

A Guide to Adopting Digital Modes for Patient Experience Surveying

MARCH 2022

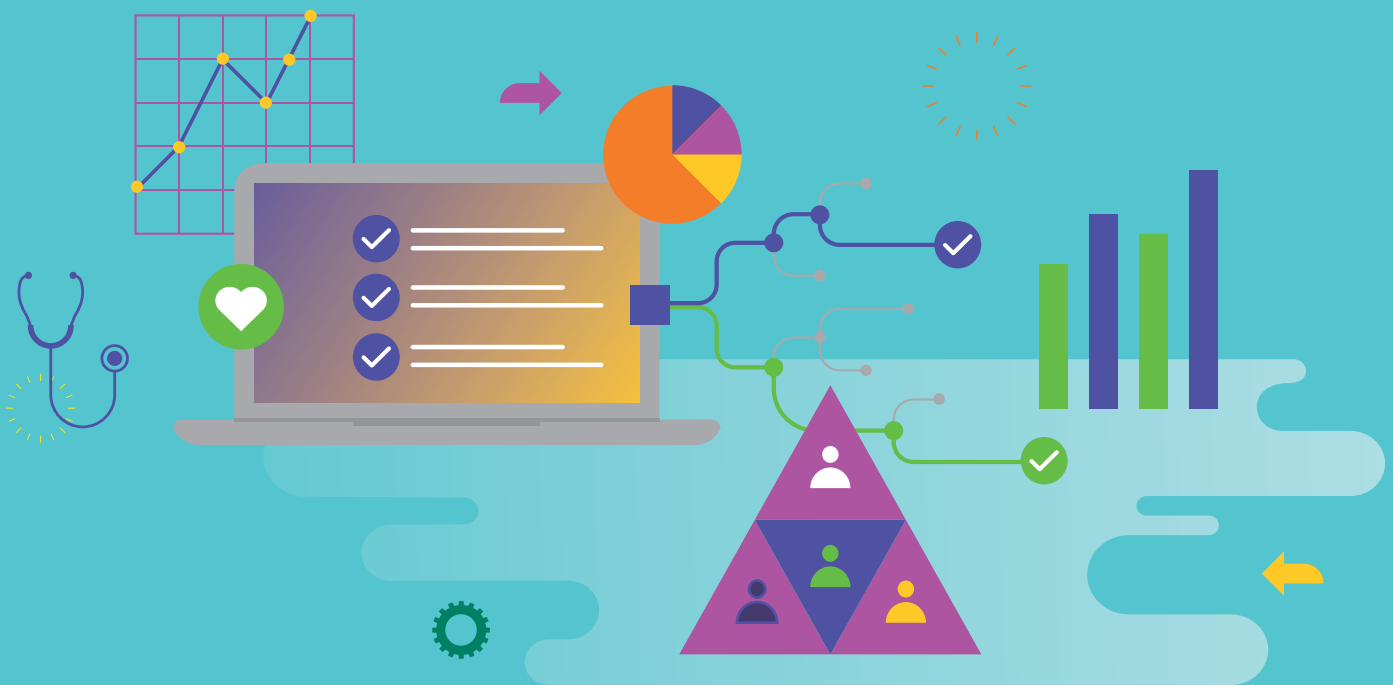


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Disclaimer

This resource was prepared by the Ontario Hospital Association (OHA) to provide guidance to Ontario hospitals based on an environmental scan of available literature and in consultation with various subject matter experts and provincial stakeholders.

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Introduction

Patient surveys continue to be an important tool for organizations striving to accurately and attentively listen to their patients' voice.

By using different survey program design strategies, an organization can control many factors when conducting patient surveys including what is asked, how it is asked and when. Any changes to these factors will influence surveying program results as measured in outcomes such as response rates, completion rates, representativeness of respondent population, and cost.

New technologies and changes in culture and behaviour have made the traditional practice of sending patients a paper-based, post-discharge survey through the mail increasingly expensive and less attractive. Fewer and fewer people rely on mail for correspondence as other faster and more individualized modes of engagement have become available. As such, it is helpful to consider digital modes (e.g., email, text messages) to effectively and efficiently capture patients' perceptions of their healthcare experience.

The Ontario Hospital Association (OHA) has developed this guidance document to assist hospitals considering or currently surveying their patients or clients using digital modes, highlighting their strengths and weaknesses, in order to support them in more effectively choosing and implementing design strategies for patient surveying. This resource also offers practical guidance on the steps a hospital might consider as it seeks to adopt these digital modes to reach patients.

Digital survey modes have been available to hospitals through the OHA's Patient Experience Measurement Contract since 2016. Other modes emerging in the market (e.g., telephone-enabled interactive voice response surveying), as well as more traditional survey modes (telephone, in-person interview), have not been explored here, but are also available through the OHA's patient experience measurement contract.

Why move away from mail surveys?

Mail surveys have long been the standard for conducting patient surveys and are widely recognized as a valid source of patient experience measurement data. However, mail surveys are becoming an increasingly expensive method for gathering information compared to some of the other survey modes. Typically, mail surveys require more time to obtain a target sample compared to email surveys (weeks or months vs. days). From a cost-perspective, mail surveys yield a very poor return on investment, as the costs are fixed and associated with out-go, as compared to other modes that are generally billed according to the number of completed surveys.¹

Disadvantages of Mail Surveys Compared to Other Research Methods

- Takes more time to distribute and process (i.e., printing survey with correct name and address, mailing survey, awaiting completion, sending reminders, entering survey results in computer system once received – unless automated scan-reading is available)
- Significantly more expensive than electronic modes
- Cannot control skip patterns and patients may skip through questions if they are unclear about what is being asked
- Survey may get lost in mail
- Some younger patients/families appear to be less familiar with traditional mail, and cannot be counted on to check mail regularly or are unsure about how to acquire stamps or mail envelopes
- Not all patients have an address or may move frequently
- Patients must be able to read, see and write
- Can be completed by caregivers, which has been shown to import bias

Electronic Surveys

Electronic surveying is a survey method where the invitation to participate is sent via email or SMS (text message) typically using a URL link embedded in the email/message that allows the patient to go directly to the survey. Electronic surveys are the norm across most industries and are being increasingly adopted in healthcare settings to collect patient feedback due to its cost-effectiveness and quick turnaround times.

Additionally, electronic survey links can be embedded on a hospital's website and social media platforms to enable wider reach. The demographic profile of the internet user does not represent the general hospital population; however, since the global pandemic has precipitated virtual healthcare options, this has been changing⁴.

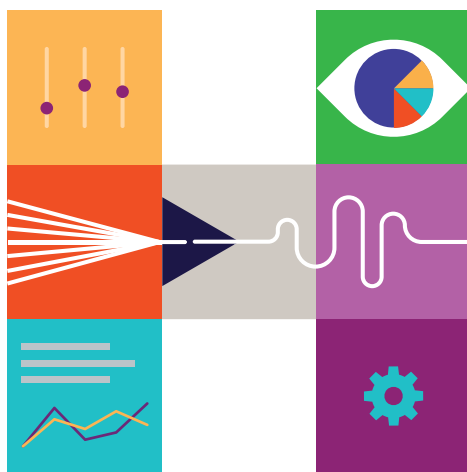
Advantages and Disadvantages of Electronic Surveys Compared to Other Research Methods	
<p>Advantages</p> <ul style="list-style-type: none">• Patients can receive the survey in a timely manner, potentially increasing the response rate and the hospital's ability to receive quicker results• Portable, allowing the patient to complete it anywhere, anytime• Email/text message doesn't get physically lost, though it can be 'buried' in an inbox• Less effort to administer once the survey has been emailed out• Skip patterns or mandatory questions can be enforced by the technology• Out-go costs may be free or unlimited. Faster collection of results compared to mailing• Low costs to administer makes it possible to survey more or all patients² using a census-style approach to surveying• Data automatically inputted into system and available in real-time, saving time when analyzing results• Can be favourable for sensitive issues (i.e., personal experience, birth, surgery, etc.) if individualized email addresses allow for direct, discrete delivery to the patient	<p>Disadvantages</p> <ul style="list-style-type: none">• Patients require access to an input device (computer or smartphone)• Hospitals need to collect and store patient email addresses or cellular numbers• Patients must be able to read, see and write (also the case with mail mode)• Surveying a greater number of patients and follow-up emails may be required as response rates for internet surveys can be lower than some other modes• Just like any single survey mode, it may not always be representative of the population (not as effective for reaching some segments of the population without email accounts, computers or internet access)• May have to complete the survey in one sitting depending on the system• May be easily ignored or caught in spam filters• Can be completed by caregivers, which has been shown to import bias (also the case with mail mode)

Advantages and Disadvantages of Electronic Surveys Compared to Other Research Methods

- Can be further customised to capture feedback and provide the option for a follow-up call to discuss specific issues relating to their visit. Allows hospitals to offer patients this service in a timely manner, giving them an opportunity for positive service recovery
- Can be shared with caregivers, which may improve accuracy
- Can be presented and completed in the patient's preferred language in real-time

An external vendor (such as the vendor available through the OHA-managed contract) will typically survey a greater number of patients and use a personalized modular questionnaire in a web-based format appropriate to the device and browser

the patient uses, together with an introductory email. Survey personalization can encourage higher response rates and provides dynamic question flexibility for each patient, as well as the choice to select their preferred language.



