Chiropractors' Association of Saskatchewan

Clinic Policies with Respect to *The Health Information Protection Act (HIPA)*

February 2024

(Name of clinic)

Clinic Policies with Respect to
The Health Information Protection Act

Clinic Privacy Officer:

(Name of Clinic)

Clinic Policies with Respect to *The Health Information Protection Act*

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POLICIES AND PROCEDURES WITH RESPECT TO THE HEALTH INFORMATION PROTECTION ACT

Introduction

Every individual, family or couple receiving services from a Registered Chiropractor at **(name of clinic)** should be aware of the collection, use, storage and disclosure of their personal health information obtained during the course of receiving chiropractic services.

What is *The Health Information Protection Act*?

The Health Information Protection Act (HIPA) legislates the rights of individuals with respect to the privacy of their personal health information. This Act also legislates the obligations of trustees with respect to the collection, use, retention, correction, access, storage and disclosure of an individual's personal health information records.

What is meant by "Personal Health Information"?

Personal health information means any physical or mental health record about the individual that is collected during the course of providing services. A "record" means any health information about the individual that is collected and retained in any manner, including, but not limited to hand-written notes, formal reports, or information stored on a computer. Refer to HIPA, section 2.M.

Policies and Procedures

Note: In the policies and procedures below, "individual" refers to a particular person, who receives chiropractic services from **(name of clinic).**

1. Collection, Use and Disclosure of Personal Health Information

Only personal health information that is necessary for the effective and required treatment, assessment or care of an individual will be collected by **(name of clinic)**. At times, information is collected from other sources (ie. physicians, other health care practitioners, insurance companies) for the purpose of providing appropriate chiropractic services. This information is collected only if the individual has consented to the collection of this material or if the material is deemed essential in providing the necessary chiropractic service to the individual.

All personal health information collected on an individual by **(name of clinic)** will be held in secure custody and used only to assist the individual to whom it directly relates. Information will only be shared on a need-to-know basis.

2. Protection of Personal Health Information

In order to maintain the integrity and confidentiality of the individual, all personal health information that is under the custody and care of **(name of clinic)** is held in a secure room designated for the retention of such material. All personal health information held in the

computer system has adequate safeguards to protect unauthorized access to the information (for example: security access/pass codes).

3. Retention and Destruction of Personal Health Information

All personal health information collected on an individual will be retained for a period of ten (10) years. Personal health information collected for its original purpose will be retrievable and useable for the full retention period. Information stored on the hard drive of a computer will be transferred to the hard drive of a new computer when technological changes are required. Old hard drives and other electronic equipment are to be cleared of personal health information before destruction.

In order to protect the confidentiality of individuals who have received services at **(name of clinic)**, all personal health information records will be destroyed at the end of the retention period by contracting the services of a reputable company specific for this purpose.

When **(name of clinic)** ceases as a business to provide chiropractic services to the public, all personal health information records will continue to remain in the custody of the trustee (chiropractor) or designated trustee, for the retention period. The information will then be disposed of in the manner described.

4. Disclosure of Personal Health Information

There are different consents for different situations regarding disclosure of personal health information.

All individuals providing written consent to disclose their personal health information will be provided with information as to the intended use of the disclosed information. Information disclosed to other persons, agencies or trustees will be on a need-to-know basis. That is, only information deemed necessary for an understanding or treatment progress of the individual, or the continued treatment of the individual will be disclosed. Any consent signed by an individual will be valid for a period of ninety (90) days; at which time a second consent will be required to further disclose personal health information.

Any individual receiving chiropractic services has the right to revoke their consent to disclose personal health information to others. Consent can be revoked at any time with written or verbal notice to **(name of clinic)**, but revocation only becomes effective from the date of the signed revocation. Verbal notice must be documented.

There are times that personal health information can be shared without the individual's signed permission. For instance, personal health information will be released without an individual's permission if the chiropractor believes that disclosing the information will avoid or minimize a danger to the health or safety of the individual or other persons. Information may also be disclosed without an individual's consent when a court order or subpoena is issued requesting the information.

Additional examples include disclosure of personal health information for the purposes of obtaining payment for the provision of services, or when disclosure is in accordance with the ethical practices of *The Chiropractic Act, 1994* and HIPA. Prior to the commencement of any chiropractic service, all individuals will be informed about any disclosures of personal health information that may be made without that individual's consent.

