

	<p>POLICY</p> <p>Number: 7311-75-009 Title: Disclosure of Personal Health Information to Police Services</p>
<p>Authorization</p> <p>[] President and CEO [X] Vice President, Finance & Administration</p>	<p>Source: Privacy Officer Cross Index: Date Approved: January 5, 2010 Date Revised: Date Effective: April 2, 2012 Date Reaffirmed: Scope: SHR & Affiliates</p>

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OVERVIEW

The Health Information Protection Act legislates rights of individuals and obligations of healthcare providers with respect to personal health information. Saskatoon Health Region (SHR) discloses personal health information to Police in accordance with The Health Information Protection Act (HIPA), The Health Information Protection Act Regulations and The Gunshot and Stab Wounds Reporting Act.

DEFINITIONS:

Gunshot wound means any wound caused by the projectile fired from a gun inflicted by another individual or self inflicted, whether intentional or accidental.

Personal Health Information¹ means with respect to an individual, whether living or deceased:

- information with respect to the physical or mental health of the individual;
- information with respect to any health service provided to the individual;
- information with respect to the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body
- part or bodily substance of the individual;
- information collected in the course of providing health services (or incidentally) to the individual;
- registration information.

Police Services means the Royal Canadian Mounted Police or a Police service within the definition of *The Police Act, 1990* (Saskatchewan).

¹ HIPA s.2(m)

Regular Business Hours means between 0800 and 1600 hours, Monday to Friday, excluding statutory holidays.

Stab wound means any wound caused by a knife or other sharp or pointed instrument that is indicative of an act of violence inflicted by another individual. Stab wounds that are self-inflicted are not to be reported.

Urgent Request means the information is required by Police within 24 hours of the request.

1. PURPOSE

The purpose of this policy is to establish Saskatoon Health Region's (SHR's) requirements for disclosure of personal health information to Police.

2. PRINCIPLE

2.1 SHR is committed to protecting patient/client/resident information.

2.2 All disclosures to Police require that the least amount of personal health information be disclosed to meet a specific purpose.

3. POLICY

3.1 Personal health information in the custody and control of SHR health care facilities and affiliates shall only be disclosed to the Police in strict accordance with *HIPA*.

3.2 SHR requires patient/client/resident or substitute decision maker's consent prior to disclosure of personal health information to Police.

3.3 Without patient/client/resident consent, SHR staff shall only disclose personal health information to Police, if Police can establish that one of the following exceptions apply:

3.3.1 To avoid or minimize a serious and immediate threat to an identifiable individual(s)²;

3.3.2 To assist in the identification of a patient/client/resident or locating a relative/friend of the patient/client/resident;

3.3.3 To enforce or carry out a lawful investigation pursuant to the *Criminal Code* or the *Controlled Drugs and Substances Act* and the patient/client/resident received or was offered health services as a direct result of an incident that is the subject of the lawful investigation³

3.3.4 To comply with a warrant, subpoena or court order⁴; or

3.3.5 To locate next of kin regarding a deceased or incapacitated patient/client/resident.

² HIPA s.27(4)(a)

³ HIPA Regulations s.5.1(1)(b)

⁴ HIPA s.27(4)(i)

- 3.4 All Gunshot and Stab Wounds must be reported to Police⁵.
- 3.5 All disclosures of personal health information to Police services must be documented.

4. ROLES AND RESPONSIBILITIES

4.1 Healthcare Providers

- 4.1.1 Provide appropriate form to Police upon request of information
- 4.1.2 Respond to Police in accordance with this policy.

4.2 Managers/Supervisors

- 4.2.1 Provide assistance to staff when dealing with Police requesting personal health information.
- 4.2.2 Review disclosure with consent forms, warrants, subpoenas and court orders; approve release of information to Police.
- 4.2.3 Review without consent forms; approve release information related to 3.3.1, 3.3.2 when outside of regular business hours.
- 4.2.4 Respond to policy section 3.3.3, when a request is made outside normal business hours in urgent circumstances (see procedure section 2.5).

4.3 Privacy and Compliance Department

- 4.3.1 Reviews and responds to all written requests for personal health information without consent from Police within regular business hours.
- 4.3.2 Provide assistance to staff and Managers when dealing with requests for information from Police.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of the Privacy Officer.

