

Policy Manual

Subject: Access to Health Information

Section: ADM – Legal Issues

Number: ADM-c-80

Approved: Chief Executive Officer

Date: 004.05.15, R05.02.15

DEFINITIONS

Client: Includes resident, participant, patient

Substitute decision maker: Includes agent, guardian or spokesperson

POLICY

1. Access to health information shall be granted to clients (or their substitute decision maker), unless the request falls under one of the following exceptions:
 - 1.1 Requests must be refused in situations:
 - a. Where the information requested is about a person other than the applicant, unless:
 - it is about a client for whom the applicant is the substitute decision maker, or
 - it was provided by the client or their substitute decision maker in the first place in the context of a health service being provided to the client.
 - b. Where disclosure is prohibited by another law of Alberta (e.g. FOIP, Human Tissue Gift Act, Dependent Adults Act).
 - c. Where the information sets out procedures or contains results of an investigation, discipline proceeding, practice review or an inspection relating to a health services provider.

- 1.2 Requests may be refused in a number of situations. The ones most likely to arise are where providing the information could reasonably:
 - a. Be expected to result in immediate and grave harm to the applicant's mental or physical health or safety.
 - b. Be expected to threaten the mental or physical health or safety of another individual.
 - c. Be expected to pose a threat to public safety.
 - d. Lead to the identification of a person who provided health information to the custodian explicitly or implicitly in confidence and in circumstances in which it was appropriate that person's name be kept confidential.
 - e. Be expected to prejudice the use or results of particular audits, diagnostic tests or assessments.
 - f. In instances where releasing information might result in harm as outlined above it may be possible to allow partial access by severing or blocking out information.
- 1.3. Records that should not be disclosed prior to review are listed in Appendix A (attached) to this policy.
2. CapitalCare will follow the HIA regulations on specific provisions for custodians to respond to requests for information and requests to correct or amend health information. As well, CapitalCare will comply with conditions to refuse requests and to process any statements of disagreement from applicants.
3. Fees may be charged in accordance with the Health Information Regulation.

PROCEDURE:

1. An applicant may request to have their own health information shared verbally with them. They may also request to view, or obtain a personal copy of, their own health record.
 - 1.1. Staff must take reasonable steps to verify the identity of an applicant as either the client or the substitute decision maker of the client who is the subject of the requested information. The applicant must provide:
 - a. Personal identifiers (i.e. name, PHN number and/or date of birth) of the client.
 - b. The applicant's name and proof of identification.
 - c. A description of the specific health information requested.
 - d. The applicant's relationship to the client whose records are being requested when the applicant is not the client.

- 1.2. For a personal copy of the record, the applicant must also provide a written request containing the information listed in procedure 1.1(a) above as well as:
 - a. The date the request was made, and
 - b. The applicant's signature.
- 1.3. Staff members shall advise applicants who request a personal copy of their record to complete the Release of Information Request Form (attached). A basic fee of \$25.00 can be charged for the cost of producing a copy.
2. Unless otherwise directed, any staff members receiving a request for health information shall refer the request to their immediate manager, together with a detailed description of the information requested, in a timely manner.
3. The manager will fulfill requests where the following conditions are met:
 - 3.1. The identity of the applicant has been confirmed to be either the client or the substitute decision maker of the client who is the subject of the requested information,
 - 3.2. The applicant has only requested to have the information shared verbally with them (i.e. they have not requested to view, or obtain a personal copy of, their own health record), and
 - 3.3. After reviewing the reasons listed in this policy where a request may or must be denied, the manager determines that none of them apply to the request under consideration.
4. The manager will forward requests that do not meet all the conditions listed in procedure 3 above to the Privacy Champion (i.e. the on-site staff member who is the first contact for HIA issues) or designate, in a timely manner.
5. Within 7 days of the applicant's request, the Privacy Champion or designate will complete his/her review and approval. If s/he thinks that access to all or part of the requested record should be denied based on a reason listed in this policy, the request shall be referred to the HIA Coordinator for a decision.
6. If access to all or part of the requested record is denied by the HIA Coordinator, the Privacy Champion will respond in writing to the applicant according to procedure 8 listed below.
7. If access to the requested record is approved, the Privacy Champion or designate will respond in writing to the applicant according to procedure 8 below within 20 days of the applicant's request. If the Privacy Champion wishes to enclose a duplicate copy of the requested information along with the letter it should be forwarded in a confidential manner. However, if the material to be copied is large or complex the request should instead be referred to Health Records within 10 days of the applicant's request. Health Records will respond in writing to the applicant in accordance with procedure 8 below within 20 days

and will also collect any additional fees for producing the copy in accordance with policy ADM-c-160 (Fees for Health Information Requests).

8. When either the Privacy Champion or Health Records is responding in writing to an applicant, the applicant shall be notified:
 - 8.1. Whether access to a record or part of it is granted or refused
 - 8.2. If access to the record or part of it is granted, where, when and how access will be given, and if access to the record or part of it is refused,
 - a. the reasons for the refusal and the provision of the Health Information Act on which the refusal is based,
 - b. the name, title, business address and business telephone number of the HIA Coordinator who can answer the applicant's questions about the refusal, and
 - c. that the applicant may ask for a review of that decision by the Commissioner.
9. If the applicant has requested to view the record, a staff member must be present while the applicant reviews the record to ensure that the record is not altered, damaged or lost. Appointments to view a record should be made with the applicant within 20 days of the request.
10. Staff will make every reasonable effort to assist the applicant in:
 - 10.1. Providing an explanation of terms, codes and abbreviations in the record,
 - 10.2. Assisting with completion of forms, and
 - 10.3. Answering questions.
11. The original request and authorization must be filed with the Health Record.

ATTACHMENTS:

 [Appendix A: Records Requiring Review before Disclosure](#)

 [Release of Information Request Form \(F414\)](#)