5. Access to Personal Health Information

All individuals who have received, or are currently receiving chiropractic services from a registered chiropractor at **(name of clinic)**, have the right to request access to their personal health information. Requests for access to personal health information must be received in writing, and the information requested must only concern the recipient of the services. Individuals may also designate, in writing, another person who shall have the right to access their personal health information. All requests will be responded to within thirty (30) days from the date of the written request.

There are circumstances when the right to access an individual's personal health information may be denied. For example, access could be denied if:

- Knowledge of the information could reasonably be expected to endanger the physical or mental health or safety of the individual or other persons;
- Disclosure of the information would reveal the personal health information of another person who has not consented to the disclosure;
- Disclosure of the information could identify a third party who supplied information in confidence;
- The information was collected principally in anticipation of, or for use in, a civil or criminal proceeding;
- Disclosure of the information could interfere with a lawful investigation.

In some cases, when access to personal health information is denied, individuals may still be able to have access to part of their record, as long as this can reasonably be accomplished without disclosing the information to which the applicant is denied.

6. Amend Personal Health Information

Individuals may also request an amendment be made to their personal health information if the individual believes that there are errors or omissions in the record. Amendments are not guaranteed, but a notation will be placed in the individual's record with respect to the requested amendment. Amendments must be forwarded to the appropriate trustee who needs to know the amended information.

7. Referral to the Office of the Information and Privacy Commissioner of Saskatchewan

If the patient is not satisfied with the handling of their personal health information and our clinic cannot resolve the matter, the patient can request, in writing, a review by the Chiropractors' Association of Saskatchewan, or the patient may take the matter directly to the Office of the Information and Privacy Commissioner for Saskatchewan.

Chiropractors' Association of Saskatchewan
228 University Park Drive
Regina, SK S4V 1A3
P: (306)585-1411
F: (306)585-0685

Office of the Information and Privacy Commissioner of Saskatchewan
503 – 1801 Hamilton Street
Regina, SK S4P 4B4
P: (306)787-8350
F: (306)798-1603

(Name of clinic)

Procedures and Forms with Respect to
The Health Information Protection Act

ACCESS TO PERSONAL HEALTH INFORMATION

Upon request, we will give a patient (or the patient's legally authorized representative) access to his or her personal information from the records we have in our custody. Our privacy officer will also explain how we collect and use personal information, and to whom it has been disclosed.

Within 30 business days of receiving your completed "Request for Access to Personal Information" form, we will provide you with a copy of the information, let you review the original records if we cannot reasonably provide copies to you, or give reasons for not providing access. We may extend the time for responding to your request in certain circumstances. There are a few circumstances where we are permitted or required by law to refuse to give you access to some information in your records.

If we refuse access, our privacy officer will explain the reasons for this. If you disagree with our refusal, we will try to resolve the matter with you. If you are not satisfied with the handling of your personal health information and our clinic cannot resolve the matter, you can request, in writing, a review by the Chiropractors' Association of Saskatchewan, or you may take the matter directly to the Office of the Information and Privacy Commissioner for Saskatchewan.

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Saskatchewan's *Health Information Protection Act* allows us to charge a reasonable fee for access to your personal information. We will provide you with an estimate before we provide the service and may require a deposit for all or part of the fee before we provide the service.

To request access to your personal health information or information about a person you are legally authorized to represent, please complete our "Request for Access to Personal Information" form. If you need assistance, our privacy officer will help you complete the form.

REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION

A reasonable fee may be charged related to this request.

Please Print

A. I, _____ (name of applicant) request that _____ (name of clinic) provide access to my personal health information from:

Patient Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone #: (306) _____

Date of Birth: _____ Health Services Number: _____

B. Person requesting access ***if different from above***:

Name: _____

Relationship to Patient/ Legal Authority (e.g. guardian, proxy): _____

Address: _____

City: _____ Postal Code: _____

Telephone #: (306) _____

C. To assist us in the processing of this request, please provide specific information requested (including dates). Use back of page if necessary:

_____

_____

_____

_____

D. Payment must be received before mailing the documents or at the time of pick up. We will contact you within 30 days of the receipt of this request. At that time, either the availability of the information will be confirmed or you will be informed why the information cannot be provided.

Signature of applicant: _____ Date: _____

AMENDING PERSONAL HEALTH INFORMATION

If a patient believes that information in their file is inaccurate or incomplete, the patient or legal representative may ask the chiropractor to correct the error or omission. The privacy officer will explain the process.