6. NON-COMPLIANCE/BREACH

Releasing personal health information outside the parameters of this policy puts SHR and possibly the patient/client/resident at risk. Any incident of this nature will result in a review. If the incident is considered a breach, disciplinary action up to and including termination of employment and or privileges may occur.

7. REFERENCES

The Health Information Protection Act
The Health Information Protection Act Regulations
The Gunshot and Stab Wounds Reporting Act

⁵ The Gunshot and Stab Wounds Mandatory Reporting Act s.3(1)

PROCEDURE

Number: 7311-75-009

Title: Disclosure of Personal Health Information to Police Services

Authorization

President and CEO

Vice President, Finance & Administration

Source: Privacy Officer

Cross Index:

Date Approved: January 5, 2010

Date Revised:

Date Effective: April 2, 2012

Date Reaffirmed:

Scope: SHR & Affiliates

1. PURPOSE

The purpose of this procedure is to establish the process to address personal health information requests from Police Services.

2. PROCEDURE

Requests from Police for Personal Health Information with Consent

- 2.1 Upon request of personal health information with consent, provide a *Request for Personal Health Information with Consent* form to Police (Appendix A).
- 2.2 Once form is complete and signed by patient/client/resident or substitute decision maker⁶, Manager/Supervisor will release information as per request.

Requests from Police for Personal Health Information without Consent

- 2.3 Upon request of personal health information without consent, provide Police with *Request for Personal Health Information without Consent* form (Appendix B).
- 2.4 Advise Police to fax/mail completed form to Privacy and Access Office.
 - 2.4.1 Privacy and Access Office will review and respond to request within 72 hours of receipt or within 24 hours of receipt if marked "urgent".
 - 2.4.2 Completed form will be forwarded by Privacy and Access Office to Health Records for inclusion on the patient/client/resident health record.
- 2.5 When the Police request is marked as "urgent" and deadline is prior to start of regular business hours, the Manager/Supervisor will respond to requests.
 - 2.5.1 Requested information will be approved for release and provided to police if *Request for Personal Health Information without Consent* form is filled out completely and meets following criteria:

⁶ The Health Care Directives and Substitute Health Care Decision Makers Act s.6(1), s.15(1)

- avoid or minimize danger to the health or safety of an individual(s)⁷.
- assist in the identification of a patient/client/resident or locating a contact of the patient/client/resident.
- nature and severity of injury that is connected with a lawful investigation⁸.
- factual circumstances surrounding the incident or provision of health services that are the result of an incident that has been made the subject of a lawful investigation⁹.

2.5.2 ***Do not*** disclose information related to the mental health or health history prior to the incident.

2.5.3 The Manager/Supervisor will complete the bottom portion of the form and place in the patient/client/resident health record.

Warrants, Subpoenas and Court Orders

2.6 If presented with a warrant, subpoena or court order, refer the document to the Manager/Supervisor for release approval.

2.6.1 Copy the document and attach it to the health record.

2.6.2 If the Manager/Supervisor is unsure if the warrant, subpoena or court order is valid, he/she contacts the Privacy Office or Legal Counsel for advice.

Location of Next of Kin Required by SHR

2.7 In cases of a deceased or incapacitated patient/client/resident, where SHR staff require Police assistance to locate next of kin, staff may disclose personal health information that is required to assist Police.

2.7.1 Document contact and disclosure to police on the health record.

Requests from Police to Interview Staff

2.8 Refer requests from Police to interview staff to the Manager/Supervisor of the unit or department.

2.8.1 If patient/client/resident's consent is received and documented, the staff member may agree to speak with the Police and provide the information for which consent was obtained.

2.8.2 Without consent, the "Request for Personal Health Information without Consent" form must be completed by Police.

⁷ HIPA s.27(4)(a)

⁸ HIPA Regulations s.5.1(1)(b)(ii)(B)

⁹ HIPA Regulations s.5.1(1)(c)(ii)

- Upon approval (see procedure sections 2.5 and 2.6), staff may agree to provide only the factual information that was requested and approved in the form.

Requests from Police to Interview Patients/Clients/Residents

2.9 Police are allowed access to patients/clients/residents. Patients/clients/residents are responsible to communicate their consent or denial of consent to be interviewed directly to Police.

