

CATEGORY:	<b>ORGANIZATIONAL: INFORMATION MANAGEMENT</b>
SUB-CATEGORY:	<b>DISCLOSURE OF INFORMATION</b>
GROUP:	
DISTRIBUTION:	<b>ALL STAFF</b>
TITLE:	<b>DISCLOSURE OF INFORMATION – MEMBERS OF THE HOUSE OF ASSEMBLY (MHAs)</b>

## PURPOSE

To outline the process for responding to requests for personal information/personal health information from Members of the House of Assembly (MHAs)

## POLICY

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

Western Health recognizes the right of individuals who are receiving services to request that their Member of the House of Assembly (MHA) inquire or advocate on their behalf to assist them in resolving issues related to their treatment/care/service. In such instances, it is recognized that MHAs may request client/patient/residents' personal information/personal health information (hereinafter referred to as information.) Such information must only be disclosed as authorized or required by law or with the consent of the client/patient/resident. In instances where the information is authorized or required by law, the applicable legislation and section(s) must be provided by the requestor prior to the disclosure of information taking place.

When inquiries/requests for information are received from an MHA, all employees must immediately make their manager/leader aware of the inquiry/request.

Please also refer to the policy *Disclosure of Information – Government Departments/Agencies* (#9-02-15) where the Department of Health and Community Services is requesting the personal information/personal health information.

When information is disclosed to an MHA from a client/patient/resident record that also contains information pertaining to another individual, this information must be redacted from the record. Alternatively, where appropriate, the employee who is processing the disclosure of information request may notify this individual to obtain his/her consent to disclose the information. If the

individual responds indicating that s/he does not want the information to be included in the disclosure of information or the individual cannot be notified, a copy will be made that must have the third party information redacted before it is disclosed to the MHA. The original information must not be altered or disclosed. The employee must document in the client/patient/resident's record either that the third party did not agree or was unable to be contacted.

When an employee of Western Health receives a request to disclose / obtain information, an original [Consent to Disclose/Obtain Information form \(#12-475\)](#) is required. Faxed authorizations may only be used in urgent or exceptional circumstances with the reason for doing so outlined in the record. Furthermore, the original authorization must follow. Photocopied consents are not acceptable. A *Consent to Disclose / Obtain Information* form may be sent (e.g. via mail) for the client/patient/resident to sign if necessary.

## DEFINITIONS

**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.

**Third party** – For the purposes of this policy, a third party refers to an individual whose personal information is included in the record of a client/patient/resident of Western Health.

## PROCEDURE

### **The employee/manager/leader who is responding to the inquiry/request:**

1. Confirms with the requester that the client/patient/resident is aware of the request and that the requester has obtained consent from the client/patient/resident. (Please refer to p. 1 of this policy which addresses disclosure of information to the Department of Health and Community Services.) If the requested information also pertains to another client/patient/resident, proceed to step #2 in the procedure. If this is not the case, proceed to step #3.
2. Obtains the name and section of the applicable law if the requester indicates that s/he is entitled to information without consent and discusses as necessary with the Regional Manager Information Access and Privacy.
3. Consults with the Regional Manager Information Access and Privacy if information is being requested that pertains to an individual other than the client/patient/resident about whom the inquiry/request is being made (e.g. the requester asks for information about the individual's spouse and his/her consent has not been obtained for the purposes of the request).
4. Obtains a written request from the MHA' office 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, and
  - c) The contact information for the MHA and staff member at the MHA's office.
3. Documents in the client record the details of the request, the title and section(s) of the legislation under which the information may be disclosed without consent, any direction that was sought, to whom information was disclosed, and the specific information that was disclosed to the MHA's office.

**The leader/manager/director:**

- 1. Provides direction and discusses requests with relevant employees.
- 2. Consults with the Regional Manager Information Access and Privacy as needed regarding any concerns relating to disclosure of information.

**The Regional Manager Information Access and Privacy:**

- 1. Provides direction to all managers who bring forward disclosure of information issues concerning inquiries/requests from an MHA.

**LEGISLATIVE CONTEXT**

*Access to Information and Protection of Privacy Act* (2004). Available at:  
<http://www.assembly.nl.ca/legislation/sr/statutes/a01-1.htm>

*Personal Health Information Act* (2008). Available at:  
<http://www.assembly.nl.ca/legislation/sr/statutes/p07-01.htm>

**REFERENCES**

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

Western Health policy *Disclosure of Information – Government Departments/Agencies* (#9-02-15)

## KEYWORDS

*MHAs, releasing information to MHAs*

## FORMS

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

TO BE COMPLETED BY QUALITY MANAGEMENT & RESEARCH STAFF ONLY

Approved By: Chief Executive Officer	Maintained By: Regional Manager, Information Access and Privacy
Effective Date: 26/October/2008	<input type="checkbox"/> Reviewed: <input checked="" type="checkbox"/> Revised: 02/March/2012
Review Date: 02/March/2015	<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 Form (WH) 18-06-25 Release of Information <input type="checkbox"/> New