

Board Policy Manual

Policy & Procedure: 3-B-1 Privacy & The Board of Directors	
Developed By: Manager, Decision Support & Chief Privacy Officer	Number: 3-B-1
Last Reviewed/Revised: June 2021	
Category: Governance	
Date of Origin: June 2021	
Approved By: JEC	

Policy Statement:

Privacy is a right that is protected by law. Confidentiality is the hospital's obligation to ensure privacy. The hospital(s) information practices are focused on providing access and sharing information appropriately and lawfully and to preserve confidentiality. These practices are fundamental to our business. Maintaining confidentiality is a fiduciary responsibility of every board member. Understanding the duty of confidentiality can sometimes be challenging for a board member, especially when board meetings may be open to the public. There are limitations on how Directors can share information and with whom they may share it.

Directors also have an overarching responsibility to ensure the hospital(s) comply with law (including the Personal Health Information Protection Act (PHIPA), Freedom of Information & Protection of Privacy Act (FIPPA)) and that the hospital(s) has systems in place including privacy policies and procedures, education, and monitoring.

Duty of Confidentiality:

1. All Directors will sign a Pledge of Confidentiality during onboarding and then annually throughout their term as a Director.
2. A Director shall not disclose or discuss confidential information about the organization's matters except to other Directors or the President and Chief Executive Officer of Groves Memorial Community Hospital and North Wellington Health Care Corporation.
3. A Director may attend meetings in person or virtually including by teleconference or other virtual means. When providing a virtual opportunity, it is important to be aware of associated risks and take steps to ensure privacy such as attending virtual meeting in a private setting.
4. A Director is accountable to delete/destroy any records saved to personal devices and/or paper copies in their custody once the record is no longer required.
5. The Board will ensure that appropriate processes are in place to protect privacy and confidentiality of patient, staff, and business information.



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Privacy Training:

All Directors will review related policies at onboarding and then annually. The annual declaration will include an attestation to privacy and confidentiality.

Access to Information:

Directors have access to sensitive patient and business information. Measures must be taken to protect all information. As an example, Directors must be aware of risks relating to reviewing board packets or other material in public places or engaging in phone conversations. Information packages and documents are posted in a secure Microsoft Office 365 Teams folder(s). Access will be authorized for members based on the need-to-know principle. Where technology is a barrier, steps will be taken to resolve. When technology remains an issue for access to documents, a Director will designate an email account to receive information in a secure password protected file.

Records:

A record will be created and retained of Board meetings and other Board activity. The record shall provide enough detail that parties can understand and appreciate the content and rationale behind a decision. Where an audio recording is created to assist in minute taking, the recording shall be stored in a secure location (e.g., SharePoint, OneDrive) for a retention period of up to 30 days.

Use and Disclosure:

Directors will have access to confidential information in performing the services as a Member of the Board. The use and disclosure of this information must be limited to other Directors or staff whether communicated orally or in writing, on a need-to-know basis. The general rule is that all matters and discussion in a boardroom are confidential. This includes making statements to the media and/or public. As a Director, information will not be disclosed to any third party without the consent of the hospital. A Director will only use the information for the purpose of performing services as a Director.

The parties acknowledge that irreparable damage may result from disclosure of information to unauthorized third parties or from utilization of information for any purpose other than the purposes described.

Information Security:

A Director shall take all reasonable steps to ensure that the information in their possession remains confidential. A Director is responsible for the security of information and shall ensure that information is stored in a secure manner including paper and electronic format.

When a Director needs to save a copy, the information should be saved in a password protected file.



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Public Communication:

Hospitals like other charitable or not for profit corporations, that are publicly funded or funded by donor contributions, operate with a strong sense of transparency and accountability.

Directors must respect policies regarding communications with the media and while they may see themselves as representatives of the organization in the community, they must be careful that they do not disclose confidential information or be seen to be speaking publicly on behalf of the Board.

Directors, unless otherwise authorized or designated, must decline to comment in response to inquiries and refer to the Joint Executive Committee (JEC) Chair, Board of Director Chair (for matters not delegated to the JEC), President & CEO or another designated spokesperson.

Freedom of Information Request (FIPPA):

Hospital records including records relating to the operations including the Board of Directors may be subject to a FIPPA request.

