



RED LAKE MARGARET COCHENOUR MEMORIAL HOSPITAL

-STATEMENT OF POLICY AND PROCEDURE-

SUBJECT: PUBLIC HEALTH PRIVACY NOTICE		DOC. ID#: PRIV-GA-I-01
MANUAL: PRIVACY		ORIGINAL DATE: DEC 22
CATEGORY: GENERAL		<i>LAST REVISION DATE: SEE ELECTRONIC COPY.</i>
DEVELOPED BY: DQR	APPROVED BY: CEO	<i>NEXT REVISION DATE: SEE ELECTRONIC COPY.</i>
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Public Health Privacy Notice

RLMCMH is committed to promoting privacy and protecting the confidentiality of the health information we hold about our patients.

YOUR HEALTH RECORD

Your health record includes information relevant to your health including your date of birth, contact information, health history, family health history, details of your physical and mental health, record of your visits, the care and support you received during those visits, medication, laboratory results, diagnostic imagine, results from other tests and procedures, and information from other health care providers.

Your record is our property, but the information in your health record belongs to you.

With limited exceptions, you have the right to access the health information we hold about you.

You can request a copy of your record. If you wish to view the original record, one of our staff members must be present. If you need a copy of your health record, please contact us in writing at:

Health Records
51-M Hwy 105
P.O. Box 5005
Red Lake, Ontario
POV 2M0

A copy of your health record will be provided at a reasonable fee. In rare situations, you may be denied access to some or all of your record (with any such denial being in accordance with applicable law).

We try to keep your record accurate and up-to-date. Please let us know if you disagree with what is recorded, and in most cases we will be able to make the change or otherwise we will ask you to write a statement of disagreement and we will attach that statement to your record.

CONFIDENTIALITY

Everyone in RLMCMH is bound by confidentiality. We take steps to protect your information from theft, loss and unauthorized access, copying, modification, use, disclosure and disposal. We conduct audits and complete investigations to monitor and manage our privacy compliance. We take steps to ensure that everyone who performs services for us protects your privacy. If there is a privacy breach, we will tell you (and we are required by law to tell you).

OUR PRACTICES

We collect and use and disclose (meaning share) your health information to:

- Treat and care for you
- Provide appointment or preventative care reminders to you
- Send patient surveys to hear from you about the quality of care and services you received
- Update you of upcoming events, activities and programs
- Coordinate your care with your other health care providers including through shared electronic health information systems such as the Kiiwetinoong (Healing Waters) Ontario Health Team, Ontario Laboratory Information Systems (OLIS), Hospital Diagnostic Image Repository Services, ConnectingOntario, and local, regional and provincial programs
- Deliver and evaluate our programs
- Plan, administer and manage our internal operations
- Be paid or process, monitor, verify or reimburse claims for payment
- Conduct risk management, error management and quality improvement activities
- Educate our staff and students
- Dispose of your information
- Seek your permission (or permission of a substitute decision-maker) where appropriate
- Respond to or initiate proceedings
- Conduct research (subject to certain rules)
- Compile statistics
- Allow for the analysis, administration and management of the health system
- Comply with legal and regulatory requirements
- Fulfill other purposes permitted or required by law

Our collection, use and disclosure (sharing) of your personal health information is done in accordance with Ontario law.

SHARING YOUR INFORMATION IN THE HEALTH SYSTEM

We may also provide your health information to Ontario Health to update your provincial electronic health record in order to help facilitate and coordinate your care with other health care providers.

The following shared systems are used to support patient care:

- ConnectingOntario

ConnectingOntario enables doctors and clinicians to share your medical information in a safe, secure digital format that will improve the care you receive. This means that authorized members of your health care team have immediate access to your important personal health information including: Medical history, Medication information, Emergency department visits, Lab results, Hospital reports, Home care services information,

Diagnostic Imaging reports and images (e.g. X-rays). Access to the [ConnectingOntario Clinical Viewer](#) is restricted to those who provide or assist with patient care.

Contact eHealth Ontario at [1-866-250-1554](tel:1-866-250-1554) or privacy@ehealthontario.on.ca:

- If you don't want to share your information in ConnectingOntario
 - To receive copies of your information from ConnectingOntario
 - To request a correction to your information in ConnectingOntario
 - To make an inquiry
- Ontario Laboratory Information System (OLIS)

Ontario Laboratory Information System (OLIS) allows hospitals, community laboratories, public health laboratories and physicians to share laboratory, cytology and pathology test results. Visit [eHealth Ontario - Lab results](#). If you wish to restrict access to your information in OLIS, please contact Service Ontario at [1-800-291-1405](tel:1-800-291-1405) (TTY [1-800-387-5559](tel:1-800-387-5559)).

- Northern and Eastern Ontario Diagnostic Imaging Network (NEODIN)

Northern and Eastern Ontario Diagnostic Imaging Network (NEODIN) includes images, x-rays, CTs, and MRIs collected from all 66 hospital sites in Northern and Eastern Ontario and makes them available for viewing to health service providers involved in providing care to you. If you wish to restrict access to your information in NEODIN, please contact the RLMCMH Privacy Officer.

- Integrated Assessment Record (IAR)

The Integrated Assessment Record (IAR) is a tool that provides a central repository for data collected from multiple assessments for clients and allows health service providers involved with your care to view your previous assessment information from other care providers.

If you wish to restrict access to your information in IAR, please contact the RLMCMH Privacy Officer.

