

# Ontario Medical Group Management Association Privacy Officer Training and Community for Medical Offices and Family Health Teams - 2017

In the last two years, the privacy landscape has changed DRAMATICALLY for medical clinics and family health teams:

- A new law came into effect in June 2016 changing the fines and reporting obligations for privacy breaches and which will set us up in Ontario to finally have a provincial electronic health record
- The Information and Privacy Commissioner of Ontario released 20 new decisions in 2016 alone
- Regulatory Colleges suspended the licenses of clinicians who looked at health records without authorization (including two doctors)
- Individuals were personally fined and criminal charges were laid for snooping in health records
- Class actions were launched for the new torts of "intrusion upon seclusion" and "giving publicity to private life"

If you are the Privacy Officer for your medical clinic or family health team, you are responsible to keep up with the latest privacy developments and communicate those to your staff, your board and in some cases your patients and their families. The rules apply regardless of your size – whether you are a team of 5 or a team of 650. It can seem like a daunting task.

This course is designed to give you confidence in your role as Privacy Officer by giving you the information and skills you need to succeed. Whether you are a novice or a seasoned privacy pro – you will learn a lot in this course.

Cost: \$280 + HST per person

Who is eligible to attend?

OMGMA members and other medical group managers who work in the same clinic or team with an OMGMA member

#### You receive:

- 16 hours of advanced privacy training delivered with a sense of humour by a lawyer who focuses on advising primary care organizations
  - o 1 full day session delivered in person on May 3, 2017
  - 5 follow up 2-hour sessions delivered via webcast (expected to be held Tuesdays: May 9, 16, 23, 30 and June 6)
- Board update presentation on privacy
- A one-year membership in Kate's online Privacy Officer Community for Medical Offices and Family Health
  Teams (available on Facebook platform) so you stay up-to-date on privacy developments throughout 2017
- A resource guide for the books, articles and other resources you need at hand as a Privacy Officer
- A Privacy Officer Handbook [to be given to EVERY OMGMA member, not just members who invest in this course], which includes sample tools to adapt to your organization for your everyday use, including:
  - 16-step privacy program checklist
  - o A summary of the 38 orders/decisions of the Commissioner
  - A summary of the privacy litigation across Canada
  - Privacy terms and conditions to add to your contracts
  - Annual confidentiality pledge for all staff, students and volunteers
  - Privacy breach checklist
  - Privacy breach notification
  - Sample privacy communiques

#### What you really get:

- Peace of mind that you are on top of the latest issues in privacy law
- A measuring stick so you know if you are #goodenough or whether you have #worktodo
- Practical knowledge of how to lead your organization to embrace an even better culture of privacy even if they
  don't really want to or think they know it all already
- Resources at your fingertips for future issues as they arise

# Course outline: Full Day in-person training on May 3, 2017

#### Session 1 Part A: The Privacy Basics and Update

This session provides an overview of Ontario's health privacy law (the *Personal Health Information Protection Act, 2004* – PHIPA) and the privacy basics and terminology.

By the end of this session you will be able to:

- Understand basic privacy terminology such as: personal health information (PHI); health information custodians (HICs); agents; collection, use, and disclosure; circle of care, and lockbox
- Explain the rights individuals have to privacy
- Identify the basic "consent rules" of privacy and the exceptions to those rules
- Understand the role of the Commissioner
- State the possible consequences for privacy breaches and poor privacy practices
- Explain the main themes from the 38 orders (current to January 2017) and decisions of the Commissioner (if there are new decisions issued they will be presented as well)
- Explain the changes introduced with Bill 119 that came into effect in June 2016 and the changes that will come

### Session 1 Part B: Privacy Compliance Overview

This session reviews the key sources of the privacy laws and rules, the duties of a HIC, the role of the Privacy Officer and the tools you will need to do your job.