Getting Started

Once you have determined that you would like to adopt digital survey modes, review the steps listed below for guidance aimed at ensuring that information is gathered and recorded accurately. To take advantage of digital modes through the OHA-managed contract, organizations will need either the patient email address or cellular phone numbers to administer the surveys. Adopting electronic modes can be resource-intensive in the short term and multiple stages of data collection must be considered.

Step 1: Engage Leadership

Engage leadership to motivate stakeholders and communicate the benefits and risks of adopting digital modes. Provide clear information explaining specifically how this change will affect all staff and stakeholder groups. Establish executive champions who can help provide leadership in sponsoring and promoting the initiative within your organization, to the Board, and community stakeholders.

Many organizations that have successfully developed and implemented policies around the collection (email addresses) and use of digital modes have leveraged collaborations between administrative departments, privacy, and legal teams throughout the process. Successful implementation of digital modes occurs when the organization's leadership team and chief privacy officer are engaged. In Ontario hospitals, having privacy teams lead digital survey mode adoption has enabled timely assessment of implications to current privacy policies, resulting in faster decision-making and implementation.

Step 2: Develop Consent, Usage, Privacy and Exclusion Policies

Consent Policies: Implied vs. Express Consent

An organizational consent policy will dictate your approach to gaining consent from patients before surveying them. Most hospitals have traditionally followed an implied consent model for mail-based surveys (i.e., there is no formal agreement in place where the patient gives the hospital consent to contact them to participate in the survey). However, as your hospital considers adopting new modes, you may

wish to review your policy, particularly if you will be required to collect additional contact information from patients. Organizations are encouraged to explore section (37)(1)(d)³ of the *Personal Health Information Protection Act* (PHIPA), to determine if their policies align with the provisions afforded them under the Act regarding the use of personal health information (PHI) for administering surveys. Seeking new information from your patients will invariably invite questions on how the contact information will be used, for which your organization will require usage and privacy policies.

While electronic surveying and communication with hospital patients are increasingly being adopted in Ontario, these activities are not often supported by a secure email network between practitioners and patients. In September 2016, Ontario's Information and Privacy Commissioner (IPC) released a fact sheet entitled, *Communicating Personal Health Information by Email*². Due to perceived risks to privacy associated with the use of email, the IPC has taken the view that "custodians must notify their patients about their written email policy and obtain their consent prior to the use of unencrypted email". As such, hospitals that collect and use email addresses for the purposes of surveying are increasingly opting for an express consent policy. The IPC has not commented on the type of consent required for the use of text messaging (SMS) to administer surveys. In the absence of direction from the IPC, the OHA strongly recommends hospitals adopt a similar express consent policy for the use of text messaging to invite patient participation in a survey.

For many Ontario hospitals, emailing or sending a text message to patients for surveying purposes is usually in the form of an invitation to open a secure link in order to complete a survey online on a secure platform like the one hosted by the OHA's vendor partner; however, the invitation link itself would not be encrypted. While such an email or text message contains minimal PHI (disclosing that the patient had some interaction with that hospital is itself PHI) and a low risk of harm, it likely still falls into the category of a communication that requires a patient's express consent. Therefore, hospitals should not rely on implied consent in this scenario.

Hospitals that use express consent policies require the patient to confirm their permission to participate in the survey. This is initially a more labour-intensive model as it takes time to ask permission and will reduce the pool of candidates to survey as some individuals withhold consent.¹

In its fact sheet, *Communicating Personal Health Information by Email*², the IPC states that “custodians must notify their patient about their written email policy and obtain their consent prior to the use of unencrypted email”, making express consent necessary when using digital modes to invite patients to complete experience surveys. The IPC goes further to suggest that both notice of and consent to unencrypted email communications can occur in a variety of ways, such as in writing or verbally.

For most hospitals that do not currently collect email addresses or cellular phone numbers from patients, seeking express consent may be a relatively minor additional step in the process of asking for the information. Under [PHIPA section \(20\)\(1\)](#)³, once consent is given, it is assumed to be valid until revoked or withdrawn by the patient. While asking permission takes time at registration and will invite questions regarding how the information will be used, it can be advantageous for hospitals. Asking for express consent will raise awareness about the surveys, creating an opportunity to demonstrate the hospital’s desire to engage with patients and improve patient care, thereby potentially improving response rates. Further, the opportunity to ask questions and obtain additional information from patients helps them provide ‘knowledgeable’ consent, deemed a requirement when obtaining consent as stipulated under [PHIPA section 18\(1\)\(b\)](#)³.

Hospitals may also capture some information that will improve success in reaching the patient, such as preferred contact number, survey mode or language. Patients who withhold consent will also save you the costs associated with sending a survey to a patient who has no intention of responding.

Digital Modes Usage and Privacy Policies

The emergence of digital modes as a new form of communication makes it particularly important to ensure your organization has a clear policy in place. Usage policies dictate when, how and the purpose for which your organization will use the contact information gathered from patients.

In its fact sheet, *Communicating Personal Health Information by Email*², the IPC gives explicit direction with respect to email

use policies: “Custodians should develop and implement a written policy for sending and receiving personal health information by email. The consent should be in plain language and indicate the types of information that may or may not be communicated by unencrypted email, the risks of using unencrypted email and the circumstances where the custodian will use unencrypted email”. Given the risk that, once in possession of email addresses, sensitive PHI could be transmitted by email, some hospitals are choosing to adopt policies that expressly limit the use of email to patient experience surveying.

1. Your policy should clearly state what type of PHI can be included in an email, particularly given that email surveys are likely to be unencrypted. Seek to minimize the permissible PHI to only lower sensitivity information such as the name of your organization and perhaps the date of a visit.
2. Administrative staff should treat patients’ contact information in the same way as patients’ PHI.
3. With respect to managing PHI, policies and administrative expectations should be frequently communicated and enforced, and educational programs that address issues of confidentiality should be provided.
4. Your hospital should ensure that any vendor contracted to conduct patient experience surveys on behalf of your organization is fully compliant with applicable federal and provincial legislation governing the collection, use, protection, retention and disclosure of PHI within the health sector. (Note: These stipulations were included in the RFP conducted by the OHA and are met by the procured vendor.)
5. You may want your policy to address the issue of permissibility of data transfers outside of Canada. Some commercially available approaches to surveying may require your patients to be contacted by a call centre, interactive voice response (IVR) system or even a mail house that is based outside of Canada. While not in contravention of PHIPA, cross-border transfer of the minimal PHI necessary to enable such processes could be a concern for some patients. (Note: The services currently available through the OHA-managed patient experience measurement services contract do not require identifiable PHI to be transferred, processed or stored outside of Canada.)

6. It is highly recommended that under an express consent model, patients are made aware of all intended purposes for which their contact information may be used. The IPC has strict rules prohibiting the use of PHI (e.g., email addresses) for purposes beyond what express consent was obtained. For example, some hospitals may wish to share patient addresses or other contact information with their hospital foundation. Your policies should address this potential use. If you are adopting an express consent model, you may wish to consider how you will disclose sharing this information with your foundation.
7. Hospital policies should include a process for patients to withdraw consent to be surveyed, including contact details for the staff person or department that can facilitate the withdrawal request. This process should be simple and not onerous for the patient.
3. Define a process for how to record if a patient does not have an email address, telephone number, mailing address or refuses to provide one. Provide staff with instructions on what to enter in your software in such cases (e.g., “N/A”, “Does not consent”, leave blank).
4. If you are going to offer surveys in multiple languages, consider creating a field that indicates the patient’s preferred language.
5. Software is available for validating a telephone number, mailing address or email address. Such tools can improve surveying efficiency and reduce returned mail or email “bounce-backs”.
6. Ideally, your database should be able to rule out contemporary entries for the same patient.

Exclusion Criteria

You may decide not to survey some patients which will require exclusion policies and protocols.

1. Typical exclusion criteria include: patients who have notified the hospital that they do not wish to receive a survey; patients who have had a miscarriage or stillbirth; patients who are deceased; and patients who present with evidence of sexual assault or other particularly sensitive issues.
2. Establish processes for removing patients identified for exclusion prior to sending lists to your surveyors.

Step 3: Ensure IT Capability

1. Ensure that your hospital’s Admission, Discharge and Transfer (ADT) software can accept contact information that you wish to collect, such as email. If the fields for data entry are not available or inactive, it is important to engage your information technology (IT) team early in the process to determine how to enable the desired functionality. IT teams may need additional time to configure the software and determine secure methods for storing and maintaining such a database.
2. If you have chosen to use express consent policies, create a checkmark on the form in your ADT software with an option to denote that a patient has given consent and is willing to participate in digital surveys.