2.9.1 Police access to patients will be denied only if it is unreasonable to allow access and visitor access would normally be restricted (e.g. care is currently being provided).

2.9.2 Police will not be provided with patient belongings unless consent from the patient/client/resident is obtained.

Requests from Police for Observership

2.10 Police are not permitted to observe patient care, unless their presence is requested by the patient/client/resident or substitute decision maker or there is a requirement to have Police present in matters relating to safety.

2.10.1 A health care provider may deny the request for observership with patient consent if deemed unreasonable (e.g. Police presence interferes or will interfere with the provision of care).

Request from Police for Video Surveillance Viewing/Release

2.11 All requests for video surveillance viewing and/or release will be directed to Security Services. If Security Services is not available in facility, requests will be directed to Privacy and Access Office.

2.11.1 Security Services will send video and request information to Privacy and Access Office for release approval.

2.11.2 The manager of Security Services may authorize the release only if one of the following conditions exist:

- the video captures only off-site activity
- the video captures only non-clinical areas of a facility and does not contain images of patients/clients/residents

Mandatory Disclosure to Police–Gun Shot and Stab Wounds

2.12 Determine if the wound is reportable and advise the Manager/Supervisor¹⁰.

¹⁰During regular business hours – e.g., the manager of the unit/facility.

After regular business hours (i.e. nights, weekends, holidays) – e.g., the charge nurse/supervisor for the unit/facility.

2.12.1 The Manager/Supervisor will call the local Police/RCMP, as soon as it is possible without interfering with the individual's treatment or disrupting the regular activities of the unit/facility.

Telephone the local Police/RCMP and speak directly to someone at their local detachment. **Do Not** leave a message.

Communicate **only the following** information to the local Police/RCMP:

- The fact that an individual is being treated, or has been treated for a gunshot or stab wound(s);
- The individual's name, if known; and
- The name and location of the hospital or facility.

2.12.2 Manager/Supervisor completes the *Mandatory Reporting Form* (Appendix C) and attaches it to the patient's health record.

2.12.3 Manager/Supervisor informs the patient/client/resident of the fact that you have reported to the Police.

Do not inform the patient/client/resident of the reporting should there be potential harm to the individual and/or others by notification.

Immediate Threats to Safety – Identified by Staff

2.13 If there are reasonable grounds to believe disclosure of personal health information is required to prevent or lessen serious and immediate threat to an individual(s), Police must be contacted. The Manager/Supervisor will be consulted and will also be responsible to contact Police.

2.13.1 The least amount of personal health information required to minimize harm will be disclosed to Police.

2.13.2 Security Services shall also be contacted to respond to situation, if available in facility.

Patients in Custody

2.14 Personal health information of patients in custody may not be shared with Police Services or Corrections staff without the consent of the patient/substitute decision maker.

2.14.1 If the attendance of Police or Corrections staff in the patient care area is required, reasonable efforts will be made to protect information. However, inadvertent disclosure cannot be guaranteed.

2.14.2 Information required for continuation of care in a Corrections facility may be provided to Corrections healthcare staff by telephone or in a sealed envelope to Police/Corrections staff for transfer to the Corrections healthcare staff.

2.14.3 All SHR staff are required to comply with Police/Corrections staff requests for SHR to withhold the public identity of individuals in custody. Police/Corrections staff are required to complete an *Authorization to Restrict Public Disclosure of a Person's Name* form (form #103081); forward to Registration Services.

3. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Privacy Officer.

4. NON-COMPLIANCE/BREACH

Non-compliance with this procedure will result in a review. If the incident is considered a breach, disciplinary action up to and including termination of employment/privileges may occur.

5. REFERENCES

SHR Policy Disclosure of Personal Health Information to Police Services

SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

Addressograph

Site: _____

NAME: _____

HSN: _____

D.O.B.: _____

REQUEST FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION TO POLICE SERVICES WITH CONSENT

I, (*patient/client/resident*) _____, DOB _____, give my consent to the disclosure of the following personal health information to the Police Service (describe information to be disclosed, e.g. registration information, injury being treated, facts/circumstances surrounding the injury, treatment provided, name and location of facility at which administered, etc.)

