

Policy Title	Privacy Statement		Policy #		
Approved By	Board of Directors		Board Chair	Nancy Rozendal	
Effective	July 2004				
Revised	Danette Beare	Nov 2019	Revised	Danette Beare	Aug 2020
Revised	Danette Beare	May 2023	Revised/Reviewed		
Revised/Reviewed			Revised/Reviewed		

## Privacy Statement

### ***Our Commitment:***

North Perth Community Hospice is committed to protecting the privacy of personal information of its clients, financial supporters, volunteers, directors, and employees. We value the trust of all these individuals and recognize that maintaining this trust requires transparency and accountability in our treatment of the information shared with us. We frequently gather and use personal information provided by financial donors and received during our various activities. Those from whom we collect such information can expect it will be carefully protected and subject to their consent should it be used for any purpose other than for which the information was gathered. Our privacy practices are designed to achieve this.

### ***Defining Personal Information:***

Personal information is any information that can be used to distinguish, identify, or contact a specific individual. This information can include an individual's opinions or beliefs, as well as facts about, or related to, the individual. Exceptions: business contact information and certain publicly available information, such as names, addresses and telephone numbers as published in telephone directories, are not considered personal information.

### ***Privacy Practices:***

Personal information gathered by our organization is kept in confidence. Our personnel are authorized to access personal information, based only on their need to deal with the information for the reason(s) for which it was obtained. Hard copies of personal information are stored in locked cupboards. Personal information on our computers are password protected. Safeguards are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered.

We also take measures to ensure the integrity of the information is maintained and to prevent it from being lost or destroyed.

We collect, use and disclose personal information only for the purposes that a reasonable person would consider appropriate in light of the circumstances. We do not sell, trade or otherwise share our mailing lists.

Anyone who chooses not to receive our mailings can call, phone or email us according to the contact information provided below.

### ***Updating of Privacy Policy***

We routinely review our privacy practices and update our policy.



**Contact Information:**

Questions, concerns, or complaints relating to our privacy policy for treatment of personal information should be mailed to:

Chief Privacy Officer  
North Perth Community Hospice  
135 Main St. West  
Listowel Ontario, N4W 1A2  
519-291-5141  
npch@wightman.ca

Further information on your privacy and your rights in regard to your personal information may be found on the website of the Privacy Commissioner of Ontario at [www.ipc.on.ca](http://www.ipc.on.ca)

**Privacy Practices**

In November 2004 Ontario legislation established The Personal Health Information Protection Act, (the Act) also known as PHIPA.

PHIPA provides a set of rules for the collection, use and disclosure of personal health information, and includes the following provisions:

- Consent is required for the collection, use and disclosure of personal health information, with few exceptions
- Health information custodians are required to treat all personal health information as confidential and maintain its security
- Individuals have a right to access their personal health information, as well as the right to correct errors
- Individuals have the right to instruct health information custodians not to share their personal health information with others
- Rules are provided for the use of personal health information for fundraising or marketing purposes
- Guidelines are set for the use and disclosure of personal health information for research purposes
- Accountability is ensured by granting an individual the right to complain if they have identified an error in their personal health information
- Remedies are established for breaches of the legislation

**Privacy Legislation** affects how our organization collects, uses, discloses and retains personal information about an individual.

**Commercial Activity** is 'any particular transaction, act or conduct or regular course of conduct that is of commercial character, including selling, bartering or leasing of donor, membership or other fundraising lists'.

**Consent:** Voluntary agreement with what is being done or proposed. Consent can either be express or implied.

**Express Consent:** Express consent is given explicitly, either orally or in writing. It is

permission that is explicitly sought and applied to the collection, use or disclosure of information, particularly for sensitive information (i.e. health information) or where there has been a significant change from the original purpose for which the information was collected. (i.e. decide to share information)

**Implied Consent:** consent that can be inferred through an ongoing relationship or through reasonable expectation.(i.e. continuing to send regular mail donor direct solicitations or using the return address on a cheque to send a receipt)

**Grandfathering:** treatment of data *already in our possession prior to legislation*. This is subject to the same rules as data collected following the legislation. In some instances it may be reasonable to continue using the information for the original purpose for which it was collected with an opt-out option.