Step 4: Train Staff in Collecting Information

Developing processes to collect patient information and consent should involve key stakeholders from the very beginning. Hospitals that have implemented an iterative process of engaging with staff and other stakeholders to develop contact information and consent collection processes, have had higher adoption rates among staff and experience minimal resistance as many barriers to implementation are flagged and resolved during the development phase.

1. An ideal time for capturing personal information and express consent for the survey is at pre-registration, admission, and/or discharge.
2. Training should be integrated into the new hire orientation process for new administrative staff.
3. Train administrative staff on the new requirement for collecting email addresses, cellular numbers and preferred language (if applicable).
4. Train administrative staff to take reasonable steps to ensure that patients’ contact information is as accurate, complete and up-to-date as necessary for your purposes. Ensure that the information processed in the database is entered correctly to reduce mistakes when the patient is contacted with the survey.
5. Contact information should be verified with the patient to ensure that spelling, formatting and other applicable details are correct.

6. Provide staff with guidance on how to educate patients on the purpose of the survey and privacy of data collected in order to increase patient comfort with sharing their contact information. Concerns often result from a lack of understanding about the purpose of the survey and how the information will be used. Providing the patient with some background knowledge increases the consent rate for patients when collecting contact information. Develop a standard script to enable staff to feel more comfortable when asking for personal information for surveying purposes.

A simple and effective way to collect email addresses and express consent has been employed by the Royal Victoria Regional Health Centre. Administrative staff at admissions are provided with a short form requesting patients to write down their email address, explaining why the hospital is collecting this information and what they intend to with it. There are multi-fold benefits to such an approach. Patients write down their own email address, reducing the risk of an incorrect email being entered, and patients that complete the form are providing express consent for the collection and use of their email address. Lastly, the information on the form can help generate awareness around the hospital's use of email as a mode for surveying purposes. Please see the Appendix to view a sample template of this form.

Step 5: Provide Support and Feedback to Administrative Staff

1. Supervisory staff will be required to provide help as needed, especially at the start of the collection program. As stated in Step 4, all staff, including supervisory staff, should have the opportunity to provide feedback on the process during the development phase, including requirements for support and training. All implications associated with the process change that may affect them should be clearly communicated.
2. Once the process of collecting personal information for surveying purposes becomes routine, the need for supervisory support will decline.
3. Ensure accountability structures are in place for those responsible for collecting this information in your organization because obtaining personal contact information and entering this information accurately into your software system are critical to the success of the program.

4. Staff should be made aware of how progress toward personal contact information attainment goals will be tracked.

Step 6: Raise Awareness

Publicizing surveys will encourage patient buy-in and improve response rates.

1. Display promotional materials about the survey and how it is used to improve patient care in common patient areas.
2. At discharge, consider providing the patient with a flyer or postcard indicating that they may be contacted to complete a survey; identify the modes of surveying you are using so they won't be surprised when the survey arrives by email, text-message, or if they receive a call.
3. Staff should raise awareness about the survey among patients and other staff members, focusing on the purpose and goal of the survey and how the results will be used to improve experience and quality of care.



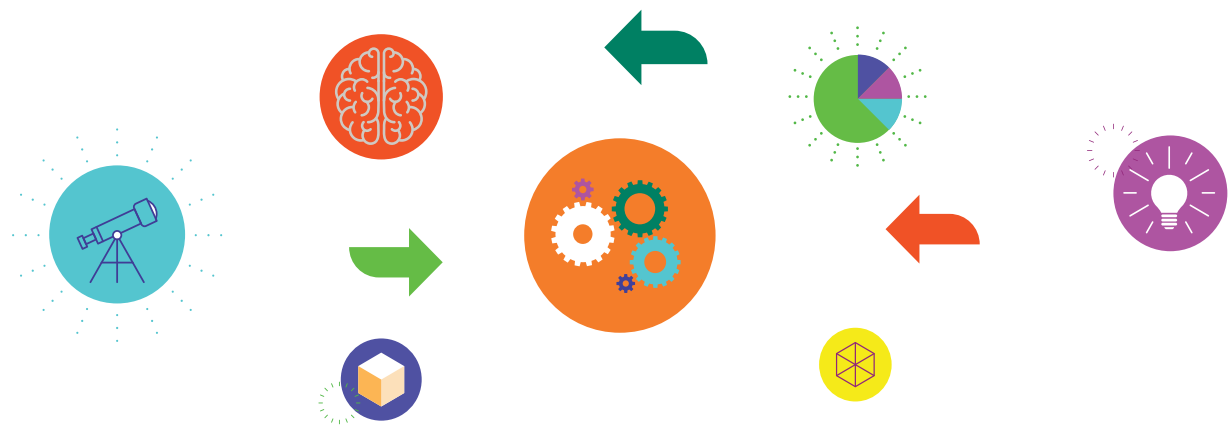
Frequently Asked Questions

Provide staff with a frequently asked questions (FAQ) document that they can use as a reference tool to help them answer questions about the survey and address common

patient concerns. You may wish to consider the following FAQs, though responses should be carefully crafted to reflect your organization’s policies and practices.

Questions from Patients	Draft Answers
<p>Can my partner, parent or family member provide their email address instead?</p>	<p>Yes, as long as the patient and the other person providing the email address agree (verbal consent) to provide Hospital X with the email address and understand that Hospital X may send a survey to the email address provided regarding the patient’s experience. Importantly, the survey itself may have rules requiring that it be completed by the patient rather than another person.</p>
<p>Why is Hospital X collecting patient email addresses, telephone, etc.?</p>	<p>Patient email addresses, telephone numbers and home addresses are being collected in order to send patients a survey regarding their experience at Hospital X.</p>
<p>What will the hospital do with the survey results?</p>	<p>Our hospital is committed to continuously improving how we care for our patients. We want to know about your experience while you were here and how well we served you. This helps us identify things we’ve missed, improve the quality of care and our communication.</p>
<p>If I respond to the survey, will the clinical staff know that the survey was completed by me, or will the survey be anonymous?</p> <p><i>[This will depend on your hospital’s policy]</i></p>	<p>Your answers will be confidential and will be combined with the answers of other patients in the reports. Your identity will remain anonymous.</p>
<p>English is not my native language; will the survey be provided in other languages?</p> <p><i>[This will depend on the Hospital and the languages you wish to offer the survey in]</i></p>	<p>If you can share with me which language you are most comfortable with for the purpose of completing the survey, we will send it to you in that language, if available.</p> <p><i>Alternative: be specific to known limitations.</i> The survey will only be offered in English or French. In which of the two languages would you be more comfortable completing the survey?</p>
<p>Will my email address, telephone number or mail address be used for anything else (i.e., other marketing)?</p>	<p><i>[To draft this response, refer to your hospital’s usage policy.]</i></p>
<p>Will my email address, telephone number or mail address be shared with a third party?</p> <p><i>[To draft this response, refer to your hospital’s usage policy.]</i></p>	<p>No, the hospital, along with the independent firm conducting the survey on our behalf, are the only organizations who will receive your contact information.</p> <p>The surveyors and our hospital are fully compliant with federal and provincial privacy legislation which govern the collection, use and disclosure of personal health information within the health sector.</p>

Questions from Patients	Draft Answers
What if my contact information changes but I would like to participate in the survey, how do I update you?	You can email or call the following number and provide us with your updated information.
I don't remember my email address; can I provide it at a later time?	You can call patient registration to add or update your email address.
Will I receive multiple surveys if I visit Hospital X multiple times?	Once you have submitted a survey, we will remove your name from the list so that you will not receive multiple invitations for at least three months.



End Notes

1. D. A. Dillman, J. D. Smyth, and L. M. Christian. (2014). *Internet, Phone, Mail, and Mixed-Mode Surveys: The Tailored Design Method*, Fourth Edition. Hoboken, New Jersey: John Wiley & Sons.
2. Information and Privacy Commissioner of Ontario. (2016). Fact Sheet: Communicating Personal Health Information by Email. Retrieved from <https://www.ipc.on.ca/resource/fact-sheet-communicating-personal-health-information-byemail/>
3. *Personal Health Information Protection Act*, 2004, S.O. 2004, c. 3, Sched. A. Retrieved from <https://www.ontario.ca/laws/statute/04p03#BK30>
4. “What Canadians Think About Virtual Health Care”, (2020), Canadian Medical Association, Retrieved from <https://www.cma.ca/sites/default/files/pdf/virtual-care/cma-virtual-care-public-poll-june-2020-e.pdf>



Appendix: Additional Resources from Ontario Hospitals

Resource #1, University Health Network (UHN), Email Collection and Consent in EPR Guide



Email Collection and Consent in EPR

Update to Process Effective February 25, 2021

What you need to know

- The process for collecting email addresses in EPR is changing as of February 25, 2021
- The email field will be mandatory on the UHN Standard Registration Screen along with a new field to confirm that you have obtained consent from the patient for the use of their email address
- You must obtain consent from the patient to collect their email address, using a script that was developed by UHN Privacy
- The purpose of the new process is to ask for the patient's consent to communicate with any of their care providers at UHN using email, and where the patient provides this broad consent, to document that consent in the EPR Standard Registration Screen.

