

**Integrated Client Privacy Rights Supporting Process
Integrated Assessment Record (IAR)**

**Version 3.2
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Introduction

Under the Personal Health Information Protection Act, individuals have certain rights to their health care records. Specifically, they have a right to:

1. **Access their record** – Sections 52 through 54 state that an individual has a “right of access” to their record of personal health information. These sections also state that the Health Information Custodian (HIC) must provide a response within 30 days. If the individual believes that the Health Information Custodian has refused or is thought to have refused the request, they have the right to file a complaint with the Privacy Commissioner.
2. **Change/correct information within their record** – Section 55 states that an individual may request that the custodian correct their record, if the individual believes the record is inaccurate or incomplete. In this case as well, the custodian must grant or refuse the request within 30 days. If the individual believes that the Health Information Custodian has refused or is thought to have refused the request, they have the right to file a complaint with the Privacy Commissioner.
3. **File a complaint with the Privacy Commissioner regarding an organization’s privacy practices** – Section 56 of PHIPA states that an individual has the right to file a complaint with the Privacy Commissioner if they have “reasonable grounds” to believe that someone has contravened or is about to contravene a provision of the Act. Applying this right to these circumstances, an individual has the right to file a complaint if they believe that the Health Information Custodian has sub-standard privacy practices or they have failed in some way to protect their privacy.
4. **Be notified of a change to an assessment record initiated by the HIC** – This process describes the steps required when the Health Information Custodian initiates a change to a client’s assessment record. PHIPA does not require the HIC to notify the client of change in their Personal Health Information. However, the HIC may choose to notify the client if the changed information may have an effect on the provision of care to the client, or if notification of changes is required by other applicable health care legislations.

This document translates these client rights into defined processes and steps as they relate to the Integrated Assessment Record (IAR). It identifies responsibilities and delineates between those tasks which should already be in place within any given Health Information Custodian and those tasks which are introduced with the IAR.

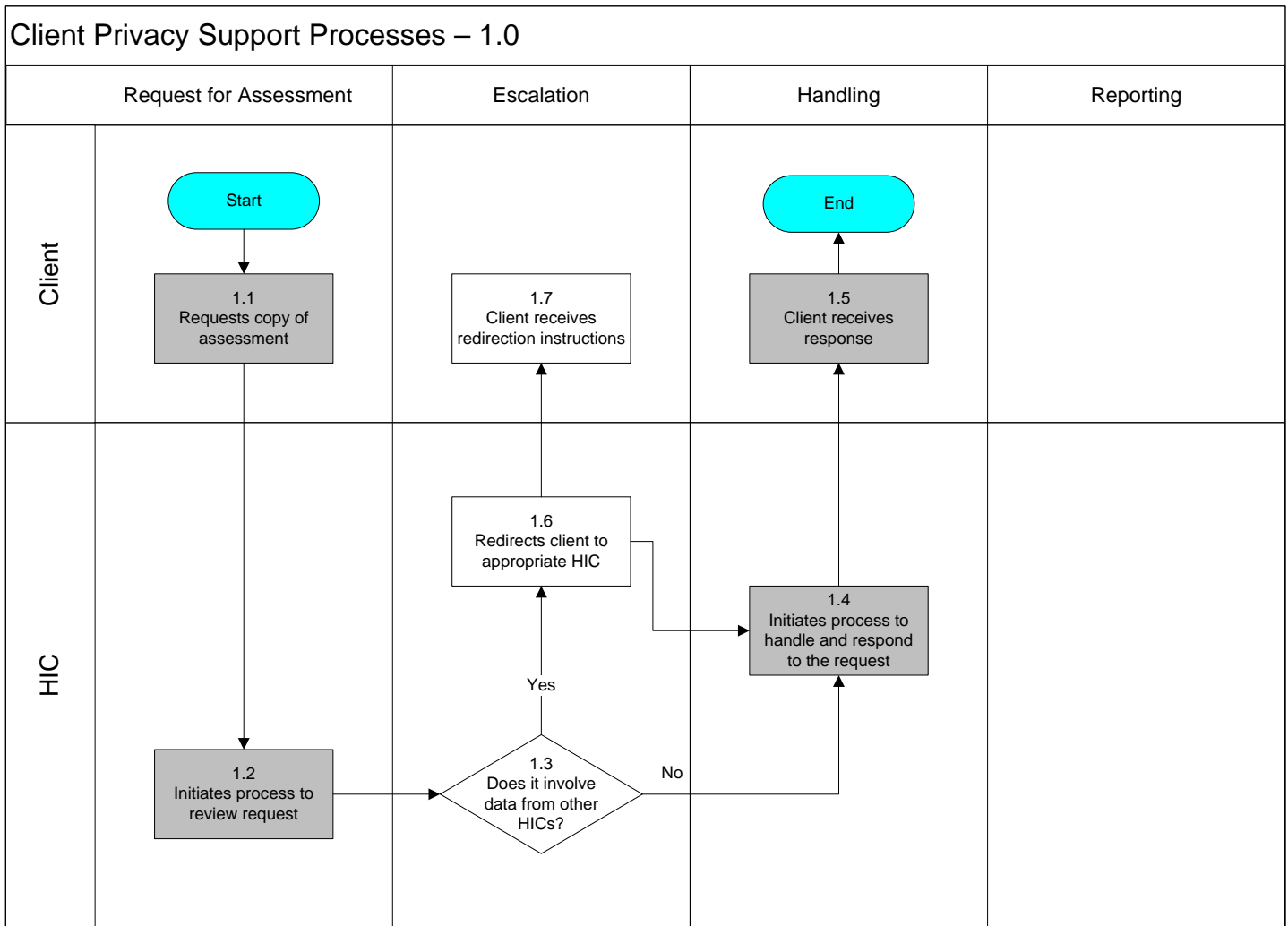
If the request to access or change the assessment, or the complaint relates solely to information in the custody or control of a single HIC, local processes are leveraged. If the request to access or change the assessment involves other HICs, the HIC identifies the other involved HICs for the client to contact and make their request separately.

