

# PRIVACY AND ANTI-SPAM CODE FOR OUR CLINICS

*Please refer to Appendix A for a glossary of defined terms.*

## INTRODUCTION

The *Personal Health Information Protection Act, 2004* (PHIPA) came into effect on November 1, 2004, and governs the collection, use and disclosure of Personal Health Information within Ontario's health care system.

In addition, Canada's anti-spam legislation came into effect on July 1, 2014. Canada's anti-spam legislation regulates how businesses and individuals communicate electronically.

We collect Personal Health Information about our patients directly from the patient or from the person acting on their behalf. Occasionally, we collect Personal Health Information about a patient from other sources if we have obtained the patient's consent to do so or if the law permits.

Privacy of Personal Health Information is an important principle in the provision of quality care to our patients. We understand the importance of protecting your Personal Health Information. We are committed to collecting, using and disclosing your Personal Health Information responsibly and in accordance with the law. We also try to be as open and transparent as possible about the way we handle your Personal Health Information.

This Office has developed this Privacy and Anti-Spam Code (this "**Code**") to provide a general description of our information and communication practices, how to obtain access to your Personal Health Information, how to amend incorrect information, and how to make a complaint to our Office or the Privacy Commissioner. As the rules governing the collection, use and disclosure of Personal Health Information may change, our practices will evolve and adapt in response to such changes and this Code may be amended from time to time as a result thereof.

We ask that you contact our Privacy Officer in the event you have any questions or concerns regarding this Code or its implementation.

## ANTI-SPAM POLICY OVERVIEW

When we communicate with you, we may communicate via electronic means, such as e-mail. We strive to ensure that our communications do not contain any spam. "Spam" refers to any unsolicited Commercial Electronic Messages (or CEMs) that have been sent without consent. In that light, we require all CEMs from our Office to be in compliance with Privacy Laws. If and when we communicate with you using CEMs,

you can opt out of receiving such messages by following the "Unsubscribe" link included at the bottom of such messages or by contacting <\*> [NTD: Include contact particulars]. Any questions or concerns with respect to CEMs from our Office may be addressed <\*> [NTD: Include contact particulars]. In the event that our Office inadvertently sends out a CEM without consent, we commit to investigating every such instance and assisting the employee(s) or managers involved with renewing their understanding and awareness of our compliance responsibilities.

## PERSONAL HEALTH INFORMATION HANDLING PRINCIPLES

### Accountability

Accountability for this Office's compliance with Privacy Laws rests with our Privacy Officer even though others in the Office may be responsible for the day-to-day collection and processing of Personal Health Information.

Our staff are briefed on the importance of your privacy and receive training on the handling of your Personal Health Information.

Our Office is comprised of many persons working together to ensure that our patients and clients receive proper care. Some of our team members are Custodians and some are not. We take this opportunity to describe the structure of our Office so that you understand who may be handling your Personal Health Information and in what manner.

At our Office, professional medical services are performed by Service Providers. All professionals performing these services at the Office are Members of the College and are considered "Custodians". All institutional health care services performed at our Office are provided by our Affiliate. The individuals providing the institutional health care services for our Affiliate may be Custodians whereas our Affiliate may not. We have appointed our Affiliate as our Agent pursuant to Privacy Laws. To facilitate the ability of our Affiliate to carry out its responsibilities to us, your Personal Health Information may be disclosed to, used by, and collected by our Affiliate.

All actions by our Affiliate in respect of your Personal Health Information shall be in compliance with this Code and Privacy Laws. By providing your Personal Health Information to this Office, you are consenting to its use by us, the Service Providers and our Affiliate. We have permitted our Affiliate to collect, use, disclose, retain, or dispose of our patients' Personal Health Information which

we ourselves may collect, use, disclose, retain, or dispose of, provided that its actions are not contrary to the limits imposed by Privacy Laws or such other applicable law. We have informed our Affiliate of its duties under Privacy Laws and other applicable law.

This Office is responsible for Personal Health Information in our possession or custody, including Personal Health Information that has been transferred to a third party for processing.

Our Office will implement policies and practices to give effect to the principles regarding the collection, use and disclosure of Personal Health Information, including:

- implementing policies to protect Personal Health Information;
- training staff about this Code and our practices;
- establishing procedures to receive and respond to complaints and inquiries regarding Personal Health Information; and
- developing information to explain this Code and privacy procedures.

### **Identifying Purposes for Collecting Information**

The purposes for which Personal Health Information is collected in our Office will be identified before or at the time it is collected.