Note: Where patients provide limited consent to communicate only with specific care providers, that consent should NOT be documented in the EPR Standard Registration Screen. In such cases the Consent to Email form D2019M should be used to document consent

What is involved in the new EPR process?

- When registering patients, on the UHN Standard Registration Screen, when entering field #7 (Email Consent – Care), you can ask if the patient is interested in sharing their email address for communication
- This can be done by following the Email Consent Script (see below)
- If they are not sure if they want to share their email address – you can select Pending, and they can be asked again at their next visit
- If they do not want to share their email address, you can select No
- If they say yes, you will be required to confirm that you have consented them. The Date of consent will automatically populate

Resource #1, University Health Network (UHN), Email Collection and Consent in EPR Guide
(continued)



Edit Registration			
UHN Standard Registration			
Mailing Address/Notification Information			
1 Primary Care Provider	2 Preferred Language Spoken	3 Interpreter?	
4 Mailing/Temporary Address	5 Type:M/T	6 Address Exp Date	
7 Email Consent - Care	8 Email Address	9 Date of Consent/Decline	10 Research
11 Next of Kin Name	12 Relationship	13 Next of Kin Address	
14 (NOK) Primary Phone #	15 (NOK) Secondary Phone	16 Out of Country Phone #	
17 Emergency Contact(s)		18 Emergency Contact Phone #	

Figure 1: UHN Standard Registration Screen, highlighting the new and changed fields

7) Email Consent – Care is now a mandatory field with the following options:

Does the patient consent to be contacted VIA EMAIL

(Y) Yes (N) No (P) Pending (X) N/A

If the **Email Consent - Care** is (Yes), **Email Address** will be mandatory.

7 Email Consent - Care	8 Email Address	9 Date of Consent/Decline	10 Research
Yes		Wed, 27 Jan 2021	

If the **Email Consent - Care** is (No) or (N/A), **Email Address** will not be editable and the data will be cleared.

7 Email Consent - Care	** Email Address	9 Date of Consent/Decline	10 Research
No	****	Wed, 27 Jan 2021	

If the **Email Consent - Care** is (Pending), **Email Address** will not be editable and the data will be cleared

7 Email Consent - Care	** Email Address	9 Date of Consent/Decline	10 Research
Pending	****		

Figure 2: Options to respond to field 7: Email Consent - Care

- If the patient wishes to share their email address, read the Consent Script (See Below)
 - You will be prompted to enter the email address, and the Date of Consent will be automatically populated, confirming you have obtained consent from the patient
- After they consent to sharing their email and you obtain their email address, one final question is if they would be interested in using their email to be contacted about Research opportunities – the same options apply (Yes, No, N/A, Pending) and can be the same or different



7) Research field is documented independently in addition to the **Email Consent - Care.**

Does the patient consent to be contacted BY CARE PROVIDER VIA EMAIL for research studies:

(Y) Yes (N) No (P) Pending (X) N/A

Figure 3: Research Consent field

- If the patient say No (they are not interested in sharing their email address), entering No will allow you skip past the rest of the email questions and continue with your normal registration
- If the patient says they don't have an email address, you can enter N/A, which will allow you skip past the rest of the email questions and continue with your normal registration
- If the patient says they're not sure or not today, you can enter Pending, which will allow you skip past the rest of the email questions and continue with your normal registration. You will be prompted at their next visit to enter again.

What is the consent process?

- It is essential that we receive a patients consent before collecting their email address
- This is in order to comply with privacy guidelines
- If the patient is interested in sharing their email address, read the consent script to confirm they are aware of what sharing their email address involves and how it may be used.
- If they already have an email address in EPR, you will still be prompted to consent them if we haven't obtained it yet (if it was entered in EPR prior to February 25, 2021)
- Consent is a one-time process, and you will not need to obtain it on subsequent visits
- Consent is for all UHN, and when it is obtained in one area of UHN, other areas within the patients circle of care can use the email address for the purposes outlined in the consent
- You may see patients for the first time that have already been consented in other areas of UHN, and you will not need to obtain additional consent
- If the patient says they only want to provide consent to communicate using email with a specific care provider, the clinic/care provider documents that consent using the Consent to Email form D-2019M.

If we have already collected patient's email addresses, can I consent them by email?

If you have previously collected a patient's email address, you may email them using the template at the end of this document to obtain consent that aligns with the new process (as of February 25, 2021).

- When a patient responds (yes or no), this should be documented in EPR in the consent field.



- If you have emailed a patient, you may wish to update the field with 'pending' but should not update as 'yes/no' until you have received confirmation from the patient.

Who can I contact if I have questions?

- You are welcome to contact:
 - Laura Williams, Director, Patient Engagement (laura.williams@uhn.ca)
 - Carole Garmaise, Director, Legal Operations and Privacy (Carole.Garmaise@uhn.ca)
 - Peter Ash, Manager, Strategy, Patient Experience and Practice (peter.ash@uhn.ca)

Where can I direct patients if they have questions?

- Patients and Families can email UHN Privacy: privacy@uhn.ca



Consent to Collect Email Script

Your care provider can communicate with you about your care using email. Would you like to learn more about this?

(If the patient gives an immediate 'No', you do not need to proceed with this script)

Before you decide whether you want to communicate with us by email, we want to give you some important information.

- *UHN will only email you with your permission. Doctors and clinics may have their own guidelines about when they will communicate with patients using email and some do not use email to communicate with patients.*
- *UHN will only email you about your health care. (if you need examples: sending you test results, medical advice, appointment confirmations, or patient surveys).*
- *The emails we send you may contain personal health information. (if you need examples: , information about your diagnosis, treatment, or medications).*
- *You should never email UHN in urgent or emergency situations.*
- *Email is never completely secure. The use of email always has some privacy and security risks.*

If you would like more information about UHN's use of emails to communicate with patients, please visit our website at www.uhn.ca.

*You may decide to stop using email to communicate with UHN at any time. Contact your health care provider or the **UHN Privacy Office** at privacy@uhn.ca.*

Would you like to UHN to communicate with you about your health care by email?

Consent to be Contacted about Research

If you want, your UHN health care provider may also email you about research studies you may want to participate in.

Would you like to receive emails from UHN about research studies for which you may be eligible?

Direction to UHN Staff:

Please ensure that the patient's consent or refusal to use email for care and/or to be contacted about research studies is documented separately in the email consent/refusal fields on the EPR registration page



Email Template: Contacting Patients by Email

In a past visit to the University Health Network (UHN), you provided your email address. We would like to know if you are comfortable with UHN continuing to contact you by email.

Please respond:

- Do you give permission for UHN to contact you by email about your care? **Yes or no.**
- Do you give permission for UHN to contact you by email about research studies you may want to participate in? **Yes or no.**

What can I expect if I agree to communicate by email about my care?

Before you decide whether you want to communicate with us by email, we want to give you some important information.

- UHN will only email you with your permission. Each doctor or clinic may have their own guidelines about when or what information they will send in an email. Some doctors or clinics do not use email to communicate with patients.
- UHN will only email you about your health care, such as to send you test results, medical advice, appointment confirmations or patient surveys.
- The emails we send you may contain personal health information, such as information about your diagnosis, treatment or medications.
- Never email UHN in urgent or emergency situations. Call your clinic or go to the nearest Emergency Department.
- Email is never completely secure. There are always some risks to your privacy and security when using email to communicate with other people.

If you would like more information about how UHN uses email to communicate with patients about their care, you can contact our Privacy office at privacy@uhn.ca



What can I expect if I agree to get emails about research studies?

If you want, your UHN health care provider may also email you about research studies you may qualify for and want to participate in.

If you would like more information about how UHN uses email to communicate with patients about research studies, please contact our Privacy office at privacy@uhn.ca

Can I change my mind if I give consent now?

You may decide to stop using email to communicate with UHN at any time. Contact your health care provider or the **UHN Privacy Office** at privacy@uhn.ca

Looking for health information? Visit www.UHNPatientEducation.ca for more

Direction to UHN Staff:

Please ensure that the patient's consent or refusal to use email for care and/or to be contacted about research studies is documented separately in the email consent/refusal fields on the EPR registration page.

EPR Email Collection

Laura Williams, Director Patient Engagement
February 12, 2021



What's Happening

- On February 25, 2021 an update to EPR will create new mandatory fields in Patient Registration
- The fields involve the collection of patient email address and consent to use their email address



Why the change?