The HINP will only participate and coordinate the privacy complaint management process. If the complaint involves more than one HIC, the HINP facilitates and communicates among the multiple HICs to respond to the client complaint.

IAR privacy complaints are recorded in a centralized Privacy Complaint Registry by the HINP privacy officer.

Processes

Client Request for Assessment Record

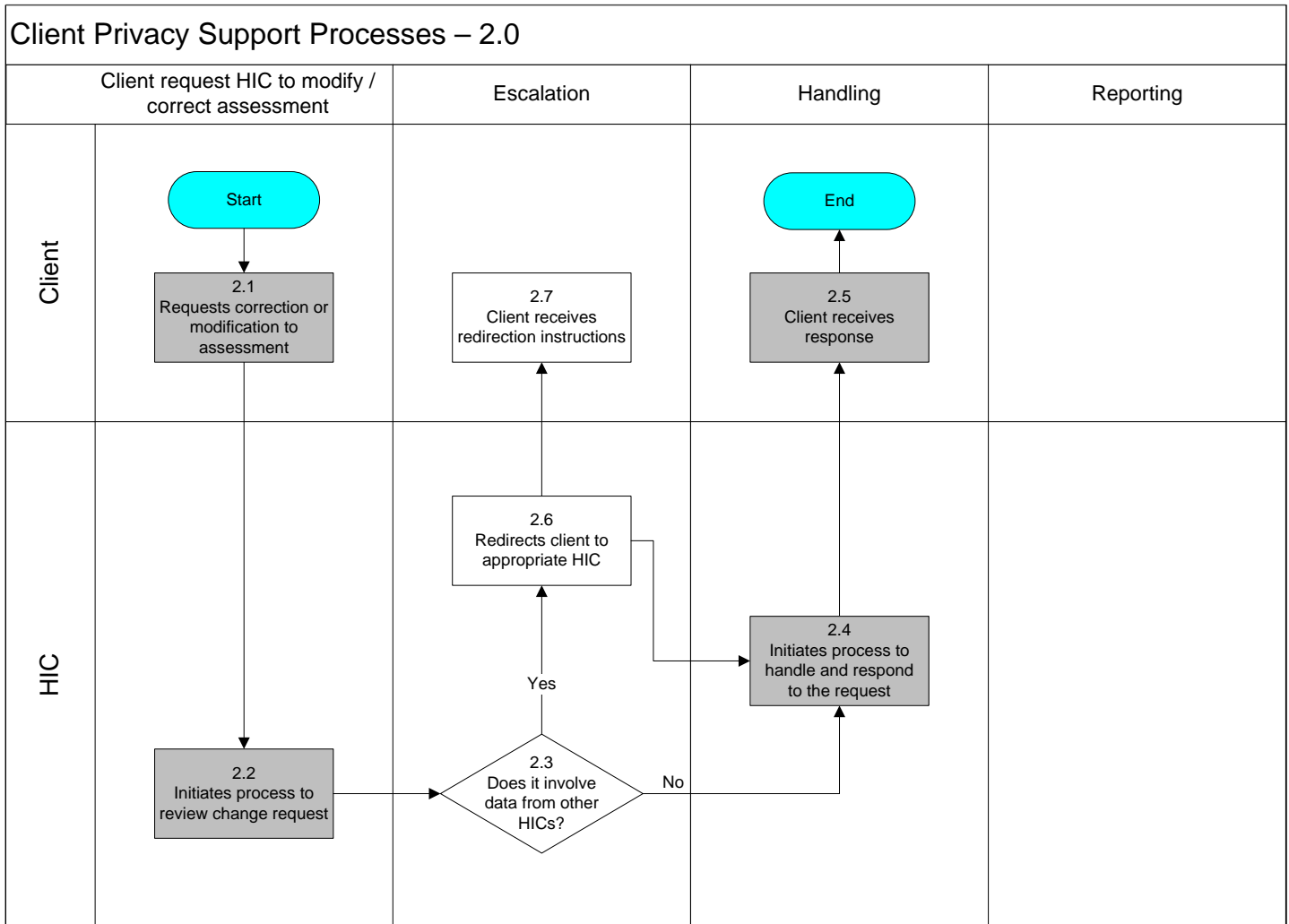


Note:

- Grey shaded boxes indicate steps which should currently exist within the Health Information Custodian and Health Information Network Provider
- Non-shaded boxes indicate steps which are being introduced with the implementation of the IAR

Ref No.	Task / Step	Owner	Artifacts
1.1	Request copy of assessment from HIC	Client	Client Request Form
1.2	Initiate process to review the request for a copy of assessment	HIC	
1.3	Determine whether the request for an assessment involves data under the custody or control of any other HICs. If the request does involve data under the custody or control of another HIC, then the process goes to step 1.6. Otherwise the process ends. Handle and respond to the request for a copy of assessment	HIC	
1.4	Initiate internal process to handle and response to the client's request	HIC	
1.5	The client receives the response	Client	
1.6	Re-direct the request - If the client's request involves data under the custody or control of another HIC, the client needs to be redirected to the appropriate body that can respond (Each HIC is only able to release information that is under their custody or control)	HIC	Client Request Response Form
1.7	The client receives the redirection instructions	Client	