This Office collects Personal Health Information that is reasonably appropriate in the circumstance in order to fulfill the purposes disclosed by our Office, as well as otherwise permitted under applicable laws including for the following purposes:

- to deliver safe and efficient patient care;
- to identify and to ensure continuous high quality service;
- to assess your health needs;
- to advise you of treatment options;
- to enable us to contact you;
- to provide health care;
- to establish and maintain communication with you, including to distribute health care information and to book and confirm appointments;
- to offer and provide care and services in the diagnosis, treatment, and rehabilitation of venous diseases, including the treatment of varicose veins, vein inflammation, spider veins and chronic venous inflammation;
- to communicate with other treating health-care providers, including specialists and general

physicians, who are the referring physicians and/or family physicians;

- for teaching and demonstrating purposes on an anonymous basis;
- to allow us to efficiently follow-up for treatment, care and billing;
- to complete and submit medical and health services claims for third party adjudication and payment;
- to comply with legal and regulatory requirements, including the delivery of patients' charts and records to the Commissioner when required by PHIPA;
- to comply with agreements/undertakings entered into voluntarily by this Office or a Service Provider with the College for regulatory and monitoring purposes;
- to permit potential purchasers, practice brokers or advisors to evaluate this Office, including an audit, on a confidential basis;
- to deliver your charts and records to insurance carriers to enable them to assess liability and quantify damages;
- to prepare materials for the College, as required to respond to or adjudicate any complaints;
- to manage patient and clients' accounts, including invoicing, processing credit card payments and collecting unpaid accounts;
- to communicate with insurance companies and to otherwise process requests by you;
- for internal management purposes, including planning, resource allocation, policy development, quality improvement, monitoring, audit, evaluation, reporting, obtaining or processing payment for health services and human resource management; and
- to comply generally with Privacy Laws and all other applicable regulatory requirements.

When this Office collects Personal Health Information we will only collect Personal Health Information necessary for the purpose we identify to you before or at the time of collection.

When Personal Health Information has been collected and is to be used or disclosed for a purpose not previously identified, the new purpose will be identified prior to its use or disclosure. Your consent will be obtained before the Personal Health Information will be used or disclosed for any such new purpose.

When you sign the Patient Consent Form, you will be deemed to understand and accept this Office's collection, use and disclosure of your Personal Health Information for

the specified purposes, in each case subject to this Code and Privacy Laws.

### **Consent**

Our Custodians require either express consent or implied consent from our patients before we may collect, use, or disclose Personal Health Information. When we collect, use, and disclose your Personal Health Information for health care purposes, Privacy Laws generally permit us to rely upon your implied consent. However, if the purpose is something other than health care, we may be required to obtain your express consent. The Privacy Laws also provides instances where we may collect, use, or disclose your Personal Health Information without consent.

Implied consent enables us to conclude from surrounding circumstances that a patient would reasonably agree to the collection, use, or disclosure of Personal Health Information. We may rely upon your implied consent if we are collecting your Personal Health Information to provide health care.

Express consent is required when we are disclosing your Personal Health Information to someone other than a Custodian, or to another Custodian for a purpose other than providing or assisting in providing health care.

In order for the principles of consent to be satisfied, our Office has undertaken reasonable efforts to ensure that you are advised of the purposes for which Personal Health Information is being used, and that you understand those purposes. Once consent is obtained, we do not need to seek your consent again unless the use, purpose or disclosure changes.

Our existing protocols for electronic submissions of medical claims require a signature on file. This consent shall be collected at the time, or in conjunction with, predeterminations for extensive services, provided that the scope of Personal Health Information released is disclosed. If there is any doubt, Personal Health Information shall be released directly to you for your review and submission.

Your consent for the collection, use and disclosure of Personal Health Information may be given in a number of ways, such as:

- signed medical history form;
- e-mail;
- signed introductory questionnaire;
- taken verbally over the telephone and then charted;  
or
- written correspondence.

You may withdraw your consent upon reasonable notice to our Office.

For children under 16, a parent or other lawful guardian may consent to the collection, use or disclosure of their Personal Health Information even if the child has capacity. This does not apply to Personal Health Information that relates to treatment within the meaning of the *Health Care Consent Act, 1996* about which the child has made his or her own decision, or counselling in which the child has participated on his or her own under the *Child and Family Services Act*

When our Office needs consent for the collection, use or disclosure of Personal Health Information about a child less than 16 years of age, we may either obtain it from that child if capable, or the parent or other lawful guardian (but not the access parent, unless such a parent has been lawfully authorized in place of the custodial parent to make information decisions). If there is a conflict in consent between the child and the parent, the capable child's decision prevails with respect to the consent.

### **Limiting Use, Disclosure and Retention**

Personal Health Information shall not be used or disclosed for purposes other than those for which the information is collected, except with your express Consent, or as required or permitted by law.