- UHN needs a standardized approach to collect and securely store patient email addresses
- Patient email addresses are useful to communicate with patients for clinical communication, patient experience surveys and to share research opportunities
- Legal and Privacy have led and guided these best practices
- With Legal and Privacy recommendations, a new process has been developed:
 - A minor update to EPR registration screens to capture email address and consent with date
 - A script to consent patients on collection and use of their email address



The Change: UHN Standard Registration Screen

Edit Registration		
UHN Standard Registration		
Mailing Address/Notification Information		
1 Primary Care Provider	2 Preferred Language Spoken	3 Interpreter?
4 Mailing/Temporary Address	5 Type: M/T	6 Address Exp Date
7 Email Consent - Care	8 Email Address	9 Date of Consent/Decline
		10 Research
11 Next of Kin Name	12 Relationship	13 Next of Kin Address
14 (NOK) Primary Phone #	15 (NOK) Secondary Phone	16 Out of Country Phone #
17 Emergency Contact(s)	18 Emergency Contact Phone #	



The Change: UHN Standard Registration Screen

7) Email Consent – Care is now a mandatory field with the following options:

Does the patient consent to be contacted VIA EMAIL

If the **Email Consent - Care** is (Yes), **Email Address** will be mandatory.

7	Email Consent - Care	8	Email Address	9	Date of Consent/Decline	10	Research
	Yes				Wed, 27 Jan 2021		

If the **Email Consent - Care** is (No) or (N/A), **Email Address** will not be editable and the data will be cleared.

7	Email Consent - Care	**	Email Address	9	Date of Consent/Decline	10	Research
	No		*****		Wed, 27 Jan 2021		

If the **Email Consent - Care** is (Pending), **Email Address** will not be editable and the data will be cleared

7	Email Consent - Care	**	Email Address	9	Date of Consent/Decline	10	Research
	Pending		*****				



The Change: UHN Standard Registration Screen

7) **Research** field is documented independently in addition to the **Email Consent - Care**.

Does the patient consent to be contacted BY CARE PROVIDER VIA EMAIL for research studies:

The Process

- When registering patients, on the UHN Standard Registration Screen, when entering field #7 (Email Consent – Care), you can ask if the patient is interested in sharing their email address for communication.
- This can be done by following the Email Consent Script (This will be emailed to you)
- If they are not sure if they want to share their email address – you can select Pending, and they can be asked again at their next visit
- If they do not want to share their email address, you can select No
- If they say yes, you will be required to confirm that you have consented them. The Date of consent will automatically populate



Consent

- It is essential that we receive a patients consent before collecting their email address
- This is in order to comply with privacy and legal guidelines



Your care provider can communicate with you about your care using email. Would you like to learn more about this?

(If the patient gives an immediate 'No', you do not need to proceed with this script)

Before you decide whether you want to communicate with us by email, we want to give you some important information.

- UHN will only email you with your permission. Doctors and clinics may have their own guidelines about when they will communicate with patients using email and some do not use email to communicate with patients.
- UHN will only email you about your health care. (If you need examples: sending you test results, medical advice, appointment confirmations, or patient surveys).
- The emails we send you may contain personal health information. (If you need examples: information about your diagnosis, treatment, or medications).
- You should never email UHN in urgent or emergency situations.
- Email is never completely secure. The use of email always has some privacy and security risks.

If you would like more information about UHN's use of emails to communicate with patients, please visit our website at www.uhn.ca.

You may decide to stop using email to communicate with UHN at any time. Contact your health care provider or the **UHN Privacy Office** at privacy@uhn.ca.

Would you like to UHN to communicate with you about your health care by email?

Consent to be Contacted about Research

If you want, your UHN health care provider may also email you about research studies you may want to participate in.

Would you like to receive emails from UHN about research studies for which you may be eligible?



Questions?

Resources including this PowerPoint, the consent script, Consent to Email policy and tip sheet will be shared after today's session

If you have any questions you can contact us at laura.williams@uhn.ca or peter.ash@uhn.ca or carole.garmaise@uhn.ca





Patient Consent for Email:

UHN patients may provide their consent to communicate with UHN about their care using email. All electronic communication carries some risk. Please visit our website [here](#) to learn about the risks of electronic communication and how to protect your privacy. You may withdraw your consent to receive emails from UHN at any time. Please contact your care provider, if you do not wish to receive emails from UHN.



Guidelines for Collecting and Adding Email to Patient Account: Using Meditech BedBoard

Ask the patient:

“We are now collecting email addresses as part of your standard demographic information. Is this something you would like to provide?”

You can utilize the email collection note pad to collect the email address:

<p>RVH now collects patient email addresses.</p> <p>Future uses of email as a communication tool may include:</p> <ul style="list-style-type: none">○ Appointment reminders○ Sharing instructions on how you can access your own hospital medical records on-line○ Patient experience feedback <p>Please PRINT your email in CAPITAL LETTERS below and hand to your Registration Clerk.</p> <p>_____ @ _____</p> <p>Your personal health information is always protected and you can unsubscribe at any time.</p> <p>Thank You</p>

IF an e-mail address is ALREADY PRESENT:

Verify the e-mail address on file and continue with the normal registration process without asking any additional questions.

IF data other than an e-mail address is already present in the “Email” field:

Assess if data should be captured in another field (e.g. NOK/PTN fields) or already exists in these fields. **Delete** the data and replace with an e-mail address if provided, or NONE if patient does not want or have to provide.

Resource #4, Royal Victoria Regional Health Centre (RVH), Guide on How to Add Email to a Patient Account (continued)



Step # 1 – Locate Patient on BedBoard

Applications

- Admissions **TEST5.67**
- EDM (RVH) **TEST5.67**
- EMR **TEST5.67**
- General Ledger **TEST5.67**

PATIENT REGISTRATION SUPERVISOR ADMISSIONS MAIN MENU

- Registration Management Desktop
- Bed Management Desktop **Option #2**

0 of 33 Selected **Detail List**

Room Bed	Location	Patient Name	Co nf	H	Attend Phys	Pt Serv	Te le	IS O	Req. Accom	EDD	P
<input type="checkbox"/> 4355.7-1	R.45B										
<input type="checkbox"/> 4355.7-2	R.45B										
<input type="checkbox"/> 4355.7-3	R.45B										
<input type="checkbox"/> 4355.7-4	R.45B										
<input type="checkbox"/> 4360.8-1	R.45B										
<input type="checkbox"/> 4360.8-2	R.45B										
<input type="checkbox"/> 4364.10-1	R.45B										
<input type="checkbox"/> 4366.11-1	R.45B										
<input type="checkbox"/> 4366.11-2	R.45B										
<input type="checkbox"/> 4370.13-1	R.45B										
<input type="checkbox"/> 4373.14-1	R.45B										
<input type="checkbox"/> 4373.14-2	R.45B										
<input type="checkbox"/> 4373.14-3	R.45B										
<input type="checkbox"/> 4373.14-4	R.45B										
<input type="checkbox"/> 4377.15-1	R.45B	cTEST,LEE	Y		LEEMI	R.MED		No...	PRIV		
<input type="checkbox"/> 4399.16-1	R.45B										
<input type="checkbox"/> 4400.17-1	R.45B	MED REC,DISCHARGE			HANRE	R.SUR			SEMI	22/04/19	
<input type="checkbox"/> 4402.18-1	R.45B	cGRAHAM,JANICE CAROL	Y		KRUGE	R.SUR		No...	WA...		
<input type="checkbox"/> 4402.18-2	R.45B										
<input type="checkbox"/> 4405.19-1	R.45B										

Worklist

- Bed Request
- Assign Bed
- Register
- Discharge
- Pending Disch
- In Transfer
- Swap Bed
- Multi-Transfer
- Edit**
- Undo
- Fix
- View Account
- View Room
- EMR

Highlight patient from BedBoard list then select 'Edit' routine from toolbar

Step #2 Update Email

If the patient does not wish to provide or does not have an e-mail address, enter **NONE** in the field.

