

KINGSTON GENERAL HOSPITAL
ADMINISTRATIVE POLICY MANUAL

Subject: Disclosure of Personal Health Information **Number: 09-050**

Prepared/Reviewed by: Patient Records, Medical Advisory Committee	Page: 1 of 4
Issued by: President & Chief Executive Officer	Original Issue: 1984.09
	Revised: 2014.08

Principle

Sharing of personal health information (PHI) within the health care team who are actually involved in the care or treatment of a patient for the provision of care, can occur without patient consent. Disclosure of PHI outside of the circle of care requires patient consent.

Definitions

Circle of Care: Refers to those in the health care team who are actually involved in the care or treatment of a particular patient, and includes: family physician, referring physician, referring institutions as documented on the patient record; health information custodians for the purpose of providing or assisting in providing health care to the individual; and community health care providers, correctional institutions; and any other health care providers identified in the follow-up care of the patient.

Health Information Custodian (HIC): As defined in the *Personal Health Information Protection Act, 2004 (PHIPA)* states “a person or organization who has custody or control of Personal Health Information as a result of or in connection with performing the person’s or organization’s powers or duties or the work as described in section 3(1) of the act.”

Lock Box: A term used to describe a patient’s right to withhold or withdraw their consent for the use and disclosure of their PHI, as permitted under the PHIPA.

Policy

1. Inpatients - Only the fact that the patient is a patient in the hospital; the patient’s general health status described as critical, poor, fair, stable, or satisfactory or in similar terms; and the patient’s location in the hospital can be disclosed to the public providing the patient is offered the option to object to such disclosures and does not do so (Appendix A, Request for Restricted Status). This request can be made to staff by the patient, on or during admission.

Outpatients – for patients who are not admitted, general health status as indicated in policy statement #1, or location, cannot be given unless the request is validated by obtaining verbal consent of the patient or verifying that the requestor is documented in the record as the primary contact.

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2. Patient consent is required for disclosure of PHI outside the circle of care (Appendix B, Authorization to Release Personal Health Information).
 - 2.1 PHI may be disclosed in emergency situations for the purpose of contacting a relative, friend or potential substitute decision maker of the patient if the patient is injured, incapacitated or ill and unable to give consent personally and if the hospital believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons (e.g. other hospitals).

3. Displaying PHI may be required in some operational circumstances for the purposes of planning and delivering health care programs and services. The follow situations must be adhered to:
 - 3.1 Where PHI is visible to the public, patient name should not be used. The identity of the patient must be verified prior to providing any care to the patient, as per policy 13-010 Patient Identification.
 - 3.2 When possible, displaying of PHI should be located in an area away from public view to minimize the risk of unauthorized use and/or disclosure.
 - 3.3 PHI must be depersonalized before being posted in a public area, e.g. bed or room number, or case number used in the OR waiting room.

4. Patient consent is not required for disclosure of PHI in the following situations:
 - 4.1 For payment and funding to the Minister of Health and Long Term Care or another health information custodian to determine or provide funding or payment to the hospital for the provision of health care and for the purpose of verifying eligibility of the patient to receive health care
 - 4.2 In compliance with legislation, e.g. Medical Officer of Health if required by the Health Protection and Promotion Act; to a college under the Regulated Health Professions Act; a Board of Regents under the Drugless Practitioners Act; the Ontario College of Social Work for the purpose of administration of enforcement; to the Public Guardian and Trustee; the Children’s Aid Society so they can carry out their statutory functions; Workers Safety Insurance Board; and to Cancer Care Ontario.
 - 4.3 For legal proceedings for the purpose of an actual or potential legal proceeding involving the hospital and if the information relates to, or is a matter in issue in the proceeding, for the purpose of complying with a summons, warrant, subpoena or other court order.
 - 4.4 For Ministry mandated registries and entities. e.g., Cardiac Care Network; INSCYTE Corporation in respect of CytoBase; London Health Sciences Centre in respect of the Ontario Joint Registry; the Canadian Stroke Network in respect of the Canadian Stroke

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Registry, Canadian Institute for Health Information, Institute for Clinical Evaluative Sciences and Pediatric Oncology Group of Ontario.

4.5 For the purpose of determining the patient's capacity.

4.6 To a person conducting an audit or reviewing an application for accreditation.

5. With consent, PHI may be disclosed to any party as long as they are named in an express consent signed by the patient.

5.1 Examples of parties to whom PHI may be disclosed with written consent include:

5.1.1 Lawyers

5.1.2 Insurance Companies

5.1.3 Police without a warrant

5.1.4 Probation or Parole Services

5.1.5 External Rehabilitation Assessment agencies

5.1.6 News Media

6. PHI about a deceased individual may be disclosed

6.1 for the purpose of identifying the individual,

6.2 for the purpose of informing any person whom it is reasonable to inform of the fact that the individual is deceased and the circumstances of death, where appropriate,

6.3 to the spouse, partner, sibling, or child if the recipients of the information reasonably require it to make decisions about their own health care or their children's health care (e.g. genetics)

6.4 for routine notification and request for the purpose of Organ and Tissue Donation in accordance with Part 2 of the Trillium Gift of Life Network Act.

6.5 for the follow up on Organ and Tissue donors for the purpose of reporting specimen results to the Organ & Tissue Donation Coordinator or the Trillium Gift of Life Network (TGLN) Provincial Resource Centre (PRC) for the transplant recipients.

6.5.1 Donor information to transplant centres is identified by TGLN number only.

7. Personal health information may be disclosed to a researcher providing the policies respecting research have been complied with KGH policy #11-150 Health Research.

Procedure

1. Requests are received in writing and include name, address and telephone number of the requestor and for what purpose they will use the patient's PHI. Requests will be received or directed to the Patient Records Department, Release of Information Office.

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2. Staff who receive the request will verify the identity of the requestor with the official patient record (electronic or paper) and determine their eligibility for receipt of the requested information.
3. For requests of PHI from a HIC, no patient consent is required unless there is a known withhold of the required information (lock box) and a Notification of Locked Information and Permission to Access must be made (Appendix C).
4. Staff who disclose PHI will verify the identity of the requester by any of the following methods:
 - 4.1 verify information on call back
 - 4.2 verification of phone number and fax number
 - 4.3 picture identification
5. Staff will document:
 - 5.1 consent
 - 5.2 what information was disclosed
 - 5.3 to whom
 - 5.4 date, and
 - 5.5 method of disclosure (e.g. verbal, phone, photocopy)

Related Policies

- 01-221 Privacy Practices
- 09-055 Personal Health Information Protection
- 09-140 Access to Personal Health Information
- 09-150 Medical Records: Duplication of Patient Information
- 11-150 Health Research
- 13-010 Patient Identification

Authorizing Signature

Leslee J. Thompson
President and Chief Executive Officer