Client Request to Modify/Correct Assessment Information

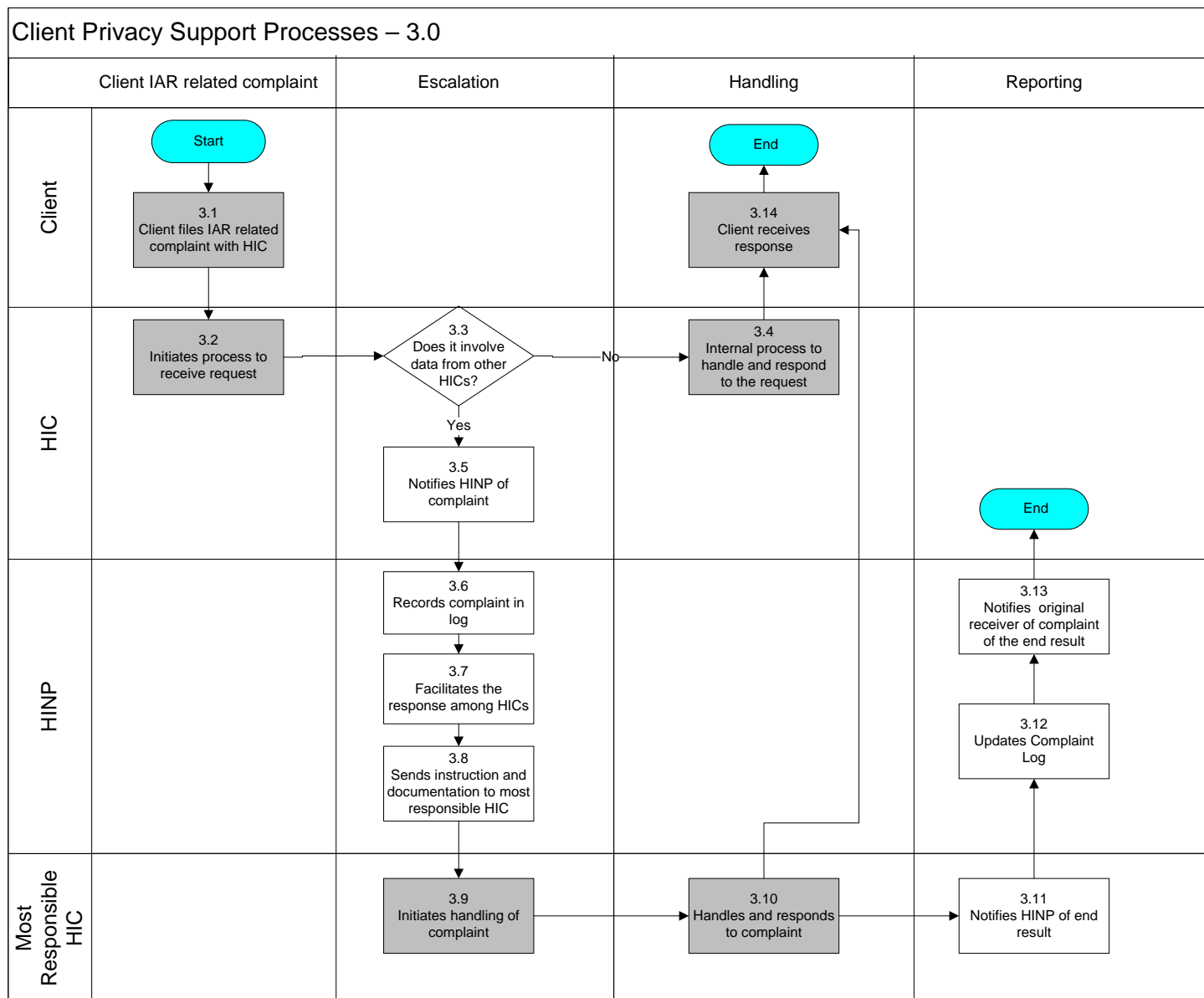


Note:

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- Non-shaded boxes indicate steps which are being introduced with the implementation of the IAR

Ref No.	Task / Step	Owner	Artifacts
2.1	Request a modification or correction to their assessment information	Client	Client Request Form
2.2	Initiate process to review the modification or correction request	HIC	
2.3	Determine whether the request involves data under the custody or control of any other HICs. If it does, then the process goes to step 2.6. otherwise the process ends.	HIC	
2.4	Initiate internal process to handle and respond to the request for modification or correction to the assessment information	HIC	
2.5	The client receives the response from the HIC	Client	
2.6	Re-direct the request - If the Client's request involves data under the custody or control of another HIC, the client needs to be redirected to the appropriate body that can respond to them (Each HIC is only able to change information that is under their custody or control)	HIC	Client Request Response Form
2.7	The client receives the redirection instructions	Client	

Client Complaint about Privacy Practices



Note:

- Grey shaded boxes indicate steps which should currently exist within the Health Information Custodian and Health Information Network Provider.