**Opt-in:** the use of *express consent* to collect, use or disclose personal information

**Opt-out:** giving individuals the opportunity to be removed from selected or all contacts with organization.

**Personal Information:** that can be used to identify, distinguish or contact a specific individual, - means info about an individual but **does not include** name, title or business address or phone number of an employee or of an organization.

**Disclosure:** Making personal information available to others outside the organization.

**Use:** Refers to the treatment and handling of personal information.

#### **North Perth Community Hospice demonstrates its Commitment to Privacy:**

1. Employees are required to be in good standing with their professional organizations, and comply with professional codes.
2. Memberships with the Hospice Palliative Care Association of Ontario (HPCO), and the Canadian Hospice Palliative Care Association (CHPCA) are renewed on an annual basis.
3. The [Donor Bill of Rights](#) has been adopted by the Board of Directors.

#### **The Ten Principles:**

##### **1. Accountability:**

NPCH is responsible for all personal information under its control and remains responsible when personal information is processed by third parties on our behalf.

The **Chief Privacy Officer**, can be an employee or volunteer. This person has the responsibility of understanding the broad impact of privacy, for the implementation of policy and practices, and is responsible for handling complaints. The CPO shall be elected annually by the Board of Directors. Duties of the CPO are outlined in [Officer Appointment policy](#).

The **Director** or Coordinator of Grief and Bereavement shall be the only person who has access to personal information in client charts. The Director and Office Administrator have access to financial information pertaining to donors for the purpose of sending letters of thanks. At the time of the annual performance review she/he/they shall sign the [Employee Oath of Confidentiality](#). She/he/they shall follow measures outlined under *section 7. Safeguards*, of this document, to ensure personal information is protected when taken out of the office.

The **Office Administrator** shall be the only other person who has access to personal information in our data base. This person shall have access to client information only to the extent that it allows her/him/them to be sensitive to interactions with clients and family. At the time of the annual performance review she/he/they shall sign the [Employee Oath of Confidentiality](#). She/he/they shall follow measures outlined under *section 7. Safeguards*, of this document, to ensure personal information is protected when taken out of the office.

The **Treasurer**, together with the Director and Office Administrator, has access to personal information regarding financial donations. The Treasurer and Director are the only people who have access to employee personal information necessary for payroll. The treasurer shall sign the Board Annual [Oath of Confidentiality](#) at the annual meeting and follow measures outlined under *section 7. Safeguards*, of this document, to ensure Hospice personal information in her/his/their home or office is protected.

All **Board Members** shall sign the Board Members' Annual [Oath of Confidentiality](#) at the annual meeting. New members joining the board prior to, or after, the annual meeting shall sign the Board Member's [Oath of Confidentiality](#) at the time they are first elected to the board. Board members shall not be privy to client or donor personal information but may be privy to non-financial personal information of persons applying for membership on the board.

All **Visiting Volunteers** shall sign the [Volunteer Oath of Confidentiality](#) at the Annual Meeting. New volunteers shall sign the Volunteer Oath of Confidentiality before being accepted as a volunteer. They must follow measures underlined *under Section 7. Safeguards*, of this document, to ensure client personal information in their possession is protected. Volunteers shall not have access to client charts maintained by the Director.

**Third parties** shall be required to submit a signed and dated statement indicating that measures are in place to comply with the federal and provincial privacy legislation and outline their methods for ensuring information we provide is protected. Third parties who handle our personal information include accountants, database provider and bank.

## **2. Identifying Purpose:**

Organizations are required to document purposes before they collect and use personal information. The purpose for which the information is collected must be made clear and obvious.

Purpose statements must be used and must outline how a person may request a change to the use of their personal information.