- eCHN (Electronic Child Health Network)

RLMCMH is a member of eCHN (Electronic Child Health Network) that allows other care providers, including community paediatricians, to have quick access to children's health information from RLMCMH and other hospitals such as laboratory results, doctor's notes, X-rays and visit information. Visit [eCHN](#) to learn more.

If you wish to restrict access to your child's information in eCHN, please contact the RLMCMH Privacy Officer.

YOUR CHOICES

You have a right to make choices and control how your health information is collected, used, and disclosed, subject to some limits.

We assume that when you come to receive health care from us, you have given us your permission (your consent) to use your information, unless you tell us otherwise.

We may also collect, use and share your health information in order to talk with other health care providers who are involved in your care, unless you tell us you do not want us to do so. This may include providers who do not work at

RLMCMH. The information that is shared may include access to your electronic health record and/or use of shared electronic systems that securely share electronic information to provide timely and coordinated patient care.

Unless you ask us not to, we will provide general information about your health status to family or friends who ask. This includes the name of the clinical program caring for you (e.g. Obstetrics), where your room is located, and your general health status, such as “stable” or “no change”. Your consent is required to disclose any further information.

If you tell us about your religious or other organizational affiliation, we may give your name and location to someone from that organization who may visit you and offer support, such as spiritual care, unless you tell us not to.

Unless you tell us not to, we, or others working on our behalf, may use your name and address for fundraising. If you do not want to be contacted for fundraising after you leave the hospital, please let us know that.

Sometimes we get your permission before we collect, use or share your health information for research. However, some research projects do not require your consent under certain conditions. These research projects must be approved by a research ethics board and must have privacy safeguards in place. Please refer to our policy “Ethics Framework and Program” for more information.

We may also use your health information for educational purposes and to plan our services and may share this information in anonymized form with certain organizations for health system planning and management.

There are other cases where we are not allowed to assume we have your permission to share information. We may need permission to communicate with any family members or friends with whom you would like us to share information about your health (unless someone is your substitute decision-maker). For example, we will need your permission to give your health information to your school or your employer or to an insurance company. If you have questions, we can explain this to you.

When we require and ask for your permission, you may choose to say no. If you say yes, you may change your mind at any time. You may withhold or withdraw your consent at any time by contacting the Director of Quality and Risk. Once you say no, we will no longer share your information unless you say so. Your choice to say no may be subject to some limits.

BUT there are cases where we may collect, use or share your health information without your permission, as permitted or required by law. For example, we do not require your permission to use your information for billing, risk or error management, or quality improvement purposes. We also do not need your permission to share your health information to keep you or someone else safe (it’s called to eliminate or reduce a significant risk of serious bodily harm); or to meet reporting obligations under other laws such as for health protection of communicable diseases, child safety, or safe driving.

CONSENT DIRECTIVE - LOCKBOX

You have the right to ask that we not share some or all of your health record with one or more of our team members or ask us not to share your health record with one or more of your external health care providers. This is known as asking for a “lockbox”. If you would like to know more, please click here <https://www.redlakehospital.ca/personalhealthinformation> or ask us for a copy of our “**Patient Lockbox Information Brochure: How to Restrict Access to your Health Record**”. If you request restrictions on the use of and disclosure of your health record, a member of our team will explain your choices and potential repercussions for those options.

WHO DECIDES

You may make your own decisions if you are “capable”. Your physician, nurse practitioner, or other health care provider will decide if you are capable based on a test the law sets out. You may be capable of making some decisions and not

others. If you are not capable – you will have a substitute decision-maker who will make your information decisions for you. Who can act as a substitute decision-maker and what they have to do is also set out in law.

For children, there is no specific age when you become able to make your own decisions about your health information. If you are under the age of 16, there are some additional rules to know:

If you are under the age of 16, your parent(s) or guardian will also be allowed to make some decisions about your health record. They won't be able to make decisions about any records about treatment or counseling where we asked for your permission alone.

We encourage you to share information with your family and other caregivers to have supports you need. And we also encourage you to ask your health care provider questions to find out more about privacy and your family and caregivers.

FOR MORE INFORMATION OR COMPLAINTS

If you would like a copy of our Health Privacy Policy, please click here <https://www.redlakehospital.ca/personalhealthinformation> or ask us for a copy.

We encourage you to contact us with any questions or concerns you might have about our privacy practices. Please contact us if:

- you do not want to receive our patient satisfaction survey
- you do not want your contact information shared for RLMCMH fundraising
- you wish to withdraw or place “conditions” on your consent for how your information is used or shared
- you would like more information about our information practices
- you have any privacy related questions and/or complaints
- For a copy of your health record or to ask for a correction to your personal health records, contact Health Records Services

Freedom of Information/ Privacy Officer

Red Lake Margaret Cochenour Memorial Hospital
P. O. Box 5005, Red Lake, Ontario POV 2M0
Tel: (807) 727-3804 Fax: (807) 727-2923
email: privacy@redlakehospital.ca

If, after contacting us you feel that your concerns have not been addressed to your satisfaction, you have the right to complain to the Information and Privacy Commissioner of Ontario. The Commissioner can be reached at:

Information and Privacy Commissioner of Ontario
2 Bloor Street East, Suite 1400
Toronto, Ontario M4W 1A8
1-800-387-0073
info@ipc.on.ca
or visit the IPC website: www.ipc.on.ca