

 DALHOUSIE UNIVERSITY Health Data Nova Scotia Complaints and Inquiries Policy	Author: S.Kennedy	Review Date: 01.01.2018
	Approved by and date: S.Carrigan / 05.04.2017	Effective Date: 05.04.2017
	Version Number: v1.0	Page 1 of 9

1. PURPOSE

- 1.1 To describe the response process when an inquiry or complaint is received by Health Data Nova Scotia (HDNS) regarding the privacy, confidentiality, and security of data held by HDNS.

2. APPLICATION

- 2.1 This policy applies to all HDNS staff.

3. DEFINITIONS

- 3.1 *Complainant(s)*: Individual(s) who submit a complaint in writing regarding privacy, confidentiality, and security concerns pertaining to HDNS data holdings, their use, disclosure or retention.
- 3.2 *Information Practices*: are the policies of HDNS in relation to personal health information, including:
- (i) when, how and the purposes for which HDNS routinely collects, uses, discloses, retains, de-identifies, destroys, or disposes of personal health information, and
 - (ii) the administrative, technical and physical safeguards and practices that HDNS maintains with respect to the information.
- 3.3 *Personal Health Information*: Identifying information about an individual, whether living or deceased, and in both recorded and unrecorded forms, if the information:
- (i) relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family,
 - (ii) relates to the application, assessment, eligibility and provision of health care to the individual, including the identification of a person as a provider of health care to the individual,

- (iii) relates to payments or eligibility for health care in respect of the individual,
- (iv) 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 any such body part or bodily substance
- (v) is the individual's registration information, including the individual's health-card number, or
- (vi) identifies an individual's substitute decision-maker.

3.4 *Privacy Review Officer*: The Review Officer under the Nova Scotia *Privacy Review Officer Act* and referred to in the *Personal Health Information Act (PHIA)*.

4. POLICY STATEMENT

- 4.1 As mandated in *PHIA*, HDNS, as an agent of the Nova Scotia Department of Health and Wellness (DHW), has implemented an internal process for addressing complaints regarding privacy, confidentiality, and security of HDNS data holdings and information practices.
- 4.2 HDNS designated the HDNS Manager as the contact for complaints and inquiries regarding HDNS's data holding and information practices.

5. PROCEDURES

5.1 *General Complaints*

- 5.1.1. Upon being contacted by a complainant about privacy, confidentiality, or security any HDNS staff will provide the complainant with the **HDNS Privacy Complaint Form** (Appendix A) and instructions to return the completed form to the HDNS Manager.
- 5.1.2 If the complainant requires assistance in completing the form, the HDNS Manager will contact the individual by telephone to offer assistance.
- 5.1.3 Once the form is received, the Manager will endeavour to process, investigate, decide on the complaint, document the findings and reply to the complainant in less than 60 days from the receipt of the written complaint. If additional time is required, the Manager will, prior to the 60 days, provide written notice to the complainant of the need to extend the time period by 30 days.

- 5.1.4 If it is determined that no breach has occurred, the Manager will notify the complainant of that fact and provide any relevant additional information.
- 5.1.5 If the investigation reveals a privacy breach, the protocol in the **HDNS Privacy Incident and Breach Policy** will be followed. Individuals associated with the breach as specified in the **Privacy Incident and Breach Policy**, including the complainant, will be notified by the HDNS Manager as the Manager determines is appropriate.
- 5.1.6 If the Manager requires more than the additional 30 day extension in order to appropriately respond to the complainant, they will request permission from the Privacy Review Officer in accordance with *PHIA*.
- 5.1.7 If the complainant is not satisfied with the response from HDNS, they will be given a copy of the **Personal Health Information Act Complaint Form** (Appendix B) and provided with information on how to contact the Nova Scotia Privacy Review Officer.

5.2 Specific Complaints

- 5.2.1 If an individual lays a complaint specifically about the use, disclosure or retention of their own personal health information, they will be directed to the Nova Scotia Privacy Review Officer and will be provided with a copy of the **Personal Health Information Act Complaint Form** (Appendix B).
- 5.2.2 In the event that the Review Officer decides that the Complainant's information must be removed from HDNS, the DHW will provide the complainant's encrypted Health Card Number (eHCN) to HDNS. HDNS will search the databases using the eHCN and then delete records containing it from the system.

6. ADMINISTRATION

6.1 Accountability

- 6.1.1 The HDNS Manager is accountable to respond to all complaints regarding possible privacy / confidentiality issues and to respond within the legislated timelines set out in *PHIA*.
- 6.1.2 The HDNS Manager is responsible for ensuring that inquiries about HDNS's information practices are responded to on a timely basis.

