

CATEGORY:	ORGANIZATIONAL: INFORMATION MANAGEMENT
SUB-CATEGORY:	DISCLOSURE OF INFORMATION
GROUP:	
DISTRIBUTION:	ALL EMPLOYEES
TITLE:	DISCLOSURE OF INFORMATION – GOVERNMENT DEPARTMENTS, AGENCIES, THIRD PARTIES

PURPOSE

To outline the process for responding to requests for clients’/patients’/residents’ personal information/personal health information from government departments, agencies, third parties.

POLICY

The privacy of all individuals who receive, or have received, services from Western Health must be maintained.

It is also recognized that government departments, agencies, third parties may request client/patient/resident personal information/personal health information (hereinafter referred to as information.)

Receiving the request

Where the requester is representing a Member of the House of Assembly (MHA), Department of Health and Community Services or the Department of Children, Seniors and Social Development, please refer to the appropriate section of this policy which addresses these topics.

Otherwise, where government departments, agencies, third parties are requesting client/patient/resident information employees must:

1. Confirm with the requester that the client/patient/resident is aware of the request and that the requester has obtained appropriate consent. As necessary, please refer to policy [Disclosure of Information – Obtaining Valid and Appropriate Consent](#) (9-02-45) for direction.

2. Obtain a written request that includes the following information:
 - a) The name and date of birth or MCP number of the client/patient/resident whose information is being requested,
 - b) The specific information (including the name of specific programs/services) being requested,
 - c) The contact information for the representative of the government department, agency, third party who is requesting the information.
3. If the requester indicates that they are authorized to access information without consent, obtain the name and section of the applicable legislation. Following this, the employee must notify the immediate manager who, as necessary, may consult with the Regional Manager Information Access and Privacy or designate.

Preparing information for disclosure to the requester

When preparing the information for disclosure, employees must:

1. Ensure that the written consent of the client/patient/resident has been obtained using the Western Health [Consent to Disclose/Obtain Information](#) form (12-475). Alternatively, the requester may provide a disclosure of information form signed by the client (e.g. from the requester's agency). This is acceptable provided that the form includes the following information:
 - i) name and date of birth or MCP number of the client/patient/resident whose information is being requested,
 - ii) identity of the requester (name, title, agency/organization represented and contact information),
 - iii) signature of client or his/her representative (see definitions),
 - iv) signature of requestor, and
 - v) the date the form was signed.
2. Whenever possible, written consent must be obtained. Use verbal authorizations only in urgent or exceptional circumstances (e.g. time restrictions) with the reason for doing so outlined in the record. Employees may also follow up with written consent by forwarding the Consent to Disclose / Obtain Information form (12-475) for the client/patient/resident to sign and return to the service provider.

-
3. Prior to disclosure, review the record to ensure accuracy of the information, e.g. misfiled information. As appropriate, remove or redact any such information from the record prior to disclosure, taking care not to alter or inadvertently disclose the original information. Consult with the Regional Manager Information Access and Privacy or designate as needed in such instances.
 4. Document the following information in the client/patient/resident record:
 - i) the details of the request,
 - ii) where applicable, the title and section(s) of the legislation under which the information may be disclosed without consent,
 - iii) any direction that was sought,
 - iv) to whom information was disclosed, and
 - v) the specific information that was disclosed to the government department, agency, third party.

The manager/director must:

1. As necessary, provide direction to employees with respect to receiving the request and preparing information for disclosure.
2. Consult with the Regional Manager Information Access and Privacy or designate as necessary regarding any concerns relating to receiving the request and preparing information for disclosure to the requester.

The Regional Manager Information Access and Privacy must:

1. Provide direction with respect to receiving the request and preparing information for disclosure.

Responding to requests for personal information/personal health information from Members of the House of Assembly (MHAs), Department of Health and Community Services and Department of Child, Youth and Family Services

Members of the House of Assembly (MHAs)

All employees must refer to the policy [Disclosure of Information – Members of the House of Assembly \(MHAs\)](#) (9-02-20) for further direction.

Only the electronic version of this policy is to be considered current. Paper copies may be outdated. This policy is uncontrolled when printed.

Department of Health and Community Services

The consent of the client/patient/resident is not required to disclose personal information/personal health information to the Department of Health and Community Services where the Department of Health and Community Services requests that such information be provided. In such cases, the applicable provincial legislation (e.g. *Regional Health Authorities Act*, *Regional Health Authorities Regulations* and/or *Personal Health Information Act*) permits or mandates disclosure.

Department of Children, Seniors and Social Development

Disclosure of client/patient information to the Department of Children, Seniors and Social Development must take place in keeping with:

- [Duty to Report](#) policy (6-02-11) which applies to all employees of Western Health;
- [Consent for Service for Individuals](#) (18-06-20) which applies to employees of the Population Health Branch;
- Memorandum of Understanding (MOU) between Western Health and the Department of Child, Youth and Family Services.

In keeping with the guidance supporting disclosure to the Department of Children, Seniors and Social Development (CSSD) referenced above, social workers employed by CSSD may contact Western Health employees seeking information to assist them in determining whether a child or youth is, or may be, in need of protective intervention. In these instances, the CSSD social worker must provide to the Western Health employee a written request in the form of a completed *Request for Information* (see Appendix A.) However, where the social worker assesses the need for the information to be emergent, s/he may request the information via other means, e.g. telephone. The CSSD social worker will follow up with the written form for filing in the client's record. The consent of the client/patient/resident is not required to disclose personal information/personal health information to the CSSD social worker in these instances.

