North Huron
Family Health Team

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Subject:	Privacy Breach Protocol	Date Approved:	September 25, 2008
Approved by:	Board of Directors	Date Revised:	December 21, 2016 March 22, 2010
Specific to:	All Staff and Board of Directors	Next Review Date:	September 2020

PRINCIPLE:

This policy is part of the Privacy Policy. It applies to all physicians, the Family Health Team and Family Health Network staff, students, volunteers, and vendors (collectively, "**Team Members**").

POLICY:

All privacy breaches must be reported immediately the Privacy Officer. If you have any questions, contact the Privacy Officer**.**

Privacy Breach

A privacy breach happens whenever a person contravenes or is about to contravene a rule under the *Personal Health Information Protection Act, 2004* (PHIPA) or the Privacy Policy or related privacy policies. The most obvious privacy breaches happen when patient information is lost, stolen or accessed by someone without authorization.

For example:

- A fax with patient information is misdirected
- An unencrypted laptop with health information saved on the hard drive is stolen
- A courier package of patient records is not delivered to the correct address
- An unencrypted USB key with patient information is lost
- A patient reads another patient's health record on a computer while waiting in a clinic room
- A Team Member talks about a patient with a friend
- Health records to be disposed of are recycled and not shredded
- Out of curiosity, a Team Member reviews a neighbour's health record
- A student or any other Team Member looks at health records of patients on a self-initiated education project without being assigned to those patients and without specific authorization for an approved educational exercise
- Health information is given to the media
- A Team Member makes a copy of a spouse's or ex-spouse's health record without the permission of the patient

Privacy Breach Protocol

The following steps will be taken by the Privacy Officer (or delegate) if it is suspected that there has been a privacy breach:

Step 1: Respond immediately by implementing the privacy breach protocol

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- Ensure appropriate staff members are immediately notified of the breach, including the Privacy Officer and the physicians whose patients are potentially affected by the privacy breach.
- Address the priorities of containment and notification as set out in the following steps.

Step 2: Containment - Identify the scope of the potential breach and take steps to contain it

- Retrieve the hard copies of any personal health information that has been disclosed.
- Ensure that no copies of personal health information have been made or retained by the individual who was not authorized to receive the information and obtain the person's contact information in the event that follow-up is required.
- Determine whether the privacy breach would allow unauthorized access to any other personal health information (e.g. an electronic information system) and take whatever necessary steps are appropriate (e.g. change passwords, identification numbers and/or temporarily shut down a system).
- Consider engaging the IPC/O, legal counsel and the insurer, as appropriate.
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Step 3: Notification - Identify those individuals whose privacy was breached and notify them of the breach

- At the first reasonable opportunity, any affected patients (or others whose personal health information has been affected) will be notified.
- The type of notification will be determined based on the circumstances (such as the sensitivity of the personal health information, the number of people affected, and the potential effect the notification will have on the patient(s)).
    - For example, notification may be by telephone or in writing, or in limited circumstances, a notation made in the patient's file to be discussed at his/her next appointment. **[Note: seek advice if relying on the notation option]**
- Provide details of the extent of the breach and the specifics of the personal health information at issue.
- Advise affected patients of the steps that have been or will be taken to address the breach, both immediate and long-term.
- Consider notifying the Information and Privacy Commissioner/Ontario (IPC/O) and/or legal counsel if appropriate.

Step 4: Investigation and Remediation

- Conduct an internal investigation into the matter. The objectives of the investigation will be to:

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  - Ensure the immediate requirements of containment and notification have been addressed.
  - Review the circumstances surrounding the breach.
  - Review the adequacy of existing policies and procedures in protecting personal health information.
  - Address the situation on a systemic basis.
  - Identify opportunities to prevent a similar breach from happening in the future.
- Change practices as necessary.
- Ensure Team Members are appropriately re-educated and re-trained with respect to compliance with the privacy protection provisions of PHIPA and the circumstances of the breach and the recommendations of how to avoid it in the future.
- Continue notification obligations to affected individuals as appropriate.
- Consider engaging the IPC/O, legal counsel and the insurer, as appropriate.
- Consider any disciplinary consequences with staff or contract issues with independent contractors or vendors that follow from the privacy breach.