| Quick reference                                       | What information must be disclosed   | Who must disclose                                    | To whom disclosure must be made                                    | Authority  |
|---|--|--|--|--|
|   | <ul style="list-style-type: none"> <li>The name and location of the court where you were found guilty of the offence</li> <li>The status of any appeals</li> </ul>   |  |  |  |
| Self-report of professional negligence or malpractice | Information if you yourself are found guilty of professional negligence or malpractice to include <ul style="list-style-type: none"> <li>Your name</li> <li>The nature and description of the finding</li> <li>The date the finding was made</li> <li>The status of any appeals</li> </ul> | All regulated health care providers                  | Registrar of your regulatory College                               | <a href="#">Regulated Health Professions Act</a> , Schedule 2, ss. 85.6.2(1) – (3) |
| Employer report if end of professional relationship   | A written report, within 30 days, regarding revocation, suspension, termination or dissolution of a health care professionals' privileges, employment or practice for reasons of professional misconduct, incapacity or incompetence   | Employer or person who offers privileges to a member | Registrar of the college of the regulated health care professional | <a href="#">Regulated Health Professions Act</a> , Schedule 2, s. 85.5(1), 85.5(3) |

## Appendix A

**Waiver for Receipt of Test Results – No Discussion with Practitioner  
(To be placed in Client’s File)**

I, \_\_\_\_\_ have asked for, and received, test results from the Vaughan Community Health Centre without discussing those test results with my doctor/nurse practitioner. I was informed by staff that I should make an appointment to discuss the results with my doctor/nurse practitioner.

Please print:

Client’s Name (last name, first name): \_\_\_\_\_

Client’s Date of Birth (month/day/year): \_\_\_\_\_

Client’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Appendix B-1  
EHealth Ontario-ConnectingOntario  
Request for Access to Health Records

### Request for Access

#### **Instructions to person making the request:**

- Complete this form with as much information as possible.
- We only accept requests from the <<patient/client>> or someone that the <<patient/client>> has asked to make the request (i.e., substitute decision maker).
- If we don't know you or are unsure whether the <<patient/client>> has asked you to make the request, you will need to provide photo identification, and prove that the <<patient/client>> has allowed you to make the request.
- Ontario law (PHIPA) allows a healthcare provider to charge administrative fees to a person who wants a copy of his or her medical records. We may ask you to pay a fee before giving you a copy of your record.

### 1. <<patient/client>> Information

First Name \*



Last Name \*

Contact Information if it is different than the information we have on file\*

### 2. Person Making the Request (ONLY COMPLETE IF YOU ARE NOT THE <<patient/client>>)

First Name \*

Last Name \*

Relationship to the <<patient/client>>\*

Contact Information

### 3. Information being Requested

Which of the following information do you need (please check all that apply)?

All health information from the last

3 months

3 years

6 months

5 years

2 months

All

Some health information (describe what information you would like)

List of people that have viewed your medical record <<Only include this option if your healthcare provider has an Electronic Medical Record system that supports providing an audit report>>

All of them, or

Some of them:

A certain person : \_\_\_\_\_

People who viewed my medical record in the past:

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> 3 months  | <input type="checkbox"/> 3 years |
| <input type="checkbox"/> 6 months  | <input type="checkbox"/> 5 years |
| <input type="checkbox"/> 12 months | <input type="checkbox"/> All     |

List of consent instructions that you have provided and changes you made to them << *The clinic should log when the <<patient/client>> makes, modifies, or removes a consent instruction. This information should be made available to the <<patient/client>> on request. >>*

List of times when someone has overridden your consent instructions <<If your EMR supports consent directives, this information might be available as a report from your EMR. If you use paper medical records or your EMR doesn't support it, you should log each time that your

- All of them, or
- Some of them:

Done by a certain person (provide name and where s/he works): \_\_\_\_\_

Only overrides in the past:

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> 3 months  | <input type="checkbox"/> 3 years |
| <input type="checkbox"/> 6 months  | <input type="checkbox"/> 5 years |
| <input type="checkbox"/> 12 months | <input type="checkbox"/> All     |

**4. Permission to Leave Voice Mail**

If we need to confirm information or contact you, we will call you. May we leave a message if you do not answer the phone?

- Yes you may leave a detailed message
- No you may not leave a detailed message

Provide any instructions about leaving a message (e.g., only on electronic voicemail, not with a person if the phone is answered).

**6. Signature**

Name: \_\_\_\_\_  
(Printed)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only. Do not complete**

**7. Identity Confirmed**

*Do not include identifiers in this section. Indicate whether the identity of the person has been confirmed and that s/he has authority to act on behalf of the <<patient/client>> if s/he is not the <<patient/client>>.*

**8. Notes**

Blank area for notes.