Registration Management Desktop - RVH (ROV/ROV.TEST5.67/ROV.TEST5.67 - Test) - MARTHA MAYES

cTest, Lee ADM IN AC005240/19 Med Rec Num: V000011453
 10/M 01/01/2009 10/06/19 - 1000
 4377.15-1

Patient INFECTQ Contact Guarantor Insurance Notes
 Occurrences Provider OLIS Visit REPAT

Demographics Employer

*Name TEST,LEE
 *Reg Category AC.ADM.IN
 *Account Num AC005240/19
 Birthdate|*Age 01/01/2009 10
 *Sex M
 Other Name
 Mother's Name
 *Address 123 ANYWHERE
 *City|*Province BARRIE ON
 *Postal Code L4M 5C4
 *Residence Code 3301

Language ENG
 *Home Phone (705)500-1234
Email
 Use E-Mail
 HC Province
 HC Number
 Soc Ins Num
 Subscriber Init
 Rel to Pt
 *Marital Status S
 *Religion NO
 Affiliation

*****RELIGION INFORMATION*****
 *Can we share this info. with your religious affiliation? N

free text in email address - be sure to use proper formatting e.g. testlee@hotmail.com

Resource #4, Royal Victoria Regional Health Centre (RVH), Guide on How to Add Email to a Patient Account *(continued)*



Royal Victoria
Regional Health Centre

Step #3

Hit **<Save>** on bottom toolbar you will be asked if you want to update the Guarantor data with this email address? **** Please be careful when reviewing this query ****

A screenshot of a software dialog box with a light green background. It contains two side-by-side text boxes for address information. The left box is titled 'Patient's Address Information' and contains the text: '123 ANYWHERE', 'BARRIE, ON L4M 5C4', '(705)500-1234', and 'testing@hotmail.com'. The right box is titled 'Guarantor's Address Information' and contains: 'TEST,LEE', '123 ANYWHERE', 'BARRIE, ON L4M 5C4', '(705)500-1234', and 'SP'. Below these boxes is a text field with the label 'Change Guarantor's Address to Patient's Address' and a dropdown menu currently set to 'Y'. Below the text field is a red instruction: '** IF the patient is their own guarantor - accept the 'Y' default and click 'OK'. If the guarantor is NOT the patient - change to 'N' and click 'OK'.'. At the bottom right are 'Cancel' and 'OK' buttons.

When the print Admission Form box appears – hit <Esc> key OR change all values to 'No' and click 'Ok'.


Resource #5, Royal Victoria Regional Health Centre (RVH), Patient Registration Collecting Patient Email Notepads (Sample Form)



Email Collection Notepad

<p>RVH now collects patient email addresses.</p> <p>Future uses of email as a communication tool may include:</p> <ul style="list-style-type: none"> ○ Appointment reminders ○ Sharing instructions on how you can access your own hospital medical records on-line ○ Patient experience feedback <p>Please PRINT your email in CAPITAL LETTERS below and hand to your Registration Clerk.</p> <p>_____@_____</p> <p>Your personal health information is always protected and you can unsubscribe at any time. Thank You</p>	<p>RVH now collects patient email addresses.</p> <p>Future uses of email as a communication tool may include:</p> <ul style="list-style-type: none"> ○ Appointment reminders ○ Sharing instructions on how you can access your own hospital medical records on-line ○ Patient experience feedback <p>Please PRINT your email in CAPITAL LETTERS below and hand to your Registration Clerk.</p> <p>_____@_____</p> <p>Your personal health information is always protected and you can unsubscribe at any time. Thank You</p>
<p>RVH now collects patient email addresses.</p> <p>Future uses of email as a communication tool may include:</p> <ul style="list-style-type: none"> ○ Appointment reminders ○ Sharing instructions on how you can access your own hospital medical records on-line ○ Patient experience feedback <p>Please PRINT your email in CAPITAL LETTERS below and hand to your Registration Clerk.</p> <p>_____@_____</p> <p>Your personal health information is always protected and you can unsubscribe at any time. Thank You</p>	<p>RVH now collects patient email addresses.</p> <p>Future uses of email as a communication tool may include:</p> <ul style="list-style-type: none"> ○ Appointment reminders ○ Sharing instructions on how you can access your own hospital medical records on-line ○ Patient experience feedback <p>Please PRINT your email in CAPITAL LETTERS below and hand to your Registration Clerk.</p> <p>_____@_____</p> <p>Your personal health information is always protected and you can unsubscribe at any time. Thank You</p>

Resource #6, Royal Victoria Regional Health Centre (RVH), Privacy of Personal Health Information (PHI) and Personal Information (PI) Policy

 <small>Royal Victoria Regional Health Centre</small>	REGIONAL CORPORATE ADMINISTRATIVE POLICY AND PROCEDURE		Page 1 of 12
Privacy of Personal Health Information (PHI) and Personal Information (PI)			
Signing Authority:	Senior Leadership Team		
Approval Date:	14-Sep-2021	Effective Date:	17-Sep-2021

SCOPE:

This policy and procedure applies to all employees of the Royal Victoria Regional Health Centre (RVH) as well as professional staff with RVH privileges (i.e., medical, dental, midwifery, and extended class nurses), volunteers, students, and contractors. These individuals shall be referred to collectively as Workers herein. The requirements apply whether working on RVH property or working on behalf of or representing RVH elsewhere.

POLICY STATEMENT:

It is the policy of RVH that all Personal Health Information (PHI) and Personal Information (PI) collected, used, maintained and disclosed by the hospital or its staff shall be treated in accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)*, the *Personal Health Information Protection Act (PHIPA)* and any other legislation as applicable.


PHI and PI that is acquired or maintained within RVH is owned by RVH and considered confidential. The documentation of the information constitutes a record, which is the property and responsibility of RVH regardless of where the record is stored and regardless of the medium (i.e. printed, film or other electronic means).

As an institution under FIPPA, and as a Health Information Custodian (HIC) under PHIPA, RVH has an obligation to collect, use and disclose PHI and PI in a manner that protects the confidentiality and privacy of the information, while still maintaining effective organization operations and still facilitating the effective provision of health care. PHI and PI will be made available to authorized users for patient care, administration, education, research, and other authorized purposes.

RVH's enterprise-wide approach to maintaining the privacy and confidentiality of PI and PHI incorporates the ten principles of fair information practices contained in the CSA Model Code for Personal Information (1996). These principles, along with statutory obligations, healthcare best practices and RVH policy and procedures guides RVH's management of PHI and PI.

DEFINITIONS:

This is a controlled document prepared solely for use by the Royal Victoria Regional Health Centre (RVH). Printed copies may not reflect the current electronic document and shall be checked by RVH users in the Policies and Documents intranet page prior to use. Printed: 25/11/2021

 Royal Victoria Regional Health Centre	REGIONAL CORPORATE ADMINISTRATIVE POLICY AND PROCEDURE	Page 2 of 12
Privacy of Personal Health Information (PHI) and Personal Information (PI)		

Confidentiality: the obligation of an individual, organization or custodian to protect the PHI/PI, business information entrusted to it and not to misuse or wrongfully disclose it.


Confidential Information: All information that is not made public by RVH and which by its nature merits protection, including: Corporate Confidential Information (CCI), Personal Information (PI) and Personal Health Information (PHI) under the custody and control of RVH.

Corporate Confidential Information (CCI): means confidential or internal information collected for RVH business purposes, including but not limited to:

- Financial information — any information that outlines a person's salary or any unpublished financial information (e.g., suppliers, debtors, payroll);
- Human resources information — any performance-related information, compensation, benefits, WSIB, or occupational health information;
- Legal information — any information outlined in a legal document (e.g., contracts, agreements, disputes);
- Human rights information — any information associated with an informal or formal human rights complaint, including an abuse or harassment complaint;
- Other administrative information — any information used for administrative purposes (e.g., schedules, patient census, employee lists, patient lists, donor lists, fan out lists, etc.); and/or
- Hospital operations information - any information relating to the RVH's ongoing or strategic initiatives (e.g., organizational restructuring, mergers, outsourcing of business units).

Health Information Custodian (HIC): means a listed individual or organization under the Personal Health Information Protection Act (PHIPA) that, as a result of their powers or duties, has custody or control of personal health information. Examples of health information custodians include, but are not limited to: health care practitioners, including doctors, nurses, pharmacists, psychologists and dentists; hospitals; psychiatric facilities; pharmacies; laboratories; nursing homes and Long-Term Care facilities; retirement homes and homes for special care; Community care access centres; ambulance services; boards of health; The Minister of Health and Minister of Long-Term Care; and entities prescribed by regulations that are not defined as health information custodians but are permitted to collect personal health information from health information custodians for the purpose of health planning and management. [PHIPA: Schedule A, section 3.(1)].

Health Information Network Provider (HINP): a person who provides services to two or more health information custodians where the services are provided primarily to custodians to enable the custodians to use electronic means to disclose personal health information to another, whether or not the person is an agent of any of the custodians.

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Privacy of Personal Health Information (PHI) and Personal Information (PI)		

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- Financial information — any information that outlines a person's salary or any unpublished financial information (e.g., suppliers, debtors, payroll);
- Human resources information — any performance-related information, compensation, benefits, WSIB, or occupational health information;
- Legal information — any information outlined in a legal document (e.g., contracts, agreements, disputes);
- Human rights information — any information associated with an informal or formal human rights complaint, including an abuse or harassment complaint;
- Other administrative information — any information used for administrative purposes (e.g., schedules, patient census, employee lists, patient lists, donor lists, fan out lists, etc.); and/or
- Hospital operations information - any information relating to the RVH's ongoing or strategic initiatives (e.g., organizational restructuring, mergers, outsourcing of business units).

