

## **INTEGRATED REHAB PROFESSIONALS**

### **Privacy Obligations and Policy**

#### **Personal Information Holdings:**

IRP has an inventory of PHI holdings and physical locations of where the PHI is held and who has access to it.

#### **Accountability:**

Angela Dye is the Privacy Officer. Our staff can respond to privacy questions, and they know who to ask for assistance if needed. They understand who responds to requests for personal information, for requests for correction and who responds to complaints from the public.

The IRP Privacy officer can explain how to request PHI and how to file a complaint.

The purposes for collection, use and disclosure are on the IRP brochure and is easy to understand. The withdrawal of consent and consequences shall be explained by therapists and supervisors if necessary.

#### **Information for Clients:**

The IRP Brochure explains PHI to clients, how to obtain it, correct it or how to make a complaint. It explains that IRP has the PHI and describes how it is used.

#### **Limiting Collection, Use and Disclosure and Retention to Identified Purposes**

IRP identifies the purposes for which they collect personal information at the time of the initial assessment. The therapist collects only PHI that is needed. IRP has a schedule for retaining and disposing of PHI, following the guidelines of HCCSS.

#### **Consent:**

The therapists of IRP obtain consent during their initial assessment, before any new use, disclosure and new intervention. The therapists use both expressed consent and verbal consent. Our consent is worded clearly so that patients understand the purposes of collection, use and disclosure. Our staff make it clear that any PHI not essential to the purposes need not be collected.

#### **Third Party Contracts:**

IRP is an agent of Home and Community Care Support Services (HCCSS) and information is shared back and forth with them and their medical supply vendors. IRP uses contracts with Care Partners for the purposes of sharing information in the HISH program. IRP uses contracts with Procura/Alayacare, our medical record vendor. The contracts limit the third party's use of the information to the purposes necessary to fulfil the contract.

#### **Safeguards:**

IRP reviews physical, technological and organizational security measures annually. They prevent improper access, modification, use, disclosure and/or disposal of PHI. IRP has

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safeguards which are shared with staff to keep PHI safe. Therapists understand that they access PHI on a need-to-know basis on assigned functions.

IRP staff have been trained about security practices to protect personal information. They are aware that personal information should not be left displayed on their computer screens or desktops in their absence. They abide by and follow the six elements of accepted use for PHI.

### **Requests for Access to Personal Information**

IRP will respond to requests for personal information in an alternate format (such as Braille or audio tapes) within a reasonable amount of time.

### **Handling Complaints:**

A client can easily find out how to file a complaint as it is on our Brochure and website. IRP deals with complaints within 24 hours. Our administration staff have been dealing with complaints for over 15 years. Our brochure gives patients instructions of how to make a complaint. Our staff responds to inquiries and complaints fairly, accurately, and quickly. When a complaint is found to be justified, we take appropriate corrective measures, such as amending privacy policies and advising staff of the outcomes and any corrective measures that may be needed.