Appendix B-4  
 EHealth Ontario – ConnectingOntario  
 Request for Access Log

| Request #                                 | Date Received                      | Patient                        | Patient / SDM?   | SDM  | Identity verified?  | Nature of the Request               | Response  | Fees collected?                        | Date Closed   | Comments   |
|---|------------------------------------|--------------------------------|--|--|---|-------------------------------------|---|--|---|--|
| Number assigned to the Request for Access | Date that the request was received | Name of the <<patient/client>> | Whether the person is the <<patient/client>> or an SDM | Name of the SDM (if the request comes from an SDM) | Have you verified the person's identity and his or authority to act on behalf of the <<patient/client>> | Type of information being requested | Whether the request will be fulfilled, partially denied, wholly denied, or the <<patient/client>> is asked to contact the program office if a shared system | Have fees been requested and collected | Date that the Request was closed (either letter went out or person asked to contact the Program Office for a shared system) | Complete comments only if an exception needs to be recorded (e.g., missed the deadline, the access request was withdrawn during the process, etc.) |

Appendix C-1  
eHealth Ontario-ConnectingOntario

|   |             |
|---|-------------|
| <b>1. &lt;&lt;patient/client&gt;&gt; Information</b>  |             |
| First Name *  | Last Name * |
| Contact Information if it is different than the information we have on file*  |             |
| <b>2. Person Making the Request (ONLY COMPLETE IF YOU ARE NOT THE &lt;&lt;patient/client&gt;&gt;)</b>   |             |
| First Name *  | Last Name * |
| Relationship to the <<patient/client>>*   |             |
| Contact Information   |             |
| <b>4. Nature of Change</b>  |             |
| Describe the information that you feel is not correct or out-of-date, and the suggested correction. Provide as much detail as possible.                         |             |
| <b>5. Permission to Leave Voice Mail</b>  |             |
| If we need to confirm information or contact you, we will call the phone number that you provided above. May we leave a message if you do not answer the phone? |             |

- Yes you may leave a message
- No you may not leave a message

Provide any instructions about leaving a message (e.g., only on electronic voicemail, only with the person that answers the phone).

## 6. Signature

Name: \_\_\_\_\_  
(Printed)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## For Office Use Only. Do not complete

### 7. Identity Verification

Do not include identifiers in this section.

### 8. Notes

## Request for Correction

### Request for Correction

**Instructions to person making the request:**

- Complete this form with as much information as possible.
- We only accept requests from the <<patient/client>> or someone that the <<patient/client>> has asked to make the request (i.e., substitute decision maker).
- If we don't know you or are unsure whether the <<patient/client>> has asked you to make the request, you will need to provide photo identification, and prove that the <<patient/client>> has allowed you to make the request.

**Appendix C-2**  
**eHealth Ontario-ConnectingOntario**  
**Request for Correction Response Template – Change Made**

Date:

Client Name  
Client Address

Re: Request for Changes to Your Medical Record

Dear (name of client),

You asked that the following information about you be changed:

- <<describe PHI that was inaccurate>>

We made the following change:

- <<describe the change that was made>>

If you want to discuss this change, please contact me at (905) 303-8490 Ext 129.

Sincerely,

LoAn Ta-Young  
Privacy Officer  
Vaughan Community Health Centre

**Appendix C-3**  
**eHealth Ontario-ConnectingOntario**  
**Request for Correction Response Template – No Change Made**

Date:

Client Name  
Client Address

Re: Request for Changes to Your Medical Record

Dear (Name of Client)

You asked that the following information about you be changed:

- <<describe PHI that was inaccurate>>

We decided not to make the changes because (explain reason for not making the change which must be aligned with PHIPA, s55 (9)).

If you want to discuss this or want to attach a note to your medical record saying that you do not agree with the information, please contact me at (905) 303-8490 Ext 129.

You also have a right under Ontario's laws to register a complaint about our decision. To register your complaint, contact the Information and Privacy Commissioner of Ontario at:

Information and Privacy Commissioner of Ontario  
2 Bloor Street East, Suite 1400  
Toronto, Ontario M4W 1A8  
Telephone: (416) 326-3333 or (905) 326-3333  
Toll free: 1 (800) 387-0073 (within Ontario)  
TDD/TTY: (416) 325-7539  
FAX: (416) 325-9195

Sincerely,

LoAn Ta-Young  
Privacy Officer  
Vaughan Community Health Centre

**Appendix C-4**  
**eHealth Ontario-ConnectingOntario**  
**More than 30-Days to Make Correction Template**

Date:

Client Name  
Client Address

**Re: Request for Changes to Your Medical Record**

Dear (name of client),

You asked us to make a change to your medical record.

We require an additional 30 days to investigate the change.

The additional time is required because <<provide reason for the extension; note that the reason must be aligned with PHIPA, s55 (3)>>.

If you have any concerns about the extra time, please contact me at (905) 303-8490 Ext 129.

Sincerely,

LoAn Ta-Young  
Executive Director & Privacy Officer  
Vaughan Community Health Centre

**Appendix C-5  
eHealth Ontario-ConnectingOntario  
Notice of Changes to PHI to HICs Template**

Date:

HIC Name  
Street Address  
City, Postal Code

Privacy Lead's Name, Title  
City, Postal Code

**Re: Notice of Correction to PHI in ConnectingOntario Solution**

Dear (name of Privacy Lead),

Vaughan Community Health Centre made a correction to the health information of *(patient name)* in the ConnectingOntario solution. As permitted by PHIPA, *(Patient name)* has requested Vaughan Community Health Centre to notify all other HICs whose agents viewed the information before it was corrected.

We are contacting you because the following agents viewed the patient's record and may need to know about the change:

*(List of agents that have viewed the PHI)*

The correction made was:

*(Patient name)*  
*(Unique identifier relevant to the site)*  
*(Describe change that was made)*

Please note that this change was also made in the ConnectingOntario solution so if your agents log into the solution, they will see it there as well.

If you have any further questions or concerns, please contact me at (905) 303-8490 Ext 29.

Sincerely,

LoAn Ta-Young  
Acting Executive Director and Privacy Officer  
Vaughan Community Health Centre