

# Internal Office Privacy Manual

of

# JAGARE RIDGE VISION CARE

Effective: April 2, 2019

## 1. INTRODUCTION

The privacy of our patient's personal and health information is of high priority to Jagare Ridge Vision Care. We are committed and accountable to collect, use, disclose and protect your personal and health information in a confidential, secure, respectful and appropriate manner. This document describes our privacy policy.

## 2. DEFINITIONS

- a. Affiliates – Includes all employees, volunteers, students and other individuals contracted to provide services for custodians.
- b. Custodians – In 2010, the Health Information Act (HIA) was amended to designate all optometrists as custodians. A custodian is an individual or organization who is defined or designated as a custodian in the HIA and HIR. Optometrists may be considered an affiliate to another custodian if they meet the definition of affiliate under HIA Section 1(1)(a).
- c. Health Information is defined as:
  - Registration or personal information (ex: gender, birth date, address, phone number(s), ethnic background, family status, email address, Alberta Health Care number, education, employment, etc.).
  - Diagnostic, treatment and care information (ex: health history, medication history, health conditions, health care providers, etc.).
- d. Health Information Act – referred to as the HIA
- e. Health Information Regulation – referred to as the HIR
- f. Information Manager (IM) – A person or body that:
  - Processes, stores, retrieves or disposes of health information, or,
  - Strips, encodes or otherwise transforms individually identifying health information to create non-identifying health information, in accordance with the regulations, or,
  - Provides information management or information technology services.
- g. Information Manager Agreement (IMA) – A written agreement between a custodian and an information manager that covers:
  - Services to be provided by the information manager.
  - All requirements specifically listed in the Health Information Regulations.
  - That the information manager must comply with the HIA, the HIR and the agreement with the custodian.
- h. Privacy Impact Assessment (PIA) – A PIA is required in order to access Netcare or whenever a custodian updates or implements an administrative practice or information system that may impact the collection, use or disclosure of information.

## 3. COLLECTION OF HEALTH INFORMATION

Our clinic collects health information in accordance with the HIA. Specifically, we only collect as much health information as is essential and necessary to carry out the purpose for which the information is being collected. We collect only essential information, with the highest degree of anonymity, and in a limited manner. We identify authority to collect individually identifying information and collect directly from the individual unless indirect collection is authorized.

Information collection from the patient shall be collected for the following purposes:

- To evaluate your eye health and vision status.

- To determine and recommend appropriate treatment or referral.
- To advise you about your vision care needs, including product, service or treatment information.
- To communicate with you about the services we provide.
- To process payment and collection of accounts receivable for services and products received from our clinic.
- To communicate reasonably with others (health care professionals, third party insurers, lawyers, etc.) about your eye health and vision status.
- For internal management purposes, including planning, resource allocation, policy development, quality improvement, monitoring, audit, evaluation, reporting, obtaining or processing payment for health services and human resource management.

#### 4. PROTECTION OF HEALTH INFORMATION

Our clinic protects personal and health information in accordance with the HIA. We have taken all reasonable steps to maintain administrative, technical and physical safeguards to protect your health information including:

- Not allowing any paper record to be inadvertently seen by other patients.
- Conduct periodic risk assessments to test effectiveness of our office policies and procedures.
- Hold regularly scheduled staff meetings to maintain compliance.
- Restrict access to computers with passwords and usernames.
- Ensure employee users are denied access once they vacate their position.
- Log-out on computer terminals when leaving a patient exam room.
- Shred paper charts if the health information is no longer required.
- Dispose of computer hard drives and other storage devices in an appropriate manner to ensure no information remains after destruction.
- Implement controls to protect wireless networks from eavesdropping.
- Implement appropriate malware protection, firewalls and other communications security measures.
- Have appropriate Information Manager Agreements.
- Have appropriate Custodianship of Patient Records Agreements.
- Back up all computer information in a confidential and appropriate manner.

#### 5. USE OF HEALTH INFORMATION

Our clinic uses health information in accordance with the HIA to perform one or more of the following:

- Provide a health service, including evaluation, diagnoses, treatment(s), and management.
- Determine or verify a person's eligibility to receive a health service (through third party insurers, or Alberta Health Care).
- Manage internal operations.
- Educate other health service providers.

All custodians and affiliates in our clinic are authorized to share health information for the purposes of providing the above listed services. We will be diligent to use only the minimum amount of health information essential to provide adequate and optimal care.

#### 6. DISCLOSURE OF HEALTH INFORMATION

Our clinic discloses a patient's health information to other custodians and other entities in accordance with the HIA. We may disclose personal health information to another person other than yourself if you have consented in writing or electronically to the disclosure. A revocation of consent must also be provided in writing or electronically. Generally, our clinic may disclose a patient's health information to other health care practitioners who have been designated as custodians under the HIA without the patient's consent as part of the patient's diagnosis, treatment and care regimen (ex: referral to another health care practitioner). We will only disclose that information which is deemed essential to the patient's continuing care and note this disclosure in the patient chart.