### **Purpose statement and opt-out for first time donors:**

When receipts are issued for first time donors, a letter shall be included with the receipt which contains the following purpose statement:

*Your name and address have been entered in our computer database for the purpose of issuing a receipt. We will also use this information to send you occasional mailings with information about our*

*services, and upcoming events. If you choose not to receive our mailings, please call our office at 291-5141, at any time, and let us know. Your privacy is important to us. We do not sell, trade, or otherwise share our mailing lists.*

**Purpose statement and opt-out for past donors:**

If deemed appropriate, according to content of the mailing and personal circumstances of the donor, past donors shall continue to receive mailings. The following purpose statement shall be included with each mailing:

*North Perth Community Hospice respects your privacy. We protect your personal information and adhere to legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. We hope you find this newsletter (literature) informative. If, at any time, you choose to be removed from our mailing list please contact us at (519) 291-5141 and we will honour your wishes.*

**Purpose statement and opt-out for Christmas memorial mail out package:**

The newsletter will include the *Purpose Statement for Past Donors*. (See above)

The personal letter shall include the following statement:

*The name of the person you are honouring will be read at the service during our time of remembrance.*

The reply form shall have an opt-out section, where individuals may indicate if they choose not to receive future Christmas mailings, or if they choose not to receive all mailings.

**Purpose statement and opt-out for raffle tickets, door prize tickets or other fundraising forms that require personal information for our purposes:**

*We appreciate your support of (name of event). We treat your information with respect. We do not rent, sell or trade our mailing lists. The information you have provided will be used for issuing tax receipts (if appropriate to the event), to contact prize winners (if appropriate) and to keep you informed about the programs, activities and opportunities related to our organization. If, at any time, you choose to be removed from our mailing list please contact us at (519) 291-5141 and we will honour your wishes.*

**Purpose Statement for Registration Forms:**

If a receipt is issued for the registration fee, an accompanying letter shall include the *Purpose Statement for First Time Donors* (see above). If no receipt is issued, the purpose statement for first time donors will be included on the registration form.

**3. Consent:**

Knowledge and consent of the individual are required to collect, use, or disclose personal information. Consent is only meaningful if the individuals understand how their information will be used. Consent can be given orally. A signed form that contains a clear purpose statement provides express consent. A means must be made for individuals to optout and the procedures in place to record this request. Implied consent arises where consent may be reasonably inferred from action or inaction of the individual.

***Consent from clients and family:***

The Director/Coordinator of Grief & Bereavement shall request clients from both the Visiting Volunteer Program as well as the Grief and Bereavement Program sign a [consent form](#) prior to charting any personal information. If the client is a minor, seriously ill or mentally incapacitated, consent may be obtained from a legal guardian, or person having power of attorney. Clients may verbally opt-out of either program at any time.

The request will be recorded on the client's chart.

Clients shall receive a newsletter in their initial package. The newsletter includes the purpose and opt-out statement whereby the client has an opportunity to inform NPCH if he/she chooses not to receive mailings. The Director/Coordinator of Grief & Bereavement at this time shall inform the client that further mailings will arrive unless he/she prefers to opt-out.

Newsletters for each adult family member not sharing residence with the client shall also be included in the initial package. The newsletter includes the purpose and opt-out statement whereby family members have an opportunity to inform NPCH if they choose not to receive mailings.

***Consent from donors, ticket purchasers, newsletter recipients and attendees at courses, workshops and fund raisers:***

Purpose statements and opt-out provisions outlined in section 2 of this document explain how these individuals shall be informed of reasons for collecting personal information and entering names in the database for mailing purposes. Implied consent shall be assumed if they do not opt-out by contacting NPCH with a request to be removed from the mailing list.

***Consent to send names and addresses of memorial donors to family members of the deceased:***

Consent is implied as the action of sending a donation in memory of an individual infers that the donor expects us to inform the family of the deceased of their actions. Memorial donors shall be informed, in the letter of thanks, that their name and address will be included in the list sent to family members.

***Procedures to comply with opt-out requests:***

Electronic records for individuals, both client and non client, shall immediately be marked 'do not send' in the data base to ensure no further mailings are sent.