- Non-shaded boxes indicate steps which are being introduced with the implementation of the IAR.

Ref No.	Task / Step	Owner	Artifacts
3.1	Files IAR related complaint with the HIC	Client	Complaint Form
3.2	Initiate process to receive the complaint form	HIC	
3.3	Decide whether the complaint involves other HICs. If so, then the HINP needs to be notified and this process continues with 3.5. If the complaint is specific to the HIC that received it, internal handling and response steps take place as identified in 3.4.	HIC	
3.4	Internal process to handle and respond to the complaint	HIC	
3.5	Notify HINP of the complaint within 2 business days, as it relates to IAR and other HICs	HIC	
3.6	Record complaint in Complaint Registry	HINP	Complaint Registry
3.7	The HINP facilitates among the different HICs that are involved in the client complaint to determine the most appropriate response to the client, including determining the most responsible HIC	HINP	
3.8	Send applicable instruction and documentation to the most responsible HIC	HINP	
3.9	Initiate the process of handling and responding to the complaint	HIC	
3.10	The most responsible HIC handles and responds to the complaint	HIC	
3.11	The most responsible HIC notifies the HINP of the end result of the complaint	HIC	Complaint Report
3.12	The HINP updates the Complaint Registry	HINP	Complaint Registry
3.13	The HINP notifies the original HIC with the results of the complaint		
3.14	Client receives the response	Client	