Process:

We will not amend patient records to change our diagnosis or opinion, unless we are convinced that our diagnosis or opinion was mistaken.

Within 30 days of receiving the request, we will correct any information in the patient file that we have verified to be inaccurate or incomplete, then send a copy of the corrected record to each organization to which the inaccurate or incomplete information was disclosed within the past year.

If we decide that no correction is necessary, our privacy officer will explain the reasons for this. We will note the requested correction and reasons for not making any correction and include it in the records, to indicate a correction was requested but not made.

If the patient disagrees and believes that a change should have been made, we will attempt to resolve the matter. If we cannot resolve the matter, you can request, in writing, a review by the Chiropractors' Association of Saskatchewan, or you may take the matter directly to the Office of the Information and Privacy Commissioner for Saskatchewan.

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To request an amendment to your personal health information, please complete the "Request to Amend Personal Health Information" form. If you require assistance, our privacy officer will help you.

REQUEST TO AMEND PERSONAL HEALTH INFORMATION

The information gathered on this form will be used to respond to your request to amend your personal health information or the personal health information for someone you are legally entitled to represent.

Whose information do you want to amend?

☐ My own personal health information. Complete the "Patient Information" section.

A. Patient Information (Please print)

Patient Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone #: (306) _____

Date of Birth: _____ Health Services Number: _____

B. Amendments by Authorized Representative (Attach proof that you can legally act on behalf of this individual)

Name or representative: _____

Relationship to Patient/ Legal Authority (e.g. guardian, proxy): _____

Address: _____

City: _____ Postal Code: _____

Telephone #: (306) _____

C. Amendment requested to patient file

Please provide as much detail as you can, the information you want amended, and attach documents supporting our request. If you require more space, please attach a separate sheet of paper.

_____
_____
_____
_____
_____

☐ Another person's personal health information. Please complete the "Patient Information" and "Amendments by Authorized Representative" sections below and attach proof that you can legally act on behalf of that individual.
Signature of applicant: _____ Date: _____

ACCURACY OF PATIENT RECORDS

Patient records should:

- Be written as soon as possible after an event has occurred, providing current information on the care and condition of the patient.
- Be written clearly, legibly and in such a manner that they cannot be erased.
- Be written in such a manner that any alterations or additions are dated, timed, and signed in such a way that the original entry can still be read clearly.
- Be accurately dated, timed and signed, with the name of the author being printed alongside the first entry.
- Be readable on any photocopies.
- Be written, wherever possible, with the involvement of the patient.
- Be clear, unambiguous, and written in terms that the patient can understand. Abbreviations, if used, should follow common conventions.
- Be consecutive.
- Include medical observations, examinations, tests, diagnoses, prognoses, and other treatments.

SECURITY OF PATIENT RECORDS

For all types of records, staff working in chiropractic offices where patient records are kept should:

- Shut and lock doors and cabinets as required.
- Wear building passes/ID if issued.
- Control access to fax machines and do not leave records unattended there.
- Ensure fax numbers are correct before sending. Stay at the fax machine until the transmission is complete.
- Query the status of strangers.
- Know whom to tell if anything suspicious or worrying is noted.
- Not tell unauthorized personnel how security systems operate.
- Not breach security themselves.
- Maintain sign-in sheets for individuals who have access to secure areas.
- Sign confidentiality agreements that outline penalties for inappropriately collecting, using, or disclosing personal information
- Keep health records on-site wherever possible. When records must be taken off-site, they should be kept secure at all times. Laptop and handheld computers should be password protected. Data should be encrypted wherever possible.
- Immediately report any security breach or loss to the Privacy Officer.

Paper records should be:

- Formally booked out from the normal filing system. This should include date booked out, date returned, name of file, name of personnel removing/returning file, signature, and the location to which the file is being transported.
- Tracked if transferred, with a note made or sent to the filing location of the transfer.
- Returned to the filing location as soon as possible after completion of treatment.
- Stored securely within the clinic or office, arranged so that the record can be found easily if needed urgently.
- Stored closed when not in use so that contents are not seen accidentally where they might be looked at by unauthorized persons.
- Held in secure storage with clear labelling.