Retention & Destruction:

The hospital maintains an inventory of records including those records relating to Board activities. Records shall be monitored routinely and when the retention timeline has been met, records should be disposed of, following hospital policy, in a manner as to prevent its loss or inappropriate disclosure to a third party. This policy applies to paper and electronic records.

Breach – Unauthorized Access or Disclosure of Confidential Information:

A breach can happen for a variety of reasons. The most common being the disclosure of confidential information discussed at a board meeting. If the meeting is open to the public, ensure that private conversations remain private. A Director, in their work, may also have access to personal or sensitive information about their membership and fellow board members. A member shall not disclose any business or personal information that they receive as part of their position on the Board. All breaches must be reported to the President and CEO. A breach may result in removal from the Board as well a member may be personally responsible for damages.

End of Term:

Return of Information

Upon termination of the Director's position, the Director shall return all documents, records, and notebooks including paper and electronic format. This process should be documented in the exit plan.



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Hospital Privacy Program Key Facts for Directors:

1. The organization has designated an individual who is responsible for privacy.
2. The organization makes information available to the public on our information practices on the hospital website and internally in posters/digital display. This includes contact information for the Chief Privacy Officer.
3. The organization has a privacy program and maintains a library of privacy policies and procedures. These policies and procedures are reviewed and revised routinely.
4. Staff are educated on matters relating to privacy and confidentiality as part of the on-boarding General Orientation and then annually throughout employment.
5. The hospital audits access to information systems and has a Breach Management Policy for responding to privacy related incidents.
6. Patients are informed of their right to access information.
7. A process is in place where a patient can make an inquiry or complain about an information practice or incident. A dedicated privacy email account is in place.
8. A policy relating to staff personal information is in place.
9. Privacy review is built into contractual agreements with business partners and suppliers.
10. Privacy impact assessments are completed when implementing new technology, programs, products, and services that could impact on privacy.

Related Documents:

Part A Corporation By-Laws Groves Memorial Community Hospital
Part A Corporation By-Laws North Wellington Health Care Corporation
Groves Memorial Community Hospital, North Wellington Health Care Corporation, Administrative Policy, Privacy Program Policy #1-5-2000
Directors Confidentiality Agreement

Appendix 1: Privacy Policy Map

Appendix 2: Directors Confidentiality Agreement

REVISION HISTORY	
Original Issue Date:	June 2021
Reviewed/Revised Dates:	December 14, 2021