DEFINITIONS

Member of the House of Assembly (MHA): One Member of the House of Assembly (MHA) is elected in each provincial electoral district or constituency in Newfoundland and Labrador. MHAs represent the views of constituents in the House of Assembly, and take part in committees and debates on provincial legislation. For the purpose of this policy, reference to the term MHA also includes the Constituency Assistant who is employed by and may act on behalf of the MHA.

Redact: Censor or obscure (part of a text) for legal or security purpose, e.g. using a black permanent marker or dry line liquid paper.

Representative: In keeping with the *Personal Health Information Act (PHIA)*, a right or power of an individual may be exercised

Only the electronic version of this policy is to be considered current. Paper copies may be outdated. This policy is uncontrolled when printed.

-
- (a) by a person with written authorization from the individual to act on the individual's behalf;
- (b) where the individual lacks the competency to exercise the right or power or is unable to communicate, and where the collection, use or disclosure of his or her personal health information is necessary for or ancillary to a "health care decision", as defined in the *Advance Health Care Directives Act*, by a substitute decision maker appointed by the individual in accordance with that Act or, where a substitute decision maker has not been appointed, a substitute decision maker determined in accordance with section 10 of that Act;
- (c) by a court appointed guardian of a mentally disabled person, where the exercise of the right or power relates to the powers and duties of the guardian;
- (d) by the parent or guardian of a minor where, in the opinion of the custodian, the minor does not understand the nature of the right or power and the consequences of exercising the right or power;
- (e) where the individual is deceased, by the individual's personal representative or, where there is no personal representative, by the deceased's nearest relative, and for this purpose, the identity of the nearest relative may be determined by reference to section 10 of the *Advance Health Care Directives Act*;
- (f) where the individual is a neglected adult within the meaning of the *Neglected Adults Welfare Act*, by the Director of Neglected Adults appointed under that Act; or
- (g) where an individual has been certified as an involuntary patient under the *Mental Health Care and Treatment Act*, by a representative as defined in that Act, except as otherwise provided in this Act.

Third party: For the purposes of this policy, third party includes:

- An individual whose personal information/personal health information is included in the record of a client/patient/resident of Western Health.
- An individual/organization that is requesting disclosure of information under this policy.

LEGISLATIVE CONTEXT

Access to Information and Protection of Privacy Act (2015). Available at:

<http://www.assembly.nl.ca/legislation/sr/statutes/a01-2.htm>

Personal Health Information Act (2008). Available at:

<http://www.assembly.nl.ca/legislation/sr/statutes/p07-01.htm>

Regional Health Authorities Act (2006). Available at:

<http://www.assembly.nl.ca/legislation/sr/statutes/r07-1.htm>

Regional Health Authorities Regulations under the Regional Health Authorities Act (O.C. 2008-059) (2008). Available at:

<http://www.assembly.nl.ca/Legislation/sr/Regulations/rc080018.htm>

REFERENCES

Government of Newfoundland and Labrador, Department of Child, Youth and Family Services, Office of Deputy Minister. (June 3, 2015). *Requests for Information from Dept. of Child, Youth and Family Services.*

Health and Community Services Western. (2005 April). *Policy Manual: Disclosure of Information*

Western Health policy *Disclosure of Information – Members of the House of Assembly (MHAs)* (9-02-20)

Western Health policy *Duty to Report* (6-02-11)

Western Health policy *Consent for Service for Individuals* (18-06-20)

KEYWORDS

Government departments, disclosing information to government departments, agencies, disclosing information to agencies, third parties, disclosing information to third parties

FORMS

[Consent to Disclose/Obtain Information \(12-475\)](#)

APPENDICES

Appendix A – Newfoundland & Labrador Child Youth and Family Services-Request for Information

TO BE COMPLETED BY STAFF IN QUALITY DEPARTMENT

<p>Approved By: Chief Executive Officer</p>	<p>Maintained By: Regional Manager, Information Access and Privacy</p>
<p>Effective Date: 26/October/2008</p>	<p><input checked="" type="checkbox"/> Reviewed: 16/July/2018 <input checked="" type="checkbox"/> Revised: 09/March/2017</p>
<p>Review Date: 16/July/2021</p>	<p><input checked="" type="checkbox"/> Replaces: (WHCC) AD-R-200 Release of Information from Clinical Records (WHCC) RR-A-200 Authorization for Release of Information – Standard/Form (WH) 12-1200 Consent to Release/Obtain Information (WH) 18-06-25 Release of Information</p> <p><input type="checkbox"/> New</p>

Only the electronic version of this policy is to be considered current. Paper copies may be outdated. This policy is uncontrolled when printed.

Appendix A



Request for Information
Section 74 of Children and Youth Care and Protection Act

Children, Seniors and Social Development

_____ Date

Dear _____ ;

It is believed that you have custody or control of information that is necessary to assist in determining whether the child/youth _____ is, or may be, in need of protective intervention as defined in Section 10 of the Children and Youth Care Protection Act (CYCP Act). Pursuant to Section 74 of the CYCP Act the following information is requested on the following person(s):

Name of Person Whom Information is Required Date of Birth (YYYY-MM-DD) Address

Name of Person Whom Information is Required Date of Birth (YYYY-MM-DD) Address

The following information is being requested:

Please provide the undersigned with the requested information by:

30 days of the request being made;

or a mutually agreed upon time _____ (Explain the circumstances that necessitate the information being received before 30 days)

This information is required to enable a manager or social worker to exercise his or her powers or perform his or her duties under the CYCP Act.

Yours truly,

Signature of Social Worker

Print Name of Social Worker

Address: _____

Facsimile: _____

Telephone: _____

Email: _____