6.2 Monitoring, Auditing and Reporting

- 6.2.1 The Manager will keep a log of all complaints and inquiries received and their outcomes.
- 6.2.2 In the case of a privacy breach, the logging and reporting will be in compliance with the **HDNS Privacy Incident and Breach Policy**.
- 6.2.3 The Manager will compile a report of all complaints on an annual basis and provide to the Health Privacy Office of the DHW.

7. RELATED POLICIES AND OTHER DOCUMENTS

7.1 HDNS Policies and Procedures

- Privacy Incident and Breach Policy

7.2 HDNS Forms

- Appendix A: HDNS Privacy Complaint Form

7.3 Other Documents

- Appendix B: *Personal Health Information Act* Complaint Form

Complaints and Inquiries Policy Appendix A:

HEALTH DATA NOVA SCOTIA PRIVACY COMPLAINT FORM

Please note: HDNS only contains information which has had direct personal identifiers removed or encrypted. This means that HDNS cannot identify specific persons and therefore cannot grant persons access to their information or change their information.

1. NAME AND CONTACT INFORMATION (please print clearly)

Last Name	First Name	Middle initial
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Mailing address

Daytime telephone number

E-mail address (only required if you wish to be contacted by e-mail)

How do you wish to be contacted? Please check one Phone Regular mail E-mail

If you are making the complaint on behalf of someone else, please provide your name and contact information:

Last Name	First Name	Middle initial
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Relationship to patient/client/resident

Mailing address

Daytime telephone number

E-mail address (only required if you wish to be contacted by e-mail)

How do you wish to be contacted? Please check one Phone Regular mail E-mail

You must attach a copy of the document authorizing you to make the complaint.

Example: written consent of the individual, guardianship documents.

2. DETAILS OF THE COMPLAINT

Please provide as much information as you can about the complaint you are making. Please include details of the incident(s) leading to your complaint, the name of any individuals who are involved in the incident(s), the date when the incident(s) occurred, and any information about your efforts to attempt to resolve this complaint outside of this complaint process (e.g. informal discussions with someone involved in the incident).

Please attach any documents relevant to the complaint.

Signature

Date

Please deliver or mail your original form to:

Manager, Health Data Nova Scotia
Department of Community Health and Epidemiology
Faculty of Medicine
Dalhousie University
5790 University Avenue, Room 113
Halifax, NS B3H 1V7 CANADA
Ph: (902) 473-5629
Fax: (902) 494-1597
Email: hdns@dal.ca

Complaints and Inquiries Policy Appendix B:

Personal Health Information Act

Complaint Form

This form is provided to you to allow you to provide all information related to your complaint to the Department of Health and Wellness Privacy Office.

You may also send a letter outlining your complaint to the *Personal Health Information Act* contact person at HDNS – the Manager of HDNS.

PATIENT/CLIENT/RESIDENT NAME AND CONTACT INFORMATION (please print clearly)

Last Name	First Name	Middle initial
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Mailing address

Daytime telephone number

E-mail address (only required if you wish to be contacted by e-mail)

How do you wish to be contacted? Please check one Phone Regular mail E-mail

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Please attach any documents relevant to the complaint

4. RESOLVING THE COMPLAINT

What do you think should happen to resolve your complaint?

5. CONSENT AND SIGNATURE

In order to fully investigate your complaint, we will need to review your personal health information relevant to your complaint. Please check and initial your response.

I consent to the [name of custodian] reviewing my personal health information in order to fully investigate my complaint

I **do not** consent to the [name of custodian] reviewing my personal health information in order to fully investigate my complaint

We may also need to discuss the facts presented on this form and any other information related to the complaint with individuals in our organization. **We would only disclose information relevant to the complaint.**

I consent to the [name of custodian] discussing the facts presented on this form and any other information related to the complaint with individuals in [name of custodian]. I understand that [name of custodian] will only disclose information relevant to my complaint.

I **do not** consent to the [name of custodian] discussing the facts presented on this form and any other information related to the complaint with individuals in [name of custodian].

Please note that we may not be able to fully investigate your complaint if we do not have access to all the relevant information related to your complaint.

Signature

Date

Please deliver or mail your original form to:

Department of Health and Wellness
Privacy and Access Office
1894 Barrington Street
PO Box 488
Halifax, NS B3J 2R8

Phone: 902-424-5419
Toll-free: 1-855-640-4765
e-mail: phia@gov.ns.ca