Our Office may disclose certain Personal Health Information in accordance with Privacy Laws.

This Office and our Affiliates may perform activities outside of Ontario through third party agents. You acknowledge and agree that as a result, your Personal Health Information may be processed, used, stored or accessed in other provinces and territories of Canada and may be subject to the laws of those jurisdictions. For example, Personal Health Information may be disclosed in response to valid demands or requests from government authorities, courts, or law enforcement in other provinces or territories of Canada.

We will use contractual and/or other means to provide a comparable level of protection over your Personal Health Information while it is being accessed and/or processed by any such third party.

Our Office has protocols in place for the retention and secure destruction of Personal Health Information.

As discussed in this Code, Personal Health Information may be transferred and stored outside of Ontario. We

encourage you to contact the Privacy Officer should you require further information.

### **Accuracy of Personal Health Information**

This Office endeavours to ensure that your Personal Health Information is as accurate, complete, and as up-to-date as necessary for the purposes that it is to be used.

The extent to which your Personal Health Information is accurate, complete and up-to-date will depend upon the use of the Personal Health Information while at all times, taking into account the interest of our patients.

Your Personal Health Information needs to be sufficiently accurate, complete and up-to-date to minimize the possibility that inaccurate, incomplete or out-of-date Personal Health Information is used to make a decision about you as our patient.

If your Personal Health Information changes, or if you believe the Personal Health Information maintained by our Office is inaccurate, we ask that you contact our Office to have the information updated or corrected.

### **Safeguards for Personal Health Information**

Our Office staff are aware of the importance of maintaining the confidentiality of your Personal Health Information and we have taken appropriate measures to safeguard your Personal Health Information.

These safeguards are in place to protect your Personal Health Information against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.

Your Personal Health Information is protected, whether recorded on paper or electronically, and care is used in its care and destruction of to prevent unauthorized access at all times while in our care and control.

### **Openness about Privacy**

Our Office will make readily available to you specific information about our Office policies and practices relating to the management of Personal Health Information.

This information includes:

- the individuals at this Office and the Privacy Officer to whom you can direct any questions or complaints regarding your Personal Health Information;
- a copy of our Patient Consent Form that explains how this Office collects, uses and discloses your Personal Health Information; and
- this Code.

### **Patient Access to Personal Health Information**

Upon written request and with reasonable notice, you shall be informed of the existence, use and disclosure of your Personal Health Information, and shall be given access to it.

Upon written request and with reasonable notice, our Office shall provide you with an accounting of how your Personal Health Information has been used, including third party disclosures. In providing this information, we will attempt to be as specific as possible.

When it is not possible to provide a list of the organizations or individuals to which there has been disclosure about you, we will provide you with a list of such organizations or individuals to which we may have disclosed information about you. Disclosure of probabilities in these cases would satisfy this requirement.

We will respond to your request within a reasonable period of time, and at minimal or no cost to you. The request for information will be provided or made available in a form that is generally understandable.

You are free to challenge the accuracy and completeness of your Personal Health Information and seek to have it altered, amended, or changed.

When a challenge is not resolved to your satisfaction, we will record the substance of the unresolved challenge accordingly.

When appropriate, the existence of the unresolved challenge shall be transmitted to third parties having access to the Personal Health Information in question. This disclosure may be appropriate where a physician has been challenged about a change to a service date or services rendered under consideration for insurance benefits.

### **Challenging Compliance**

You shall be able to challenge compliance with these principles with the Privacy Officer who is accountable for compliance with the Privacy Laws by each of our Custodians. Our Office has in place procedures to receive and respond to your complaints or inquiries.

The procedures are easily accessible and simple to use.

Our Office has an obligation to inform our patients who make inquiries about how to access the privacy complaint process in our Office, and about how to access that process.

The Privacy Officer will investigate each and every complaint made to the Office in writing.

If a complaint is found to be justified, the Privacy Officer will take appropriate measures, including, if necessary, amending any office policies and practices.

### **Updating this Privacy and Anti-Spam Code**

Any changes to our privacy standards and information handling practices will be reflected in this Code in a timely manner. Our Office reserves the right to change, modify, add, or remove portions of this Code at any time.

Please check this page periodically for any modifications. To determine when this Code was last updated, please refer to the modification date at the bottom of this Code.

### **How to Contact Us**

Our Privacy Officer is our Affiliate.

