



CFSO PRIVACY POLICY

Community Family Service of Ontario (CFSO) complies with *Personal Health Information Protection Act* (PHIPA) and *Personal Information Protection and Electronic Documents Act* (PIPEDA), and endorses the use of telepractice in counselling, family services, psychotherapy, and settlement services provided by fully qualified professionals. Staff providing services are regulated by their professional college and pertinent regulations of Ontario, and are trained to deliver service in person, by phone, or via teleconference.

Definitions

1. “Client” refers to the individual receiving professional services and in the case of an individual who is not capable, the legal guardian or legal representative. With the consent of the individual or of the legal guardian/representative, “client” may also include family members and caregivers.
2. “Informed consent” means a client gives consent to receive a proposed service following a process of decision-making leading to an informed choice. Valid consent may be either verbal or written unless otherwise required by institutional or provincial/territorial regulation. The client is provided with sufficient information, including the benefits and risks, and the possible alternatives to the proposed service, and the client understands this information. The client can withdraw informed consent at any time.
3. “Staff” or “Employee” used throughout the document refers to employees and individuals contracted by CFSO to deliver services.
4. “Provider site” refers to the site where the employee providing service is physically located.
5. “Recipient site” refers to the site where the client is located.
6. “Telepractice” refers to the use of technology to deliver client services at a distance. Telepractice may involve “live” or “store-and-forward” service. Live or real time service may include but is not limited to telephone, or videoconferencing. Store and forward involves the recording, storing, and subsequent transmission of audio and/or visual images for later examination (e.g., e-mail, fax, audiotape or videotape recordings).

Confidentiality of Client Information

1. For purposes of client confidentiality, CFSO is deemed a Health Information Custodian after consultation with the Information and Privacy Commissioner of Ontario in October 2016. This implies that data are safe to centralized stored and shared among staff for care and operational fulfillment, only at the time of need and by those who are providing care and/or performing operational duties.



2. The Executive Director of the agency is deemed the Privacy Officer of the agency.
3. To protect the confidentiality of client's information, only data required for provision of service, reporting to funders, quality assurance, research, and community needs trending are collected, stored. Such data are retrieved only for purposes listed above and only by staff as required. Personal Health Information (PHI) are stored in an electronic clinical database that is approved by the Ontario Ministry of Health, and the secure server of it is within Canada in compliance with PHIPA. Our internal information infrastructure is protected by firewall, encryption, and maintained regularly with security updates. Our devices are encrypted and protected with anti-virus and anti-spyware applications. Access to our data through our system, devices, or clinical documentation require multi-step credential verification. Our communication systems, including email and phone system are protected by end-to-end encryption. Our system is paperless, meaning no paper is used as permanent storage mechanism of PHI, and that any paper bearing any personal identifier of clients are destroyed immediately after use.
4. All storage mechanisms, including electronic and paper copies, are secured as described above.
5. Consent is obtained from client or substitute decision maker (SDM) where client is deemed to lack cognitive capacity to express consent, as required for communication with client, SDM, or other health or community service providers, except in cases of court orders or subpoenas, or suspected cases of child abuse or child as witness of domestic violence for children under 16 years of age, according Ontario Child Protection Standards. When treatment provided to a child, the consent of the custodian parent is required, but should the child refuse to consent to treatment, treatment should cease immediately. Consent can be withdrawn by client or SDM anytime in writing, except in cases listed above.
6. Communication of client information between staff/volunteers and clients or their SDM may take the forms of face-to-face meeting, telephone conversations or voicemail messages, facsimile, electronic mail, or regular mail. Such communication should be restricted to distribution from the agency's secure IT infrastructure system with regular back up to limit risks of breach and data loss. Communication of general information between agency and clients may take any of the forms listed above, as well as social media posts and social media messages. Only professional communication is used. No offensive or communication is permitted. No information bearing client identifiers will be transmitted by social media.
7. Client's health information will only be released with client's Consent. When information is released, and for legitimate purposes only, the communication will include:
 - the date of the release
 - client's name,
 - agency name,
 - name of the personnel releasing the information,
 - name of the person and organization designated to receive the information,
 - purpose of the release of information,



- date of the consent and any limits within the consent, and
 - the information released is only the types of information requested by the client or his/her authorized agent, among the information request, only the types that are governed to be fit for release under the governing bodies which abides the worker involved will be released.
8. All volunteers and staff members who have regular, unsupervised interactions with clients or with client data, must undergo Vulnerable Sector Screening every three years.
 9. Clients can access, request changes, or request copies of their data in writing, with a charge for the copies provided. Refer Document Fee Schedule.
 10. All client data are collected solely based on the need for service as required by client's clinical needs, funders, regulatory bodies, and accreditation body; and are destroyed after 10 years of storage from agency's electronic or paper records. The 10 years' count starts from the last service interaction, or 10 years after the client's 18th birthday, whichever comes later), except for cases involving legal proceedings.
 11. In case of confidentiality breach as defined under PIPEDA or PHIPPA, a report will be filed to with IPC. Affected individuals will be notified as directed by IPC.
 12. Clients can file a complaint about the agency's data breach to the Privacy Officer of the agency, at info@cfsocare. The provincial entity responsible for such complaints is the Information and Privacy Commissioner of Ontario at <https://www.ipc.on.ca>
 13. Clients with limited proficiency in English are supported with interpretation by staff to help them understand their rights to confidentiality as specified in the Policy Manual for Service Users.

Use of Telepractice

1. Advances in technology have allowed professionals in various fields to utilize telepractice. It is therefore important that staff have guidelines for minimum standards for telepractice.
2. The challenges of travel distance and cost, weather, mobility and disruption of family and work schedules, can impede access to services, family dynamics, personal safety, and individual's mental well-being. Telepractice may help overcome such challenges by:
 - increasing the frequency of contact and efficiency of service;
 - increasing accessibility of services for clients;
 - breaking down temporal, geographical, mobility, financial, and dependence barriers for clients;
 - providing staff with access to continuing professional development opportunities.
3. Telepractice can aid collaborative work by:
 - enabling access to consultation with those with more specialized expertise;



- enabling access to team services where other team members are separated by distance.
4. Telepractice may help maximize the use of available supports in the client's area by:
- enabling caregiver education and professional education in the client's community;
 - accessing the services of interpreters to provide services to clients in their native language.

PHIPA Compliance of Telepractice Media Adopted

CFSO endeavours to deliver telepractice by operating under the premise of providing a communication platform only without storage, when providing teleservice. Our choice of platform only transmits under the Personal Health Information (PHI) but does not have access to the transmitted information and does not persistently store copies of data containing PHI. To stay within this exception, CFSO consistently ensures and enforces the following settings for the media adopted for telepractice:

- Enable End to End (E2E) encryption* for meetings; and
- Disable in-meeting chat (meetings and webinar); and
- Disable Cloud recording; and
- Remove IP address, email address, display name in logging and reporting; and
- Force end-to-end Chat encryption* on an account; and
- Encrypted Chat Features:
 - Encrypt text messages; and
 - Off-line message available after both parties initiate key exchange; and
 - Disable file-sharing; and
 - Disable screen capture; and
 - Disable send image; and
 - Disable send a file.

*When E2E encryption is enabled, no personnel at the telepractice medium has access to customer data.

These settings demonstrate that the none of the telepractice medium, nor the client, nor CFSO would be "collecting" PHI via telepractice in a manner in which it could access, view, query, or disclose any PHI in the context of providing services to a client. The encryption noted is also irreversible.

CONTACTS

Any questions should be directed to CFSO at info@cfsocare.ca or 416 979 8299.