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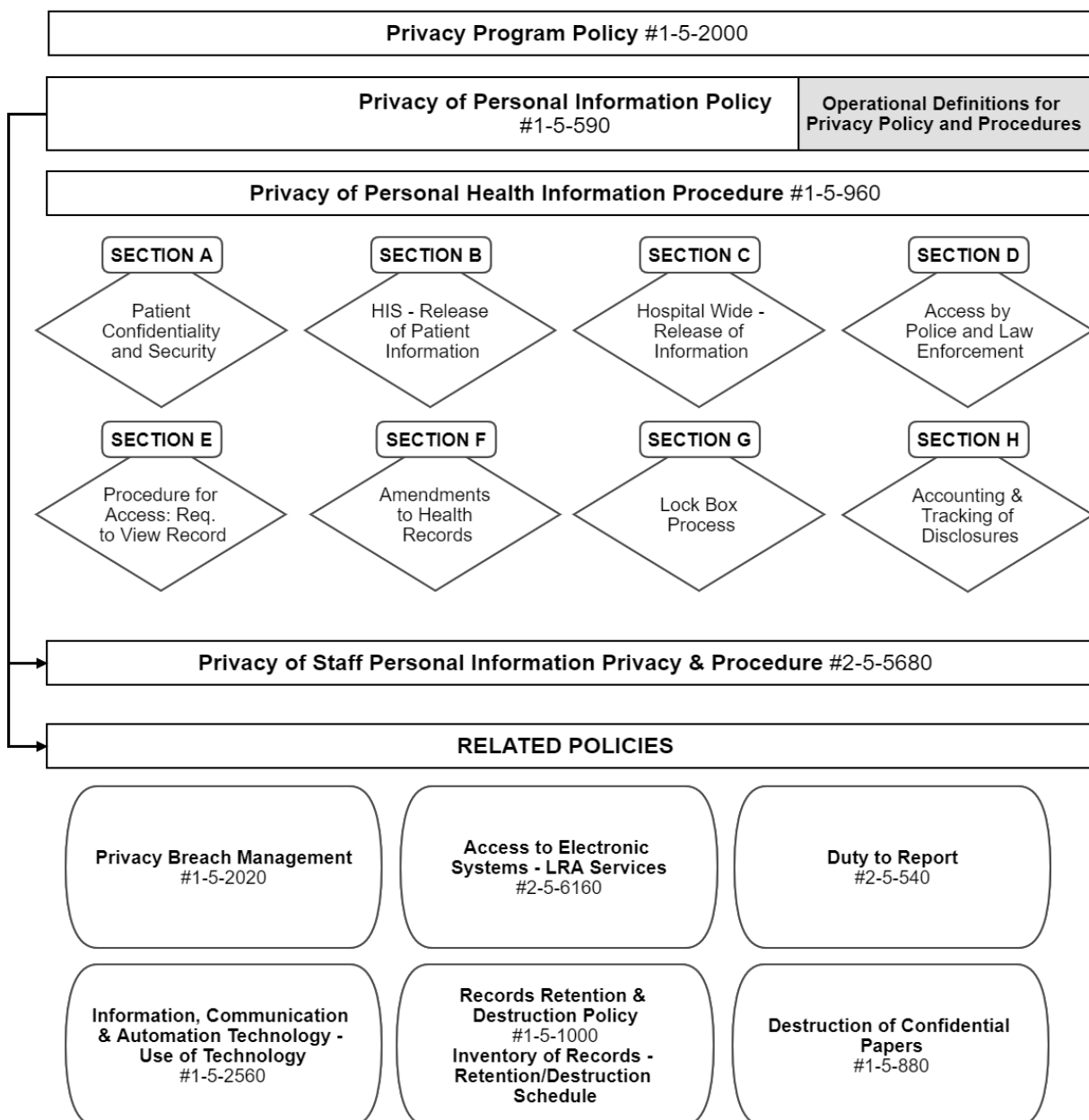
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Privacy Policy Map

Wellington Health Care Alliance

Groves Memorial Community Hospital, North Wellington Health Care





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DIRECTOR'S

CONFIDENTIALITY

AGREEMENT

I acknowledge that I will have access to confidential information in the course of my term as a member of the Board of Directors of Groves Memorial Community Hospital/North Wellington Health Care Corporation, and that I will obtain information from, be exposed to information, or have information disclosed to me by Groves Memorial Community Hospital and North Wellington Health Care Corporation staff or other Board members relating to past, present or future activities of Groves Memorial Community Hospital and North Wellington Health Care Corporation and its clients and service providers.

I will, always, respect the confidentiality and privacy of patients, professional staff, volunteers and employees, and the confidential nature of the business of Groves Memorial Community Hospital and North Wellington Health Care Corporation including in-camera Board discussions and information.

I agree not to disclose or allow the disclosure of any confidential information, data, or material to which I am exposed as a Director of the Groves Memorial Community Hospital and North Wellington Health Care Corporation, irrespective of whether such information is transmitted to me verbally or in writing or otherwise, except to other Directors or the President and Chief Executive Officer of Groves Memorial Community Hospital and North Wellington Health Care Corporation.

I will closely protect confidential information to prevent it being inappropriately accessed, used, or disclosed. If I become aware of any violation of confidentiality, or lose any record containing confidential information, access card or key or other item that could be used to violate confidentiality, I will notify the President and Chief Executive Officer at the first reasonable opportunity.

I agree to dispose of all written material in such a manner as to prevent its loss or inappropriate disclosure to third parties. Upon completing tenure, resignation, or removal from the Board, I will return all confidential material previously made available to me.

I will only access, use, transfer or disclose private and confidential information as required by the duties of my position on the Board and will cooperate with Groves Memorial Community Hospital/North Wellington Health Care Corporation in any audit or investigation relating to confidential information and to provide any records requested in connection with such audits or investigations.

I will not use any confidential information for personal benefit or for any improper purpose.

I understand and agree to abide by the conditions outlined in this agreement which will remain in force even if I cease to have an association with Groves Memorial Community Hospital and North Wellington Health Care.

Dated at _____, Ontario, this _____ day of _____ 20____.

Witness

Signature of Director

Name of Director (please print)