Health Information Custodian (HIC): means a listed individual or organization under the Personal Health Information Protection Act (PHIPA) that, as a result of their powers or duties, has custody or control of personal health information. Examples of health information custodians include, but are not limited to: health care practitioners, including doctors, nurses, pharmacists, psychologists and dentists; hospitals; psychiatric facilities; pharmacies; laboratories; nursing homes and Long-Term Care facilities; retirement homes and homes for special care; Community care access centres; ambulance services; boards of health; The Minister of Health and Minister of Long-Term Care; and entities prescribed by regulations that are not defined as health information custodians but are permitted to collect personal health information from health information custodians for the purpose of health planning and management. [PHIPA: Schedule A, section 3.(1)].

Health Information Network Provider (HINP): a person who provides services to two or more health information custodians where the services are provided primarily to custodians to enable the custodians to use electronic means to disclose personal health information to another, whether or not the person is an agent of any of the custodians.

 Royal Victoria Regional Health Centre	REGIONAL CORPORATE ADMINISTRATIVE POLICY AND PROCEDURE	Page 3 of 12
Privacy of Personal Health Information (PHI) and Personal Information (PI)		

Identifying Information: information that identifies an individual or for which it is foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

Individual(s): includes patients, employees, volunteers, affiliates, clients and the public.

Information and Privacy Commissioner (IPC): Agency with provincial oversight to Ontario's access and privacy laws (PHIPA, FIPPA).

Institution: as defined in FIPPA (section 2) is: the Assembly, a ministry of the Government of Ontario; a service provider organization within the meaning of section 17.1 of the Ministry of Government Services Act; a hospital; any agency, board, commission, corporation or other body designated as an institution in the regulations; ("institution").

Patient Information: Recorded and identifiable Personal Health Information and/or Personal Information about an individual who receives services from RVH.

Personal Health Information (PHI): means identifying information about an individual in oral or recorded form, if the information:

- Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family;
- Relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
- Is a plan of service within the meaning of the Home Care and Community Services Act, 1994 for the individual (c.1) is a plan that sets out the home and community care services for the individual to be provided by a health service provider or Ontario Health Team pursuant to funding under section 21 of the Connecting Care Act, 2019;
- Relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;
- Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance;
- Is the individual's health number; or
- Identifies an individual's substitute decision-maker.

Personal Information: means recorded information about an identifiable individual, including:

- Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual;



Privacy of Personal Health Information (PHI) and Personal Information (PI)

- Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved;
- Any identifying number, symbol or other particular assigned to the individual;
- The address, telephone number, fingerprints or blood type of the individual;
- The personal opinions or views of the individual except where they relate to another individual;
- Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence;
- The views or opinions of another individual about the individual; and
- The individual's name where it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual.

Privacy: the right of individuals to determine for themselves when, how and to what extent information about themselves is communicated to others.

Privacy Breach: A privacy breach occurs when Personal Information (PI), Personal Health Information (PHI) or Confidential Corporate Information (CCI) in the custody and control of RVH is compromised, that is, when it is accessed, used, disclosed, retained, or destroyed in a manner inconsistent with PHIPA, FIPPA, and/or our privacy policies.


Regional Privacy Office: Provides privacy oversight of the four partner sites, Collingwood General & Marine Hospital (CGMH), Headwaters Healthcare Centre (HHCC), Georgian Bay General Hospital (GBGH), and Royal Victoria Regional Health Centre (RVH)

Substitute Decision-Maker (SDM): a person who is authorized under PHIPA to consent on behalf of an individual to the collection, use or disclosure of personal health information about the individual.

PROCEDURE / GUIDING PRINCIPLES:

Accountability

As the Health Information Custodian (HIC), RVH is responsible for the personal health information in its custody or under its control and has designated a Chief Privacy Officer (CPO) who is accountable for the organization's compliance with the privacy principles and provincial legislation. The identity of the CPO designated by RVH to oversee its compliance with the principles and provincial legislation will be provided to staff, physicians, volunteers and the public. The CPO, via the Regional Privacy Office, will

 Royal Victoria Regional Health Centre	REGIONAL CORPORATE ADMINISTRATIVE POLICY AND PROCEDURE	Page 5 of 12
Privacy of Personal Health Information (PHI) and Personal Information (PI)		

facilitate any access requests, privacy related inquiries, complaints and Information and Privacy Commissioner Investigations.

For the purposes of FIPPA, the Chair of the Board as the head of the institution designates a contact person under the Delegation of Authority. The CPO has also been assigned as the contact person for the purposes of FIPPA.

The identity of the CPO and individual(s) designated by RVH to oversee compliance with this policy and FIPPA/PHIPA legislation will be made known as a matter of public record. The CPO can be contacted via telephone at (705) 728-9090 extension 42537 or via email at regionalprivacy@rvh.on.ca or via mail by writing:

Regional Privacy Office
201 Georgian Drive
Barrie Ontario L4M 6M2.


Identifying Purposes

RVH will inform all individuals of the purposes for which their PHI/PI is collected, used and disclosed at the time of collection. The purposes will be stated in such a manner that the individual can reasonably understand how the information will be used or disclosed.

RVH collects, uses, and discloses PHI/PI for the purposes of:

- Providing healthcare or assisting in providing health care to the individual;
- Planning or delivery of patient care programs or services funded by RVH; Evaluating, monitoring and allocating resources to these programs and services;
- Risk management or activities to improve quality of care or quality of any related program or service; Processing, monitoring, verifying or reimbursing claims for payment under any Act;
- Research, as approved by a Research Ethics Board;
- Marketing, but only with express consent;
- Anonymizing or de-identifying the information;
- Teaching and education;
- Fundraising;
- Providing the individual's name, religious or other organization affiliation and location in the facility to a representative of the religious or other organization;
- As otherwise consented to by the individual; and
- As otherwise permitted, authorized or required by law.

When PHI/PI that has been collected is to be used for a purpose not previously identified, the new purpose will be identified prior to use. Unless law requires the new

 Royal Victoria Regional Health Centre	REGIONAL CORPORATE ADMINISTRATIVE POLICY AND PROCEDURE	Page 6 of 12
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purpose or legislation permits, the consent of the individual is required before information can be used for that purpose.

Consent for Collection, Use and Disclosure

RVH will rely on implied consent, where appropriate, or obtain express consent from the individual (patients, employees, volunteers, affiliates, the public, etc.) when collecting, using or disclosing PHI and PI, unless otherwise exempted by PHIPA or FIPPA.

RVH will ensure that a consent to the collection, use or disclosure of PHI/PI about an individual is knowledgeable. Consent is considered knowledgeable if it is reasonable in the circumstances to believe that the individual knows:

- The purpose of the collection, use or disclosure as the case may be; and
- That the individual may provide or withhold consent.


RVH is entitled to assume it has the individual's implied consent to collect, use or disclose their PHI, unless the individual has expressly withheld or withdrawn consent by providing reasonable notice to the hospital. RVH will inform the individual of the foreseeable consequences of withholding or withdrawing consent. The withdrawal of consent is not retroactive.

If an individual limits their consent on the sharing of their PHI, this limited consent should not prohibit or restrict any recording of PHI that is required by law or by established standards of practice or institutional practice.

If an individual is incapable of providing consent, they may designate a Substitute Decision-Maker (SDM) to act on their behalf for the collection, use and disclosure of their PHI.

An SDM is a person, who is capable and authorized to consent and who is not prohibited by court order from access to the individual's PHI or from giving or refusing consent, in order of rank are:

- The individual's guardian;
- Attorney for personal care;
- Representative appointed by the Consent and Capacity Board;
- Spouse or partner;
- A child or parent or Children's Aid Society (CAS) or other person who is lawfully entitled to give or refuse consent in the place of a parent but not a parent with only a right of access;
- A parent with only a right of access;
- Brother/Sister; and/or
- Any other relative.

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For deceased patients: if an individual is deceased, the deceased's estate trustee or the person who has assumed responsibility for the administration of the deceased's estate can act on behalf of the deceased individual.

Where there is a conflict between or among persons of equal rank, the Public Guardian and Trustee may decide.

Children under 16: where a capable child under 16 decides to give, withhold or withdraw consent, or provide information, the child's decision prevails over the parent, or other person. An agent may however disclose PHI without the custodian's authorization to the Public Guardian and Trustee or a Children's Aid Society so that these bodies can carry out their statutory functions.

Limiting Collection

RVH will limit the collection of PHI/PI to that which is necessary for the identified purposes or for purposes that PHIPA or FIPPA permits or requires. RVH will not collect, use or disclose PHI/PI if other information will serve the purpose of the collection, use or disclosure. Information will be collected by fair and lawful means.

RVH will not obtain consent for collection through deception or via omission of reasonable notification. RVH will endeavor to provide as much detail as reasonably necessary regarding the purposes for collecting in order for individuals to provide knowledgeable consent regarding the collection of their information.


Limiting Use, Disclosure and Retention

RVH will limit the use and disclosure of PHI/PI to the identified purposes, unless further consent is obtained, or the use or disclosure is permitted or required by law.

