PREFACE

The duty to maintain confidentiality derives from every individual's right to privacy, which is established by federal and provincial legislation.

Unauthorized disclosure of personal or identifying information could result in loss of privacy, harassment and discrimination. Unauthorized disclosures by Community Living Windsor employees could lead to individual liability as well as criminal or civil penalties against Community Living Windsor.

POLICY STATEMENT

People who have applied for, receive, or formerly received services through Community Living Windsor, their families, and their partners have a right to expect that all information relative to their personal life will be maintained in a manner assuring its privacy.

Disclosures of personal information can only be made in accordance with the explicit, currently valid, written, informed consent of the person. Similarly, if information concerns a family member or partner, then that family member or partner must give specific, written informed consent to any disclosures of that information.

People supported have the right to revoke their consent at any time by indicating so in writing. Assistance should be provided by CLW employees as needed.

Violation of this policy, in part or whole, will be considered grounds for disciplinary or other actions. Sanctions may include reprimand, prohibition from further access to information, or termination of employment.

Exceptions

A. If a medical urgency genuinely exists that requires disclosure of information in order to protect a person's health from imminent harm;

B. Where requested by a peace officer and failure to disclose information is likely to cause the person or another person physical or emotional harm and the need for disclosure is urgent;

C. When a researcher, authorized by the Executive Director, requires access to personal records for the purpose of gathering data. However, any resulting reports must not identify, directly or indirectly any specific person;
D. When the person is a child under the age of 16; in which case the parent or legal guardian must authorize disclosure of information unless the CAS is involved and the protocols direct otherwise;

E. When the person is 16 years of age & under 21 years of age and is a Ward of the Children's Aid Society; in which case the CAS must authorize disclosure.

Interpretation

All persons covered by this policy will refer questions of interpretation regarding access to and disclosure of information to their immediate Manager or designate.

| Approved by: Community Living Windsor Board of Directors | Date: 04 March 1992 |
| Date(s) of Revision: | October 2, 2002 |

Date of Revision by CLW Board of Directors:

PROCEDURES

1. All people should be made aware of this policy at the time of first requesting support from this agency. Written copies will be provided upon request.

2. Access to personal information should be limited to those employees who have a need to know in order to plan or provide support services or to carry out essential administrative functions. To the extent feasible, Community Living Windsor will identify such employees to the individual/guardian/identified support persons. Any other employees who gain access to an individual's written records must note their name, date, and reason for needing to review the records, in the file.

3. All persons subject to this policy are required to sign a statement (see appendix A) indicating that they have read it, understand its requirements, and agree to follow its procedures.

4. To avoid accidental disclosure, personal information must not be discussed in common areas, such as hallways and elevators, or in the presence of other individuals, and records or computer screens must never be left unattended.

5. Written information, including but not limited to files, communication notes, medical records and incident reports, must not be removed from the support location or Central Records nor copies made without the authorization of the Operations Director.

6. All written disclosures of information will be stamped with a statement prohibiting the person or agency from re-disclosing that information to anyone else without the person's consent. All oral disclosures will be accompanied by an oral warning against re-disclosure, and a written notice against re-disclosure should be sent within 24 hours.

7. Whenever information is released to another party, a copy of the signed release of information and explanatory covering letter should be maintained in the person’s file. Whenever an authorization has been revoked, written confirmation must be obtained and attached to the copy of the original authorization to which it applies.
8. To the extent feasible, individuals shall be informed whenever a disclosure was required in accordance with the "Exceptions" section of this policy.

9. Written records or computer files that are generally available to agency employees must not be labelled or segregated in a manner that could lead to identification as containing specific information.

10. Photographic images of people supported are also confidential and can not be released publicly without a written authorization from the person (or parent/guardian). (See Authorization to use Photographic Material, appendix C)

**Counselling**

1. When seeking permission to release personal records, information will be provided, in a manner and form that is most easily understood by the person(s) involved, as to the reasons for disclosure, and possible consequences of giving, or not giving consent to disclose that information.

2. People supported have the right to personally disclose information about themselves to anyone they choose. Some, however, because of emotional or cognitive impairments, may not understand or appreciate the potential consequences of disclosure of some information such as HIV infection. Employees should counsel people about the potential risks of disclosure and/or solicit the help of others to do so as required.

3. People supported should be counselled to disclose personal information if it is deemed to be in their best interests to do so; for example, to a friend, advocate or family member who might be in a position to offer support.

**Information Covered**

Anything that names or identifies a person as a present or past support participant or applicant, which suggests or describes their condition, health status, or living or working circumstances or address is confidential. Such information is considered personal and confidential regardless of the source, including whether it is obtained intentionally or unintentionally; from the person, his family or partner, or from another source; or through oral, written, or electronic medium. Any and all records obtained or kept in any of the above ways is confidential.