For more information about privacy protection or communication practices, or to raise a concern you have with our practices, contact our Affiliate at:

Canada Vein Clinics Inc.  
P.O. Box 997  
Halifax, NS B3J 2N2 [NTD: client to confirm]

You have the right to complain to the Commission if you think we have violated your rights. The Commissioner can be reached at:

Information and Privacy Commissioner of Ontario  
2 Bloor Street East, Suite 1400  
Toronto, ON  
M4W 1A8  
1-800-387-0073  
info@ipc.on.ca

## APPENDIX –A

### DEFINITIONS

**Affiliate** – Means Canada Vein Clinics Inc., which provides institutional health care services in conjunction with our office

**Agent** – In relation to a Custodian, means an individual or organization that acts for or on behalf of the Custodian in respect of Personal Health Information for the purposes of the Custodian and not for the Agent’s own purposes, whether or not employed by the Custodian or being remunerated

**Collection** – The act of gathering, acquiring, receiving or obtaining personal information from any source

**College** – College of Physicians and Surgeons of Ontario

**Commercial Electronic Message or CEM** – Is a message sent directly to an electronic address (such as an email address, a phone number, an instant messaging account, or social media account) with the purpose, or one of its purposes, of encouraging participation in a commercial activity.

**Commissioner** – The Information and Privacy Commissioner appointed pursuant to Section 4 of the *Freedom of Information and Protection of Privacy Act* (Ontario)

**Consent** – A voluntary agreement with what is being done or is being proposed to be done. Consent can either be express or implied. Express consent may be given explicitly, either orally or in writing

**Custodian** – Means a person or organization who has custody or control of personal health information as a result of or in connection with performing the person’s or organization’s powers, duties or work and includes Health Care Practitioners or a person prescribed in the regulations as a health information custodian

**Disclosure** – Making Personal Health Information available to or releasing it to another Custodian or other person

**Health Care Practitioner**– Means: (a) a person who is a member within the meaning of the *Regulated Health Professions Act, 1991* and who provides health care; (b) a person who is a member of the Ontario College of Social Workers and Social Service Workers and who provides health care; and (c) any other person whose primary function is to provide health care for payment

**Identifying Information**- Identifying information means information that identifies an individual or for which it is

reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

**Member** – A member of the College and includes a medicine profession corporation holding a valid certificate of authorization issued by the College

**Office** – The medical office operated by Dr. Alexander Matz Medicine Professional Corporation which is engaged in the practice of medicine, comprised of the diagnosis, treatment and rehabilitation of venous diseases, including the treatment of varicose veins, vein inflammation, spider veins and chronic venous inflammation at various locations in Ontario, including: (i) 37 William Street North, Lindsay, ON K9V 3Z9; (ii) 807 Broadview Avenue, Toronto, ON M4K 2P8; (iii) 9555 Yonge Street, Unit 205, Richmond Hill, ON L4C 9M5; (iv) 150 Katimavik Road, Unit #122, Kanata, ON K2L 2N2; (v) 2003 Saint Joseph Boulevard, Unit B, Orleans, ON K1C 1E5; (vi) 1033 Bay Street, Suite 311, Toronto, ON M5S 3A3; (vii) 10038 Keele Street, Vaughan, ON L6A 0J6; (viii) 10 Unionville Gate, Suite 204, Unionville, ON L3R 0W7; (ix) 60 Eglinton Avenue West, Unit 5C, Mississauga, ON L5R 3V2; (x) 595 Montreal Road, Suite 205, Ottawa ON K1K 4K4; and (xi) 150 Sidney Street, Belleville, ON K8P 5E2

**Patient** – An individual about whom our Office collects Personal Health Information in order to carry out prognosis, diagnosis, and treatment, including controlled acts

**Personal Health Information** – Means, with respect to an individual, Identifying Information in oral or recorded form, if the information: (a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual’s family; (b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual; (c) is a plan of service within the meaning of the *Home Care and Community Services Act, 1994* for the individual; (d) relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual; (e) relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of such body part or bodily substance; (f) the individual’s health number; or (g) identifies an individual’s substitute decision maker.

**Privacy Laws** – *Personal Health Information Protection Act, 2004* (Ontario), Regulations made under this Act, By-laws of the College, the *Personal Information Protection and Electronic Documents Act* (PIPEDA), and *An Act to promote the efficiency and adaptability of the Canadian*

*economy by regulating certain activities that discourage reliance on electronic means of carrying out commercial activities, and to amend the Canadian Radio-television and Telecommunications Commission Act, the Competition Act, the Personal Information Protection and Electronic Documents Act and the Telecommunications Act (CASL)*

**Privacy Officer** – Means the contact person designated in this Privacy and Anti-Spam Code as the agent of our Office authorized on our behalf to, among other things, facilitate our compliance with the Privacy Laws

**Service Providers** – Means physicians and medicine professional corporations providing professional services at the Office in conjunction with Dr. Alexander Matz Medicine Professional Corporation and the Affiliate