By the end of this session you will be able to:

- Articulate a job description for a Privacy Officer
- Identify the 8 main sources of the privacy laws, rules and best practices in Ontario
- Use my 16-step Privacy Program Checklist to evaluate how well your team is doing with your own privacy compliance
- Present a privacy update to your Board/physician leaders
- Locate key resources for your Privacy Officer library
- Organize your privacy binder/electronic folder by using my Privacy Program Documentation Checklist
- Add terms and conditions to your contracts to deal with privacy expectations for your vendors
- Respond to common challenges in engaging staff, physicians, students and volunteers in a privacy program

#### Webinar sessions

#### Session 2: Consent, Circle of Care and Lockbox

In this session we discuss the concept of consent and the choices individuals can make about their health care information. We also discuss the concepts of the "circle of care" (that is, sharing information with other health care providers for health care purposes relying on implied consent) and "lockbox" (that is, a patient's choice to restrict relevant health information from health care providers for health care purposes).

By the end of this session you will be able to:

- Differentiate between express consent, implied consent and no consent
- Understand the difference between consent and notice

- Understand who can make substitute decisions and under what circumstances (especially for kids, incapable adults or deceased persons yes, even dead people have rights)
- Have a conversation about integrating "consent management" into your electronic systems
- Explain the circle of care to patients and staff
- Identify the key opportunities and issues of concern with shared care models (such as HealthLinks)
- Explain a lockbox to patients and staff and provide sample language to your clinicians for communicating with external health care providers when there is a lockbox restricting disclosure

#### Session 3: Secondary Uses and Disclosures and Engaging "Agents"

In this session you learn about the secondary uses and disclosures you can make with health information without the consent of patients. You will also learn about the terms and conditions you should add to your vendor agreements.

By the end of this session you will be able to:

- Explain to patients and staff when you need patient consent to engage in an activity and when you do not
- Strategize within your own organization about who is authorized to engage in secondary uses and disclosures –
   and who is not
- Identify the key opportunities and issues of concern when participating in large health sector quality, efficiency and reporting initiatives
- Add key privacy terms to your vendor agreements

#### Session 4: Access, Correction and Disclosure to Third Parties

In this session we discuss the rights and limits to patients accessing and asking for a correction to their own health records. We also discuss common situations where third parties ask for copies of health records or access to patient databases.

By the end of this session you will be able to:

- Process simple access and correction requests (and identify situations where you need expert advice)
- Address individual requests for access to "family records" where there is a single record for multiple patients
- Identify key situations where your organization is required by law to disclose PHI (mandatory disclosures)
- Avoid an order for deemed refusals of access
- Respond to common complicated situations in third party disclosure, with or without consent: such as parents; insurance companies; lawyers and courts; regulatory bodies: WSIB, CPSO and other health regulatory Colleges; Ministry and health sector partners (for anonymized data); police; children's aid societies

#### **Session 5: Security and Safeguards**

In this session you learn how to approach health privacy security issues and the safeguards you should have in place.

By the end of this session you will be able to:

- Identify the 3 categories of safeguards: physical, administrative, and technological; and the common examples of how to protect the PHI you hold
- Identify and respond to the areas of greatest risk for medical offices and family health teams
- Confidently discuss the risks of using email and text messaging
- Determine when you can conduct your own and when to solicit an external PIA

#### Session 6: Privacy Breach Investigation and Response

In this session we discuss privacy breaches. You receive a 10-step checklist of what you must have in place to emerge well from a privacy breach. This is your greatest resource for thriving through a Commissioner's investigation.

By the end of this session you will be able to:

• Identify what qualifies as a privacy breach

- Conduct your own privacy breach investigation
- Determine when to ask for an external investigator to complete an investigation
- Notify affected patients in the case of a privacy breach
- Write a privacy breach report
- Anticipate how to work with the Commissioner
- Manage common questions from the media
- Determine the level of detail to share with other staff not involved in the breach
- Determine the appropriate disciplinary consequences for a privacy breach

## Your trainer

Kate Dewhirst is a lawyer with a mission to make legal theory understandable, accessible and fun. She serves the health care sector helping clinicians and administrators to feel confident by giving them timely and practical legal advice. She uses humour to transform health care culture and make otherwise boring legal topics relevant and memorable.

Kate has a Masters degree in Health Services Administration so she understands health care lingo. She works with medical offices, family health teams, nurse practitioner-led clinics, hospitals, community health centres, and youth and adult mental health facilities in her own legal practice, Kate Dewhirst Health Law. She's been at this for 17 years and for the last seven years has focused on primary care.