Individual access to PHI/PI by agents of RVH will be granted on a need to-know basis based on their roles and responsibilities.


RVH may generally disclose PHI for the following reasons:

- In order for the Ministry of Health and Long-Term Care to provide funding to RVH for the provision of health care;
- To contact a relative or friend or other potential substitute decision-maker of an individual who is injured, incapacitated or ill and unable to give consent personally;
- To disclose PHI about a deceased individual:
 - for the purpose of identifying the individual;

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- for the purpose of informing any person whom it is reasonable to inform of the fact that the individual is deceased and the circumstances of death, where appropriate; or
- to the spouse, partner, sibling or child of the deceased individual if the recipients of the information reasonably require the information to make decisions about their own health care or their children's health care;
- To eliminate or reduce a significant risk of serious bodily harm to a person or group of persons;
- When transferring records to the archives for conservation;
- To a person carrying out an inspection, investigation or similar procedure that is authorized by a warrant or PHIPA or another Act, for the purpose of complying with the warrant or for the purpose of facilitating the inspection, investigation or similar procedure;
- To determine or verify someone's eligibility for publicly funded health care or related goods, services or benefits;
- For the purpose of administration and enforcement of the law by specific professional regulatory colleges and other regulatory bodies;
- To a prescribed person, listed in the regulations, who compiles and maintains a registry of PHI for the purposes of facilitating or improving the provision of health care or the storage or donation of body parts or bodily substances;
- To a prescribed entity, listed in the regulations, for the purpose of analysis or compiling statistical information with respect to the management, evaluation or monitoring of the health system;
- To the Public Guardian and Trustee, a Children's Aid Society and the Children's Lawyer for the purpose of carrying out their statutory functions;
- To a person conducting an audit or reviewing an accreditation or application for accreditation related to the services of a custodian;
- For the purpose of legal proceedings, or contemplated legal proceedings, in which the custodian or the agent or former agent of the custodian is, or is expected to be, a party or witness, if the information relates to or is a matter in issue in the proceeding or contemplated proceeding;
- For the purpose of research, subject to restrictions and conditions;
- For any purpose as required or permitted by law; and
- To a custodian (provided that custodian falls within the categories of custodians who can rely on assumed implied consent) if the disclosure is reasonably necessary for providing health care and consent cannot be obtained in a timely manner, unless there is an express request from the individual instructing otherwise.

RVH may also disclose to a person the following PHI relating to a patient or resident in the facility if the hospital offers the individual the option, at the first reasonable

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opportunity after admission to the facility, to object to such disclosures and if the individual does not do so:

- The fact that the individual is a patient or resident in the facility
- The individual's general health status described as critical, poor, stable or satisfactory, or in similar terms
- The location of the individual in the facility

Fundraising: only the individual's name and mailing address will be provided for fundraising purposes based on implied consent 60 days post patient discharge or received services. All fundraising solicitations will contain an easy opt-out process.

Research: RVH may disclose PHI about an individual to a researcher if the researcher:

- Submits to RVH an application in writing, a research plan and a copy of the decision of a research ethics board that approves the research plan, and
- Enters into an agreement with the hospital in which the researcher agrees to comply with the conditions and restrictions the hospital imposes relating to the use, security, disclosure return or disposal of the information.

PHI/PI shall be retained only as long as necessary for the fulfillment of those purposes.

RVH is subject to legislative requirements with respect to retention periods. PI and PHI that is no longer required to fulfill the identified purposes will be disposed of in a manner consistent with legislative requirements.


Accuracy

RVH will take reasonable steps to ensure that PHI and PI is as accurate, complete and up-to-date as is necessary for the purposes for which it is used or disclosed.

If RVH has granted an individual access to a record of their own PHI/PI, and if the individual believes that the record is inaccurate or incomplete for the purposes for which the hospital has collected or used the information, the individual may request that the hospital correct the record. Requests for correction are to be in writing and directed to the Regional Privacy Office. When an individual successfully demonstrates the inaccuracy or incompleteness of the record, the information will be amended as required by legislation.

As soon as possible in the circumstances but no later than 30 days after receiving a request for a correction, RVH will, by written notice to the individual, grant or refuse the individual's request or extend the deadline for replying for a period of not more than 30 days.

Resource #6, Royal Victoria Regional Health Centre (RVH), Privacy of Personal Health Information (PHI) and Personal Information (PI) Policy (*continued*)

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RVH will not correct a record of PHI if it consists of a professional opinion or observation, or if the record was not originally created by the hospital and it does not have sufficient knowledge, expertise and authority to correct the record. If a request for correction is refused by the hospital, the individual is entitled to make a complaint to the Information and Privacy Commissioner of Ontario.

Depending on the nature of the information challenged, amendment involves the correction, deletion, or addition of information. Where appropriate and reasonable, the amended information will be transmitted to third parties that have access to the information in question.

Safeguards

RVH implements appropriate technical, administrative and physical safeguards to protect the privacy and confidentiality of PHI/PI. The nature of the safeguards vary depending on the amount of information, distribution method, format and the method of information storage employed.


RVH recognizes the importance of maintaining the confidentiality of PHI/PI and ensures all workers are informed of their privacy and confidentiality requirements via a number of different avenues including education, policies and procedures and contractual obligations.

At the first reasonable opportunity, RVH shall notify an individual at their last known address or phone number, depending on the method of notification chosen, if the individual's PHI/PI under the custody or control of the hospital, has been lost, stolen or accessed inappropriately (i.e. in a way non-compliant with RVH policy and/or applicable legislations).

Records of PHI/PI under the custody or control of RVH will be retained, transferred and disposed of in a secure manner and in accordance with any prescribed legislative requirements.

Openness

RVH makes visibly available a written statement on the hospital's information practices (e.g. collection, use and disclosure of PHI and/or personal information). RVH makes readily available to individuals specific information about its privacy policies and procedures relating to the management of PHI/PI via a number of different methods (i.e. posters, brochures, online information, etc.).

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Access

Upon request, an individual will be informed of the existence, use and disclosure of their PHI/PI. RVH will provide the individual access to their personal health records and/or personal information in a manner consistent with PHIPA or FIPPA.

Upon written request, RVH will respond to an individual's request for access no later than 30 days after receiving the request and at a reasonable cost to the individual.

As soon as possible in the circumstances but no later than 30 days after receiving a request for a correction, RVH will, grant or refuse the individual's request or extend the deadline for replying to the request.

In certain circumstances, RVH may not be able to provide access to all the PHI/PI it holds about an individual. The reason for denying access will be provided to the individual.

Individual access to records of PHI/PI may not apply to a record that contains:


- Quality of Care information;
- Information subject to legal privilege, including litigation privilege where the proceeding and any resulting appeals or other procedures have not been concluded, or where the information was collected or created for the purposes of inspection, investigation, or similar procedure authorized or permitted by law and any such process or resulting process has not been concluded;
- Information collected or created for the purpose of complying with the requirements of a quality assurance program;
- Raw data from standardized psychological tests or assessments;
- PHI in the custody of a prescribed class of custodians;
- Information that could result in a risk of serious harm to the treatment or recovery of the individual or another person or the risk of serious bodily harm to the individual or other person;
- Information that would lead to the identification of a person who provided information in the record to; and/or
- RVH explicitly or implicitly in confidence or other information as permitted or required by law.

Where it is reasonable to do so, RVH will sever from the record the information listed above to permit access to be granted to the remainder of the record.

Challenging Compliance

An individual can address a challenge or complaint concerning compliance with the above principles to the RVH Chief Privacy Officer. All complaints will be treated in a

Resource #6, Royal Victoria Regional Health Centre (RVH), Privacy of Personal Health Information (PHI) and Personal Information (PI) Policy (*continued*)

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confidential manner, investigated and action taken when appropriate including, if necessary, amending policies and practices.

Regional Privacy Office
201 Georgian Dr.
Barrie, ON
Tel: 705.792.3318 or 705-728-9090 extension 42537
Fax: 705.797.3110
Email: regionalprivacy@rvh.on.ca

Information and Privacy Commissioner/Ontario
2 Bloor Street East, Suite 1400
Toronto, ON M4W 1A8
Tel: 416-326-3333 or toll free at 1-800-387-0073
Fax: 416-325-9195
Email: commissioner@ipc.on.ca
Website: www.ipc.on.ca

REFERENCES

Freedom of Information and Privacy Protection Act, 1990. Ontario. [Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31 \(ontario.ca\)](http://www.ontario.ca)

Personal Health Information Protection Act, 2004. Ontario. [Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A \(ontario.ca\)](http://www.ontario.ca)

Personal Information Protection and Electronic Documents Act, 2000. Canada. [Personal Information Protection and Electronic Documents Act \(justice.gc.ca\)](http://www.justice.gc.ca)

200 Front Street West, Suite 2800
Toronto, Ontario M5V 3L1
www.oha.com