Patient/Client Signature: _____ Date: _____

Consent on behalf of the Patient/Client/Resident

On behalf of (*patient/client/resident*) _____, born _____, I give my consent to the disclosure of the following personal health information to the Police Service (describe information to be disclosed, e.g. registration information, injury being treated, facts/circumstances surrounding the injury, treatment provided, name and location of facility at which administered, etc.)

I am providing consent on behalf of the patient/client in my capacity as the personal guardian/substitute decision-maker of the patient/client/resident, pursuant to section 56 of *The Health Information Protection Act*.

Printed Name: _____ Signature: _____

Date: _____

For Completion by Police Services:

I agree that the information disclosed pursuant to this consent for disclosure will only be used or disclosed by the Police Service for the purpose for which it was disclosed to the Police Service, and no other purpose, unless otherwise authorized pursuant to *The Health Information Protection Act*.

Police Service Requesting Disclosure: _____

Printed Name of Officer: _____ Phone Number: _____

Signature of Officer: _____ Badge Number: _____

Original to chart

Site: _____

NAME: _____

HSN: _____

D.O.B.: _____

REQUEST FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION TO POLICE SERVICES WITHOUT CONSENT

Send to: Saskatoon Health Region, Privacy and Access Department: Fax (306) 655-7680

I advise (*facility*) _____ on (*date*) _____

that personal health information on (*Patient/Client/Resident name*) _____

(D.O.B.) _____ is required for the following reasons (**One of first three boxes must be checked**):

- To avoid or minimize a serious and immediate threat to an identifiable individual(s).
- Assisting in the identification of a patient/client or locating a relative/friend of the patient/client/resident
- The information is required to enforce or carry out a lawful investigation pursuant to the *Criminal Code* or the *Controlled Drugs and Substances Act* and the Patient/Client/Resident received or was offered health services as a direct result of an incident that is the subject of a lawful investigation pursuant to the *Criminal Code* or the *Controlled Drugs and Substances Act*.

The following information is being requested:

- Registration information (e.g. address, date of birth)
- Information regarding the nature and severity of an injury connected to the enforcement of the lawful investigation
- Factual circumstances surrounding an incident that is subject to the lawful investigation.
- Factual circumstances surrounding the provision of health services offered as a direct result of an incident that is the subject of the lawful investigation.

Specific information requested: _____

The above information is needed to assist with the lawful investigation because: _____

Police Service: _____

Printed Name of Officer: _____ Signature: _____

Badge Number: _____ Phone Number: _____ Date: _____

This request is: Urgent (within 24 hours) Non-Urgent (required within 72 hours)*

* If urgent and outside regular business hours, provide form to supervisor/manager for processing.

To be completed by Saskatoon Health Region:

The above request was:

Granted on: _____ (dd/mm/yyyy)

Denied on: _____ (dd/mm/yyyy)

Specify reason for denial of request: _____

Name: _____ Signature: _____ Date: _____

Original to chart

SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

Addressograph

Site: _____

NAME: _____

HSN: _____

D.O.B.: _____

**THE GUNSHOTS AND STAB WOUNDS
MANDATORY REPORTING ACT**

Please Print

FACILITY:	UNIT:	DATE:	TIME:
STAFF NAME/POSITION REPORTING TO POLICE SERVICES:			

Name of Police Service Contacted: _____

Name of Police Officer Contacted: _____

Badge Number of Police Officer Contacted: _____

INDIVIDUAL RECEIVED TREATMENT FOR (PLEASE CHECK ONE OR BOTH):

Gunshot wound (any wound caused by the projectile fired from a gun inflicted by another individual or self inflicted)

Stab wound (any wound caused by a knife or other sharp or pointed instrument that is indicative of an act of violence inflicted by another individual)

AS PER THE GUNSHOT AND STAB WOUNDS MANDATORY REPORTING ACT, INFORMATION TO BE REPORTED TO LOCAL POLICE SERVICES:

The fact that an individual is being treated or has been treated for a gunshot or stab wound;

The individual's name if known; and

The name and location of the facility and unit.

WAS INDIVIDUAL (OR DESIGNATE) INFORMED THAT POLICE WERE NOTIFIED

Yes

No (Notification would have potentially resulted in harm to individual and/or others.)

DATE OF DESIGNATE	TIME OF NOTIFICATION
NAME OF DESIGNATE NOTIFIED	RELATIONSHIP OF DESIGNATE