In addition, a patient's health information may also be disclosed where required or allowed by law without the patient's consent to:

- Other health care providers who are not subject to the HIA.
- Insurers or other third party payers you have identified.

- Regulatory authorities, where such information may assist in the investigation of a complaint or a review of standards of care.
- Governmental authorities (ex: CCRA, Office of the Information and Privacy Commissioner of Alberta, Human Rights Commission, etc.) who have it in their mandate to access your file.

## **7. ACCESS TO HEALTH INFORMATION**

Our clinic allows access to a patient's health information in accordance with the HIA. All patients have the right to access their health information at any reasonable time (e.g. during regular office hours). All access requests are dealt with by our Privacy Officer and can be delegated to the affiliate optometrist responsible for the last provided health service (if available / applicable).

We will make all reasonable attempts to respond to all formal, written access requests from patients within 30 days of receiving the request in accordance with the HIA. Informal, unwritten access requests are discussed with the patient and recorded on the patient chart.

If a fee is to be charged for accessing health information, an estimate of the total fees to be charged will be given to the patient before providing the services. Our clinic abides by the HIR fee schedule. Our clinic retains the discretion as to whether fees will be charged or not, and in what amount.

## **8. CORRECTING OR AMENDING HEALTH INFORMATION**

It is our duty to ensure that health information is accurate and complete. As such, our clinic responds to correction and amendment request in accordance with the HIA. All patients have the right to request a correction or amendment to their health information. We will make all reasonable attempts to respond to all written correction and amendment requests from patients within 30 days of receiving the request.

A request does not guarantee a correction or amendment. Corrections and amendments apply to factual information and not professional opinions that may have been recorded. All corrections and amendments are recorded on the patient file. If our office does not agree with the correction or amendment, we will include a brief statement on the patient file recording both opinions. If the custodian refuses to make a correction, the requestor must be told they have right to either ask for a review by the Commissioner, or submit a statement of disagreement of 500 words or less that will be attached to the record. Request for corrections and amendments to factual information may be provided verbally to affiliate staff members and custodian or affiliate optometrist, but all requests for correction or amendments to professional opinions must be given in writing to the Privacy Officer.

## **9. RECORDS RETENTION**

As per the Alberta College of Optometrists Guidelines to the ACO Standards of Practice, our clinic maintains patient records and disclosures for a minimum of ten (10) years after the patient's last eye examination and/or two (2) years after the death of the patient. In addition, records of disclosure of information must also be kept for ten (10) years after disclosure.

## **10. DISPOSAL OF HEALTH INFORMATION**

Our clinic disposes of health information in accordance with the HIA. Reasonable safeguards will be taken whenever paper and electronic records are destroyed or deleted and every reasonable effort will be made to ensure that no record remains after destruction.

## **11. TRAINING & RISK ASSESSMENT**

Our office:

- Holds training sessions for all new employees upon hiring.
- Holds regularly scheduled training session for all doctors and staff to maintain compliance with office policies and the HIA.
- Conducts a periodic risk assessment to ensure that health information stored at our clinic is maintained in a safe and confidential manner.

Doctors and staff who do not follow required procedures and policies would be given a warning along with remedial education sessions. Serious privacy breaches may result in immediate termination of employment.

## **12. PRIVACY IMPACT ASSESSMENT**

Privacy impact assessments have been submitted to the Office of the Information and Privacy Commissioner that explain the privacy protection, legal authorities and risk mitigation of our internal practices and information systems. PIA's will be reviewed on a periodic basis; and, updated and resubmitted should any changes have occurred in our clinic, paper record system or computer system.

**13. RESEARCH**

As per ACO Guideline 1.2.2f, if a patient's health information is to be used for research purposes, our clinic must follow the rules prescribed under HIA Part 5, Division 3 and Section 27(1)(d). In addition, Netcare has its own research protocols.

**14. PRIVACY BREACHES & INCIDENT RESPONSE**

A privacy breach occurs when there is unauthorized access to or collection, use, disclosure or disposal of personal information. Upon notification or suspicion of a possible breach, staff, custodians and affiliates must immediately notify the Privacy Officer, and our Privacy Officer will:

- Take immediate common sense steps to contain the breach.
- Assess what information may have been inappropriately accessed.
- Evaluate the risks associated with the possible breach.
- Notify affected patients of the possible breach
- Identify the internal or external source of the breach.
- Update the office privacy safeguards to prevent future occurrences of a similar nature.

As not all privacy breaches are mandated to be reported to the OIPC, the Privacy Officer will make a determination on whether to report or not. The Privacy Officer will also make a determination on whether to report the incident to Police, other contracted entities and the Alberta College of Optometrists.

**15. Guidelines to the ACO Standards of Practice**

Our office abides by the rules and provisions of the Alberta College of Optometrists Guidelines to the ACO Standards of Practice.

**16. Privacy Officer**

Please direct any questions or concerns about our privacy policy to our Privacy Officer:  
Dr. Shannon Pennifold  
14250-28 Avenue SW  
Edmonton, AB T6W 3Y9  
Phone: 587-416-0725  
Fax: 587-416-0746