**Persons subject to the Confidentiality Policy**

This policy applies, but is not limited to, all Community Living Windsor employee, independent contractors, consultants, temporary employees, interns, volunteers, and board members, who may become knowledgeable of confidential information.

**Format for Written Consent**

The attached format, (see Appendix B), is recommended. Other formats are acceptable, provided that all of the same information is included.
Capacity and Authority to Give or Deny Consent

A. All persons 16 years of age and older are deemed to have capacity to give or deny consent to disclosure of personal information about themselves, unless they are Wards of the Children's Aid Society in which case the CAS must authorize consent or they have been declared legally incompetent by the court; in which case consent must always be obtained from the court appointed legal guardian.

B. Parent(s), legal guardian, or others as defined by law have authority to consent to disclosure of information for children under 16.

C. In all cases; whether a child, adult declared incompetent, or person of any age with a communication difficulty, every effort should nevertheless be made to support the person’s understanding of the issues, and determine their wishes; including obtaining the assistance of other people who know the person well. Potential sources of such support would include advocates, friends, family members, and any others identified as being in their support group.

D. Since a person’s capacity to provide informed consent may change over time, and with regard to different subjects; there may be a periodic need to reassess competency and understanding.

Information Pertaining to Health Status

Accessibility to information related to a person’s health status needs to reflect the degree of risk involved to that person, employees and others. All direct support employees who may be at risk of infection of a communicable disease will be made aware of the danger and instructed on proper precautions.

For example, hepatitis, certain forms of tuberculosis and herpes are considered to be infectious through casual contact (e.g. handshakes, sharing towels, eating or drinking utensils). A person’s status with respect to these conditions should be known to employees and others who have regular, but casual contact with them in order for proper precaution to be exercised on a regular basis.

Access to or disclosure of a person’s HIV infection status without their consent is not permissible based only on a perceived need to protect employees, or anyone else from possible exposure through casual (non-sexual) contact. Under ordinary circumstances, counselling/education should be provided about procedures for preventing transmission without revealing the status of the person affected.

Any employee who learns that any person supported may be placing another person at risk of contracting an infection should consult the Employee Interventions and Problem Solving section of the Human Relationships and Sexuality Policy.

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Revision October 7 2015
CONFIDENTIALITY

People who have applied for, receive, or formerly received services through Community Living Windsor, their families, and their partners have a right to expect that all information relative to their personal life will be maintained in a manner assuring its privacy.

Disclosures of personal information can only be made in accordance with the explicit, currently valid, written, informed consent of the person.

Each person must treat all material and information acquired during the course of their association with Community Living Windsor as confidential. Violation of this policy, in part or in whole, will be considered grounds for disciplinary or other actions.

I have read the above statement regarding confidentiality, understand its’ requirements and agree to abide by them.

_________________________________  ___________  ___
Employee First Name (please print)  Initial  Last Name

________________________________________
Employee Signature  Date

________________________________________
Witness Name  Signature  Date

Original to Human Resources
Permission to use Pictures, Print, Video and Audio Material, And To Use Photograph Material in the AIMS Database

I, _________________________________, DOB: MONTH / DAY / YEAR,  
(Please Print Name of Person Supported)

living at ___________________________________________ , give my permission to

Community Living Windsor to use my picture and/or audio/video material as part of its training and promotional activities and for use in the AIMS database.

_____________________________________    ________________________
Signature                                      Date

____________________________________    ________________________
Name of Family Member / Guardian (If applicable)  Signature    Date

____________________________________    ________________________
CLW Employee (if applicable)  Signature    Date
APPENDIX C

AUTHORIZATION TO RELEASE INFORMATION

I am asking for support from Community Living Windsor (CLW). In order to plan for and provide these supports, I give Community Living Windsor permission to give/get information to/from the following contacts for the purposes of planning and providing this support. I understand that this permission may be changed at any time by either party with written notice.

In keeping with the policies of Community Living Windsor and current standards of privacy, personal information of individuals, families or others in receipt of services will not be released or gathered without this authorization.

Name of Person Supported ________________________________

Support Address ____________________________________________________________________________

DOB ______________________________________________________________________________________

Contacts covered by this form are: medical, financial and other personal information for the care, welfare, safety and security of ________________________________.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Permission to give/get this information on the above named person is given by:

( ) Person Supported  ( ) Family / Other Signature

Name: ________________________________ Relationship: __________________

Signature: ____________________________ Date: __________________

This information must NOT be copied or given to any other party without further written permission. THIS AUTHORIZATION MUST BE REVIEWED & RENEWED 12 MONTHS FROM THE DATE SIGNED.