Persons choosing to opt-out who have memorials in our office for the Christmas Tree, shall be asked if they would like their name, and the name of person(s) for whom they placed the memorial, deleted from our lists, and if they wish to have their memorial set aside to pick up during the month of December. We shall comply with their wishes.

**4. Limiting Collection:**

The amount and type of information is limited to what is necessary for the identified purpose.

Information collected must be limited to that which is necessary to fulfill the purposes identified. New purposes require new consent.

Client information collected shall be that which is required by the Director/Coordinator of Grief & Bereavement to provide holistic support to the client and family members.

When the Director/Coordinator of Grief & Bereavement deems it appropriate, the clients/family shall be offered the opportunity to receive mailings. Should the client opt-out of receiving mailings the Director/Coordinator of Grief & Bereavement shall so note in the client book which is shared with the Office Administrator.

The Office Administrator shall flag the client in the database as a 'do not send.'

Name, address, amount of donations and reason for donations shall be recorded in the computer database for the purpose of issuing receipts, informing families of the deceased those specific individuals made donations in honour of the deceased, and for mailings which may be based on both express and implied consent.

Information collected regarding the Christmas Memorial Service shall be that which is willingly provided by the person placing memorials or making donations and which is necessary for organizing memorials for placement on the trees.

#### **5. Limiting Use, Disclosure and Retention of Personal Information:**

##### ***Limiting Use***

The use of personal information shall be limited to the purposes outlined in purpose statements and on signed consent forms.

##### ***Disclosure***

No personal client information of a contextual nature shall be disclosed to anyone other than those indicated on the [consent forms](#). The only personal information concerning clients that shall be disclosed and recorded in the database is that which the Director/Coordinator of Grief & Bereavement deems will enable the Office Administrator to be sensitive to the client and family members in interactions over the phone, in the office or when deciding if mailings are appropriate for their circumstances.

Financial information shall be disclosed only to those who have just need, including the Treasurer, Director, Office Administrator/database manager, Auditor, database server and individuals at the bank handling our finances.

Employees or volunteers requesting references from NPCH shall be required to document what information they authorize to be released in the reference letter. This document shall be signed and dated.

Mailing lists shall not be shared, rented or sold.

***Retention***

Client records shall be shredded ten years after cessation of services.

Personal information in the database, of a contextual nature, that is not of public record, shall be deleted if there has been no contact from the individual in the past five years. Financial records, in the database and in paper format shall be retained for 10 years in case of an audit. After that time, financial records in the database shall be made anonymous and paper records shall be shredded.

Resumes shall be retained for six months and then shredded, unless the chooses to retain a particular resume for future reference, in which case that resume will be shredded after two years.

Documentation for letters of reference shall be retained for five years and then shredded.

***6. Accuracy:***

Personal information has to be accurate, complete, and as up to date as is necessary for the purposes it was used, to minimize the possibility that inappropriate information be used to make a decision about the individual. Personal information may not be routinely updated unless necessary to fulfill the purpose for which the information was collected.

Client charts shall be updated at, or immediately following, each visit with a client.

The Office Administrator/database manager shall be informed of any changes, such as deaths, to ensure sensitive interaction with clients and family members.

Requests for opting-out shall immediately be noted in the database.

***7. Safeguards:***

Organizations must take steps to protect personal information from theft and loss, as well as unauthorized access, disclosure, copying or use.

**Storing and Securing Information - Physical*****Information accessed only by Director/Coordinator of Grief & Bereavement***

Client charts shall be kept in a cabinet which shall be locked when the Director/Coordinator of Grief & Bereavement is not in the office. Keys for the cabinet must be kept in the office in a location decided upon by the Director/ Coordinator of Grief & Bereavement As a safe guard, as the Director/Coordinator of Grief & Bereavement are the only persons with access to these cabinets, the location of the keys shall be recorded and sealed in an envelope which the Office Administrator shall keep in a locked cabinet.

***Information accessed by Director and Office Administrator:***

Hard copies of financial information and Christmas Memorial Tree information shall be kept in a cabinet which is locked when the Office Administrator is not in the office. Keys for the cabinets used by



the Office Administrator must be kept in the office in a location agreed upon by the Director and the Office Administrator.