With electronic records, staff should:

- Log-out of computer systems or applications when not in use (whether leaving for the day or a few minutes).
- Not leave a terminal unattended when logged-in.
- Keep computers away from public view and access (for example, away from waiting rooms, ground floor windows or busy passageways).
- Ensure laptops and computers are kept in a locked office when away for extended periods (for example, overnight or vacation).
- Not share user IDs or passwords with other people. If other staff members have a need to access records, appropriate access should be organized for them – this must not be by using other users' IDs or passwords.
- Change passwords at regular intervals to prevent anyone else using them.
- Not use short passwords, or use names or words that are known to be associated with them (e.g., children's or pet names or birthdays). Strong passwords contain a variety of letters, numbers and symbols. Passwords should never be written down.
- Revoke user IDs and passwords as soon as authorized users resign or are dismissed.
- Always clear the screen of a previous patient's information before seeing another patient.
- Use an automatic password-protected and time-out activated screensaver to prevent casual viewing of patient information by others.
- Install firewall software where Internet access to computer systems exists.
- Install anti-virus and anti-spyware software on all computers.
- Use audit trails to track when a record is accessed, by whom, and whether the accessing individual has the necessary authorization.
- Ensure data backup intervals and methods, and disaster recovery plans are in place and periodically reviewed.
- For large computer systems, develop and implement rules on access levels for different users for different purposes.
- Ensure computers are encrypted.
- Keep portable equipment secure (for example, do not leave laptops unattended in a vehicle).

- Store USB memory devices, CDs and other media in a secure place (i.e., locked drawer).
- Develop a process to destroy or remove personal health information when changing electronic equipment.

POLICY ON RETENTION OF PERSONAL HEALTH INFORMATION

The Board adopts the following policy:

> All members must retain personal health information for a minimum of ten (10) years from the last date of treatment for adult patients, or until age 20 if the patient is a minor, whichever period is longer.

August 22, 2017
Amended September 1, 2023

CONFIDENTIALLY AGREEMENT BETWEEN CHIROPRACTIC PRACTICE & FILE DESTRUCTION FACILITY

The Contractor named below hereby agrees that it will destroy patient files and other confidential information provided by the chiropractic practice described below. ***[attach list of files being destroyed]***

The Agreement

The contractor agrees that it will, with respect to all documents provided by the chiropractic practice to it for destruction:

a) Cross shred all documents within 10 days of taking possession of those documents;

b) Not permit any agent or employee of the Contractor, or any other person, to read or copy any document;

c) Maintain all documents in a secure location until they are shredded;

d) Shred the documents in such a manner that they cannot be reconstructed;

e) Comply with all the requirements of *The Health Information Protection Act* and *The Health Information Protection Regulations, 2023* respecting personal health information.

The Contractor acknowledges and agrees that any breach of this agreement may result in termination of the agreement for destruction of documents.

Contractor: (please print) _____

<u>Authorized Signatory</u>: (please print) _____

X _____ _____
Authorized Signature **Date (dd/mm/yy)**

Chiropractic Practice: _____

Dr. _____ _____
Date (dd/mm/yy)

Witness (Privacy Officer): (please print) _____

X _____ _____
Witness Signature **Date (dd/mm/yy)**

March, 2005

Amended September 1, 2023

LEAVING A CHIROPRACTIC PRACTICE

When a chiropractic practice is closed, chiropractors have a professional and legal duty to:

- protect personal health information until it is destroyed, archived or transferred to another trustee,
- arrange the secure transfer of patient records to another trustee that agrees to accept the responsibility,
- arrange the secure storage and retrieval of patient records for the remaining retention periods, or,
- securely dispose of records where the retention period no longer applies.

In addition, chiropractors must also ensure continuity of care *(Appendix IV, Part I, Section 6)* for those patients who require it.

Specific considerations for protecting personal health information when leaving a practice:

- Notify your patients that you are leaving. Ensure that the patient notification includes information on your departure date, the process for how they can obtain a copy of their records or request transfer of a copy of their records to a new chiropractor, and how they may access any records stored by a service provider. Advise them that a reasonable fee may be charged for providing this service.
- With patient authorization (either written, or verbal and documented), transfer a copy of the patient record to the new chiropractor.
- Ensure that the original record is retained according to CAS retention policy for the purposes of future complaints or legal action.
- For accuracy and completeness, make sure that all patient record documentation is completed before records are archived.
- Ensure there is a process in place to support any outstanding patient work that may be in progress (for example, pending tests that may require follow-up).
- If the records have reached their retention limit and are no longer required, follow secure records disposition procedures.

