Confidentiality of Medical Information

Version 1.0 – Accepted by APUO Executive 2018/09/20

1. PURPOSE AND POLICY STATEMENT

The Association of Professors of the University of Ottawa (APUO) is committed to ensuring that all medical information and documentation about Members shall be kept confidential within the parameters determined by the provider of the Information and the signed Medical Information Authorization Consent Form.

2. SCOPE

This Policy applies to all APUO directors, employees, officers and volunteers, hereinafter referred to as "APUO representatives".

3. STORAGE AND MAINTENANCE OF MEDICAL INFORMATION

a) ***Medical Information Authorization Form***: Prior to any APUO representative receiving medical information or documents, Members shall be required to complete a Medical Information Authorization Form (see Appendix A). The form shall identify the purpose for gathering the information and the confidentiality parameters permitted by the Member.

b) ***Document Identification***: All documents shall be clearly identified so that proper filing can be completed accurately.

c) ***Designated Record Set:*** All medical information and documents shall be maintained in individual medical folders independent of any other information/folder. All medical folders shall be stored in a locked cabinet separate from any other information/folder.

All electronic medical information and documents shall be stored in individual medical folders, protected using a Member-specific password. Individual passwords shall be shared with APUO representatives in compliance with the confidentiality parameters as set out in the Medical Information Authorization form.

d) ***Accessing Medical Information:*** Access to medical information and documents will be limited to the APUO representatives specified in the Medical Information Authorization Form.

e) ***Release of Protected Medical Information:*** APUO representatives will never, under any circumstances, release medical information and documents without a signed Release of Medical Information Authorization Form (See Appendix B).

f) ***Amendment to Protected Medical Information:*** Members may amend the usage and/or confidentiality parameters of their medical information and documents at any time by submitting a new Medical Information Authorization Form.

g) ***Destruction of Medical Information***: Members may request that any medical information and documents that they have shared with the APUO be destroyed by completing the Authorization for Destruction of Medical Information Form (see Appendix C).

h) ***Confidentiality Breach Allegation:*** The Administrative Director is responsible for supervising all of APUO's practices and procedures regarding this policy. The Administrative Director shall take all complaints and/or allegations of non-compliance seriously and shall fully investigate the allegations to determine what course of corrective action, if any, needs to be taken. The Administrative Director shall notify the Member in writing the outcome of the investigation and what corrective action, if any, was taken within sixty (60) days.

i) ***Retention of Medical Information:*** The APUO shall maintain all medical information and documents in compliance with section OP2100 of the Policy Statement on Management of Records.

4. COMPLIANCE AND QUESTIONS

Every APUO representative is required to comply with this policy. To ensure that everyone subject to the policy is familiar with its provisions and understands the specific responsibilities and tasks associated with carrying out the policy, all APUO representatives shall be required to take part in a mandatory training session and periodic updates as required.

Questions about this policy should be directed to the APUO Administrative Director at 613-230-3659.

Appendix A – Medical Information Authorization Form

MEDICAL INFORMATION AUTHORIZATION FORM

I, _____, do hereby authorize the following APUO representatives:

- ☐ Legal Counsel:_____
- ☐ Grievance Officer: _____
- ☐ Administrative Director: _____
- ☐ Other: (title) _____ (name): _____

To

- ☐ Review any medical documentation or information submitted by me to APUO or in possession of the Health & Wellness Leave Sector, in order to assess my accommodation and/or medical needs,
- ☐ Discuss my medical information with the Health & Wellness sector of the University of Ottawa,
- ☐ Discuss my medical information with my physician: _____

This authorization does not authorize the release of any existing or future medical information or documents to any other third party, including but not limited to, a solicitor, insurance company, adjuster, or medical person of any description whatsoever.

This shall be good and sufficient authority and will continue in **full force and effect** until such time that it is modified or revoked by me, in writing.

DATED at Ottawa, Ontario this day _____ of _____ 20____.

Signature: _____

Appendix B – Release of Medical Information Authorization Form

RELEASE OF MEDICAL INFORMATION AUTHORIZATION FORM

I, _____, do hereby authorize the following APUO representatives:

- ☐ Legal Counsel:_____
- ☐ Grievance Officer: _____
- ☐ Administrative Director: _____
- ☐ Other: (title) _____ (name): _____

To release the following document(s):

_____

_____

_____

To the following individual(s)/organization(s):

_____

_____

This release does not authorize the release of any other existing medical information or document(s) that is not listed above to any other third party, including but not limited to, a solicitor, insurance company, adjuster, or medical person of any description whatsoever.

DATED at Ottawa, Ontario this day _____ of _____ 20____.

Signature: _____

Appendix C – Authorization for Destruction of Medical Information Form

AUTHORIZATION FOR DESTRUCTION OF MEDICAL INFORMATION FORM

I, _____, do hereby authorize the following APUO representatives:

- ☐ Legal Counsel:_____
- ☐ Grievance Officer: _____
- ☐ Administrative Director: _____
- ☐ Other: (title) _____ (name): _____

to destroy all medical documents or information related to me in the possession of the APUO.

DATED at Ottawa, Ontario this day _____ of _____ 20____.

Signature: _____