MANUAL:	ADMINISTRATION	NUMBER:	ADMIN-925
CATEGORY:	LEGAL	PAGE:	1 of 5
TITLE:	CONFIDENTIALITY POLICY		
ISSUED BY:	EXECUTIVE COMMITTEE	DATE: REVISED	05/22/07 06/22/10 09/27/16
REFERENCE:			

POLICY

GBHS has a legal and ethical responsibility to protect the privacy of patients/residents/clients, their families, and staff/affiliates, and ensure that confidentiality is maintained.

GBHS considers the following types of information to be confidential:

- Identifiable personal information and personal health information regarding patients/clients (hereafter referred to as "patients") and their families;
- Identifiable personal information, personal health information, employment information, and compensation information regarding staff and affiliates; and,
- Information regarding the confidential business information of the organization, which is not publicly disclosed by the organization.

This policy applies whether this information is verbal, written, electronic, or in any other format. Audits of electronic systems are performed to determine compliance.

In addition to standards of confidentiality, which govern Regulated Health Professionals, staff and affiliates are bound by the organization's responsibility to maintain confidentiality. The organization expects staff/affiliates to keep information, which they may learn or have access to because of their employment/affiliation, in the strictest confidence. It is the responsibility of every staff/affiliate:

- To become familiar with and follow the organization's policies and procedures regarding the collection, use, disclosure, storage, security and destruction of confidential information
- To collect, access, and use confidential information only as authorized and required to provide care or perform their assigned duties.
- To safeguard confidential information to which he/she has access, or to which he/she comes in contact, against such risks as loss, theft, unauthorized access or disclosure and un-secure disposal.
- To divulge, copy, transmit, or release confidential information only as authorized and needed to provide care or perform their duties.
- To safeguard passwords and/or any other user codes that access computer systems and programs.
- To identify confidential information as such when mailing or fax transmissions to provide direction to the recipient if they receive a transmission in error.

- To discuss confidential information only with those who require this information to provide care or perform their duties and make every effort to discuss confidential information out of range of others who should not have access to this information.
- To continue to respect and maintain the terms of the Confidentiality Agreement after an individual's employment/affiliation with the organization ends.
- To participate in the organization's Privacy and Confidentiality education program, review this policy, and sign a Confidentiality Agreement/Privacy Pledge before commencing work or the provision of service at GBHS as a condition of employment/appointment/ contract/association for staff/affiliates at GBHS
- To report to their Manager/Supervisor suspected breaches of confidentiality, or practices within the organization that compromise confidential information. If the Manager/Supervisor is the individual suspected of the breach, staff/affiliates may contact the Privacy Officer or Human Resources/Chief of Service/Chief of Staff.

Misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment/contract or loss of appointment or affiliation with the organization.

PROCEDURE

A. General

- Manager/Supervisor must review any department specific information or procedures related to confidentiality with new staff and affiliates.
- Staff/affiliates may consult their Manager/Supervisor, Professional Practice Representative, Privacy Officer, Human Resources or Risk Management regarding confidentiality issues or inquiries.

B. Confidentiality Agreement/Privacy Pledge

- Confirmation of the completion of the educational program and the signed Confidentiality Agreement/Privacy Pledge will be kept on the individual's file in:
  - Human Resources for staff,
  - Credentialing file for physicians, residents, medical students, dentists, and midwives, physician assistances, nurse practitioners.
  - Volunteer Services for volunteers/Human Resources
  - Human Resources for Managers who supervise contract staff, vendors, students or consultants who are performing work in the organization on a temporary basis

- It is the responsibility of Human Resources to stipulate in Education Affiliation Agreements with education institutions, the obligation to ensure that students and faculty abide by the organization's standards of confidentiality.

C. Investigating Alleged Breaches of Confidentiality
It is the responsibility of Managers, in conjunction with Human Resources, Risk Management, and Privacy Officer, to investigate alleged breaches of confidentiality. See Breach of Patient Privacy policy PRC-05

DEFINITIONS OF TERMS

Affiliates-Individuals who are not employed by the organization but perform specific tasks at or for the organization, including appointed professionals (e.g., physicians/midwives/dentists), students, volunteers, researchers, contractors, or contractor employees who may be members of a third-party contract or under direct contract to the organization, and individuals working at the organization, but funded though an external source.

Confidential business information of the organization-Information regarding the organization's business, which is not publicly disclosed by the organization that individuals may come across during the performance of their roles at the organization that is not generally known by the public. Examples of this would be:

- legal matters that involve the organization that are not public knowledge,
- financial information that would not be available in the organization's Annual Report,
- contractual agreements with research sponsors, vendors, third parties, consultants (many times the confidentiality of this information is written within the contract, e.g. nondisclosure of how much we paid for service patents pending, research and development of new technology and treatments, held through the contractual arrangement by sponsors),
- information related to intellectual property held by the organization, for example, information directly included in patents or other intellectual property applications, prior to publication of those patents or applications in public format,
- information related to the organization's information technology security and access to systems, including,
    - information leading to improper access to the organization's computing resources, both internal and external to the hospital network (e.g. "guest" access to systems, remote access credentials),

- information pertaining to negotiated product discounts with partner vendors that is considered confidential and proprietary to the vendor
- hardware and software vendor names for products which may be vulnerable to external access attacks, or products that are part of our security infrastructure

Confidentiality
The obligation upon an organization or person to protect information that has been entrusted to its care for a specific purpose and to ensure that information is only accessible to those authorized to have access. (Ontario Hospital e-Health Council, Privacy and Security Working Group - Guidelines for Managing Privacy, Data Protection Security for Ontario Hospitals)

Personal health information
Personal information with respect to an identifiable individual, whether living or deceased and includes:

a) information concerning the physical or mental health of the individual;

b) information concerning any health service provided to the individual;

c) information concerning the donation by the individual of any body part of any bodily substance of the individual;

d) information derived from the testing or examination of a body part of bodily substance of the individual;

e) information that is collected in the course of providing health services to the individual, or

f) information this is collected incidentally to the provision of health services to the individual.

Personal information
Information about an identifiable individual, but does not include the name, title or business address or business telephone number of a staff member of an organization.

Note: for all policies regarding Privacy and Confidentiality, please see "Privacy and Confidentiality" manual.

REFERENCES

Related Corporate Policies:
Access and Disclosure of Personal Health Information Policy PRC-01
Breach of Patient Privacy Policy PRC-05
Security of Confidential Information Policy PRC-13
Waste Management Procedures (Waste Management Manual/Confidential Waste)

Legislation:

Personal Information Protection and Electronic Documents Act, (PIPEDA) (2004)
Personal Health Information Protection Act (PHIPA) (2004)
Public Hospitals Act, 1990 (as amended)
Regulated Health Professional Act, 1991 (as amended)

Standards:

College of Nurses of Ontario, Standards of Practice – Confidentiality
http://www.cno.org/nursing/standard/confidentiality.html
College of Physicians and Surgeons of Ontario – Confidentiality and Access to Patient Information
http://www.cpso.on.ca/Policies/confidentiality.htm