Appendix A – Client Request Form Template

Integrated Assessment Record (IAR) System Patient Privacy Rights Request Form		
1. Requester Information <i>To be completed by the requester</i>		
First Name	Last Name	Initial
Date of Birth (dd/mm/yyyy)	Email	
Phone No.	Alternate Phone No.	
Street Address (street, city, province, zip)		
2. Request Description <i>Describe the assessment information that you want to access. Include the type of assessment, and the date (of range of date) of the assessments</i>		
3. Purpose of Use		
I understand that my personal information will be used for the purposes of locating the assessment information I request.		
Signature _____		Date (dd/mm/yyyy)

For Internal Use Only		
Request #	Request Reception Date (dd/mm/yyyy)	
Request completed Date (dd/mm/yyyy)	Other Organizations (if any)	
Person handled the request		
Status		
Notes		

Appendix B – Client Request Response Form Template

Integrated Assessment Record (IAR) System Patient Privacy Rights Client Request Response Form
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[Enter Date]

Dear [Enter Requestor's Name],

Thank you for your request for your assessment data. We have provided you with the assessments that were conducted here.

However, your request also includes assessments stored by the following health service provider organizations:

Organization Name	Organization Address	Contact Name	Phone No.	Email Address

Please use the information provided above to contact the privacy officers of these additional health service provider organizations to obtain your assessment collected by them.

Sincerely,

[Insert your Name]
Privacy Officer

Appendix C – Patient Privacy Right Complaint Form Template

Integrated Assessment Record (IAR) System Patient Privacy Rights Complaint Form		
1. Complainant Information <i>To be completed by the complainant</i>		
First Name	Last Name	Initial
Date of Birth (dd/mm/yyyy)	Email	
Phone No.	Alternate Phone No.	
Street Address (street, city, province, zip)		
2. Complaint Description <i>In your own words, provide the details of your complaint, the names of any individuals or healthcare organizations involved if you know them, and the date when it happened. Attach additional pages if more space is needed.</i>		
		Date of Occurrence (dd/mm/yyyy)
3. Purpose of Use		
I understand that my personal information will be used for the purposes of resolving my complaint.		
Signature_____		Date (dd/mm/yyyy)
For Internal Use Only		
Complaint #	Complaint Reception Date (dd/mm/yyyy)	
Follow-up Action	Most Responsible (Primary) Organization	
Follow-up Date (dd/mm/yyyy)	Other Organizations (if any)	
Resolution Status		
Resolution Date (dd/mm/yyyy)		

Notes	

Appendix D – Patient Privacy Right Complaint Report

Integrated Assessment Record (IAR) System Patient Privacy Rights Complaint Report		
Complaint Number:		
Complainant & Complaint Information		
First Name	Last Name	Initial
Complaint Date (dd/mm/yyyy)	Resolution Due Date (dd/mm/yyyy)	
Most Responsible (Primary) Organization	Secondary Organization(s)	
Action Taken		Action Dates (dd/mm/yyyy)
Complaint Resolution Status (Rejected/Resolved/Arbitration)		Complaint Resolution Date (dd/mm/yyyy)
Notes		

Appendix E – Client Privacy Right Complaint Registry

Complaint #	Complainant Name	Complaint Date (dd/mm/yyyy)	Resolution Due Date (dd/mm/yyyy)	Most Responsible (Primary) Org	Secondary Orgs	Actions Taken	Action Dates (dd/mm/yyyy)	Complaint Resolution Status	Complaint Resolution Dates (dd/mm/yyyy)
ABCD-1234	John Smith	13/05/2010	13/06/2010	HIC A	HIC C HIC W HIC Z	Notified Secondary Orgs		Rejected/Resolved/Arbitration	