***Office access:***

The office shall be locked when neither Director, Coordinator of Grief & Bereavement nor Office Administrator are working in the office. The only persons who shall have keys, and entry to the office outside of office hours, are the landlord (or representative), the Director, Coordinator of Grief & Bereavement, the Office Administrator, the Treasurer and the Board Chair. The Chair and Treasurer shall relinquish their keys to the Director upon retirement from the board.

***Personal information transported or stored outside the office:***

The Director, Coordinator of Grief & Bereavement, database/Office Administrator, Treasurer and Volunteers shall be responsible for ensuring security of hard copies of personal information which is transported and stored or used in another location.

***General Protection of Information:***

The Director, Coordinator of Grief & Bereavement, and Office Administrator shall ensure that no personal information is visible on computer screens or desktops should they need to step out of the office.

Personal information on computer screens shall be minimized should someone be standing at the Director, Coordinator of Grief & Bereavement, or Office Administrators desk.

The communication book on the Administrator's desk shall be kept closed when not in use.

No client information shall be left on the answering machines of the Director, Coordinator of Grief & Bereavement, the Office Administrator, or the Visiting Volunteers. Should the Office Administrator and Director or Coordinator of Grief & Bereavement need to relay client information to the other, when not in the office, a message shall be left on the office phone and a message left on the other's home instructing that person check messages on the office phone.

***Storing and Securing Information - Electronic***

The office computer shall be password protected with the password known only by the Office Administrator/database manager, the Director, and the Treasurer. Should any of these individuals retire, the password shall be changed.

The data base program shall be password protected, with the password known only by the database entry person/Office Administrator, the treasurer and the database server.

Other files in the computer with personal information shall be protected by a password known only to the Director and Coordinator of Grief & Bereavement.

The passwords for the office computer shall be recorded and stored in the Director's locked cabinet.

Backups of personal information on the office computer shall be made weekly. The Office Administrator shall ensure that the backups removed from the office when the office is closed. All files on backups must be password protected.

Postings of financial information sent to the Treasurer by email must be digitally encrypted.

The Office Administrator shall password protect files on her/his computer containing personal information relating to Hospice.

The Director/Coordinator of Grief & Bereavement/database manager shall password protect files on her/his home computer containing personal information relating to Hospice.

### **8. Openness:**

Organizations must provide the public with general information concerning their personal information protection policies and practices and must make it easy to identify and contact the person responsible for personal information protection.

The Privacy Policy of NPCH outlines the information about information protection practices and includes the office phone number, address and email address. This document shall be posted in the office.

Should an individual call the office and request to speak with the Chief Privacy Officer, their number shall be given to the Chief Privacy Officer who shall return their call.

Purpose statements included in letters of thanks for donations, newsletters, mailings, tickets, registration forms outlined in section 2; consent forms outlined in section 3; and the package of information mailed out for the Christmas Memorial Service, outlined in section 2, shall provide information about how personal information will be used and protected and include an opt-out provision.

### **9. Individual Access:**

Upon request, individuals must be informed of the existence, use and disclosure of their personal information and be given access to the information. An individual has the right to challenge the accuracy and completeness of the information and have it amended as appropriate. Exceptions are limited and specific to that which contains references to other individuals, or information that can't be disclosed for legal reasons.

Requests for access shall be responded to within 30 days at no cost to the person seeking access.

The Director/Coordinator of Grief & Bereavement and Office/database Administrator shall make amendments to personal information in each of their files, as requested by individuals, if deemed reasonable.

Should the Director/Coordinator of Grief & Bereavement or Office/database Administrator question the change requested they shall discuss the issue with the Chief Privacy Officer.

All requests shall be documented and reported to the Chief Privacy Officer.

**10. Challenging Compliance:**

An individual can challenge an organization's compliance to the code, and the organization must develop procedures to handle the complaint.

Procedures are in place for advising complainants how to issue complaints to the Privacy Commissioner of Canada as outlined in the [Complaints Policy](#).