



Labrador-Grenfell  
**Health**

**SUBJECT:** **PRIVACY AND CONFIDENTIALITY**  
**APPROVED BY:** Chief Executive Officer \_\_\_\_\_  
**EFFECTIVE DATE:** 2011 04  
**REVIEW/REVISED DATE:**

**Purpose:**

To set organizational expectations regarding the protection of confidential, private and/or personal information relating to clients, employees and the business of Labrador-Grenfell Health.

**Policy/Standard:**

It is the responsibility and obligation of all employees and others affiliated either directly or indirectly with Labrador-Grenfell Health to ensure that information to which they have access is kept confidential and private. Therefore, all reasonable measures must be taken to ensure that information is collected, used and disclosed only in circumstances necessary and authorized for client care, research and education, or as necessary in conducting the business of the organization. The collection, use, access, disclosure and disposal of information must be in accordance with the appropriate legislative authority, professional standards/codes of ethics and/or the Authority's procedures, policies and practices.

All employees, agents, volunteers, students, contractors, vendors and others that are directly or indirectly affiliated with Labrador-Grenfell Health must:

- be expressly informed of their responsibility to protect privacy/confidentiality;
- be asked to read in its entirety a copy of Labrador-Grenfell Health's privacy/confidentiality policies;
- be required to participate in training on privacy/confidentiality and the Personal Health Information Act (PHIA); and
- take an "*Oath/Affirmation of Confidentiality*" upon engagement with the organization or at the first reasonable opportunity; a verbal or written offer provided by Labrador-Grenfell Health is conditional upon completion of this Oath/Affirmation (refer to "*Oath/Affirmation of Confidentiality*" P&A-9-020).



## **Breaches**

Individuals are held accountable for breaches of privacy and/or confidentiality. A breach includes unauthorized access, use and/or disclosure of confidential information and including actions that are intentional or unintentional. A breach can include recorded and/or unrecorded information.

All employees and others affiliated with Labrador-Grenfell Health have a responsibility to report breaches of privacy and/or confidentiality without fear of reprisal. If a breach is suspected, it must be reported to the Patient Safety and Quality Department for follow-up (refer to *"Incident Reporting Policy"* PSQ-5-20). If it is established that a breach has occurred, those individuals deemed responsible may be subject to penalty or discipline up to and including termination of employment, cancellation of contract or services, termination of the relationship with Labrador-Grenfell Health, withdrawal of privileges and/or legal action. Where applicable, reporting to an individual's professional regulatory body will also be considered.

## **Legal Limits**

Legislation necessitates the disclosure of a client's personal health information in some cases, including the common law recognition of the *Duty to Warn*.

## **Reasonable Limits**

While every effort must be made to maintain confidentiality and privacy, Labrador-Grenfell Health recognizes that in practice, reasonable limits may be placed on the principle of confidentiality. For example, the actual facilities and dynamic environment in which health care services are provided can limit the degree to which privacy and confidentiality can be protected (i.e. 4-bed client rooms, busy clinics, crowded emergency room departments, home visit environments. etc.). While considering the environmental limitations inherent in the health care setting, confidential information is not to be discussed in any public location where unauthorized persons are present and are likely to overhear.

Investigation of privacy/confidentiality breaches and/or other organizational processes defined by Labrador-Grenfell Health policies and procedures may necessitate disclosure of confidential information to employees that would not routinely be privy to this level of access.



## **Recognition of Professional Standards/Regulations**

Employees and other affiliates of Labrador-Grenfell Health may have disclosure and/or advocacy obligations arising from professional standards, regulations and concerns regarding client safety, safety of others and/or service delivery. The Authority acknowledges the responsibility of health care professionals and organizations for appropriate disclosure to the public. However, it is the expectation that concerns or issues be first directed through the Authority's operational departments and programs as the initial step toward resolution.

### **Definitions:**

**Privacy** is the right of an individual or entity to control the collection, use, and disclosure of information about themselves.

**Confidentiality** is an obligation to keep confidential information private by ensuring that only authorized persons have access to the information.

**Duty to Warn** is a term referring to the responsibility of a clinician to inform third parties or authorities if a client poses a threat to himself or to another identifiable individual. Based on common law, *Duty to Warn* gives clinicians the right to breach confidentiality if a client poses a risk to another person.

**Confidential Information** is that which would not otherwise be publicly available and includes, but is not limited, to the following:

<b>Client Information</b>	<p>Any client's personal information of any type, including information in oral or recorded form, and relating to their:</p> <ul style="list-style-type: none"> <li>• name, address or telephone number;</li> <li>• health care status or history;</li> <li>• race, nationality or ethnic origin; religious or political beliefs or associations;</li> <li>• age, sex, sexual orientation, marital and/or family status;</li> <li>• any identifying number or symbol assigned to the client;</li> <li>• fingerprints, blood type or inheritable characteristics;</li> </ul>
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	<ul style="list-style-type: none"> <li>• educational, financial, criminal or employment status or history;</li> <li>• a person's opinions about the client; and</li> <li>• the client's personal views or opinions.</li> </ul>
<b>Financial</b>	Any information pertaining to an individual's finances; any unpublished financial information of the organization (i.e. suppliers, debtors, payroll).
<b>Human Resources</b>	All personal and employment information that is gathered as a result of established relationships/affiliations with Labrador-Grenfell Health.
<b>Legal</b>	Any information outlined in a legal document (i.e. contracts, agreements, disputes) for which privilege is claimed.
<b>Other Administrative Information</b>	Any information used for administrative purposes (i.e. clinic schedules, client census, employee lists, client lists or health foundation databases).
<b>Business Initiatives</b>	Any information related to the organization's initiatives (i.e. organizational restructuring, mergers, recruitment).
<b>Operational/Service Delivery</b>	Information related to business decisions and/or operations for which disclosure would cause harm.

**Materials Required:**

- Oath/Affirmation of Confidentiality (Employees/Agents, Volunteers, Students, etc.) Form # P&A-9-020-1
- Oath/Affirmation of Confidentiality (Contractors/Vendors) Form # P&A-9-020-2
- Client Incident Report Form # PSQ-5-20-1 (Blue)

**Related Policies:**

- Oath/Affirmation of Confidentiality P&A-9-020
- Security of Confidential Information P&A-9-030



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- Privacy/Confidentiality Breach Management P&A-9-040
- Incident Reporting PSQ-5-20
- Management of Adverse Events PSQ-5-030

**References:**

Province of Newfoundland and Labrador. *The Personal Health Information Act Policy Development Manual* (2010).

Province of Newfoundland and Labrador. *Personal Health Information Act*, SNL 2008, c. P-7.01.

Eastern Health *Privacy/Confidentiality Administration Policy Manual*, ADM-030 (2008).