Specific considerations for secure storage and retrieval services through a service provider:

If your files are no longer needed, but have not reached their required retention limit, you may wish to use a service provider to store the files until such time as they can be destroyed. Ensure the service provider allows for file retrieval in the event you need the file for an unforeseen complaint or legal action. Ensure you have a legal agreement in place that the service provider will:

- Maintain the confidentiality of all patient information stored, providing access to information only to individuals authorized by you the trustee, or those with written authorization from a patient or legal representative.
- Upon your request, promptly return all confidential patient information without retaining copies.
- Not use the patient information for any purpose other than what was mutually agreed upon. This includes selling, sharing, discussing or transferring any patient information to unauthorized business entities, organizations, or individuals.
- Provide a secure storage facility that protects against theft, loss, damage and unauthorized access
- Securely destroy patient information at the end of the retention period, as specified by you, the trustee.

POLICY ON CONFIDENTIALITY AGREEMENT FOR EMPLOYEES

I am aware that the chiropractic practice named below has policies and procedures regarding the privacy, confidentiality, and security of personal health information and that it must comply with *The Health Information Protection Act* (HIPA). I understand that it is my responsibility to be familiar with the requirements outlined in these policies and procedures and I have read the current version of these policies and procedures.

As an employee of the chiropractic practice named below, I agree to observe and comply with all policies and procedures of the chiropractic practice with respect to privacy, confidentiality, and security of patient information. Except when I am legally authorized or compelled to do so, I will not use or disclose personal health information that comes to my knowledge or possession by reason of my employment with this chiropractic practice.

I understand that any breach of the policies and procedures, including misuse or inappropriate disclosure of personal health information, may be just cause for the termination of my employment, and may result in prosecution under the provisions of HIPA.

Employee Name: (please print) _____

X_____ _____
Employee Signature **Date (DD/MM/YY)**

Chiropractic Practice: _____

Dr. _____ _____
Witness (Privacy Officer) *Please Print* **Date (DD/MM/YY)**

X _____ _____
Witness Signature **Date (DD/MM/YY)**

March, 2005
Amended January 2024

CONFIDENTIALITY AGREEMENT FOR INDEPENDENT CONTRACTOR

I am aware that the chiropractic practice named below maintains and controls private and confidential information, including personal health information of patients ("Confidential Information"), and that it must comply with *The Health Information Protection Act* (HIPA).

As an independent contractor for the chiropractic practice named below, I agree not to use or disclose any Confidential Information that I may have access to in providing the contracted services, except as necessary to provide the said services, and will protect against unauthorized use of any Confidential Information.

I understand that any breach of this agreement, including misuse or inappropriate disclosure of Confidential Information, will be just cause for the termination of my contract, and that I may be subject to any other remedies available under the law.

Contractor name: (please print) _____

Contracted services: _____

X_____ _____
Contractor signature Date (dd/mm/yy)

Chiropractic practice: _____

Dr. _____ _____
Date (dd/mm/yy)

Witness : (please print)

X_____ _____
Witness signature Date (dd/mm/yy)

Chiropractors' Association of Saskatchewan

THE PRIVACY OF YOUR HEALTH INFORMATION

The chiropractors and staff of this clinic are committed to protecting your privacy as legislated by *The Health Information Protection Act*.

The Collection, Use and Disclosure of your Personal Health Information

- We will provide the highest level of confidentiality around the collection, use, disclosure and security of your personal health information,
- Collect only necessary information and use that information solely for the care and treatment you are seeking,
- Disclose information only when necessary for the delivery and management of your care to those involved in your care,
- Ask your permission before disclosing any of your information for purposes not related directly to your care and treatment, unless required by law,
- Respond to your questions or concerns about the way we handle the privacy of your personal health information.

Access to your Patient Record
You have the right to review and/or obtain copies of your patient chart. If access or copies are provided, our clinic may charge a reasonable fee.

Changes to your Patient Record
You have the right to request a change to the information in your patient record if you believe there is an error or omission in the record. We will place a notation on your record that you requested an amendment and may include a notation of our opinion about the accuracy of your amendment.

Security and Protection of your Information
We will keep accurate records of your health information and will follow all legal requirements for the security, retention and destruction of these records.

Contact the Information & Privacy Commissioner
You have the right to contact the Office of the Information and Privacy Commissioner if you have any concerns about how we handle your personal health information.