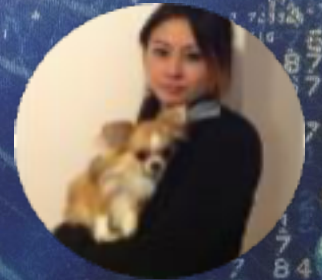


JC Professional Consulting

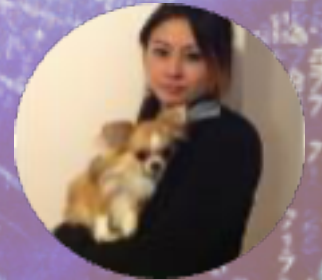
www.JennaChou.com

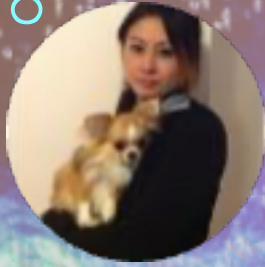


Healthcare Privacy Laws (Canada & United States)

KX Session For: University Canada West
Interview: Monday, June 27, 2022 @ 11:00am PST/ 14:00 EST)

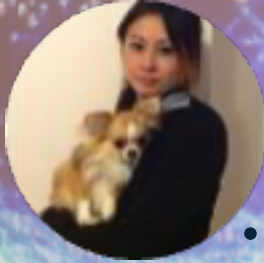
Presenter: Jenna Chou, PMP, PgM, MBA, MSc.





ABOUT ME: JENNA CHOU, PMP

- **McGill University: B.Comm & Graduate Diploma in Healthcare Management**
- **University of Toronto Rotman School of Management: MBA (Healthcare Strategies)**
- **University of British Columbia (UBC): Project Management Certification (2008)**
- **University of British Columbia (UBC): Program Management Certification (2017)**
- **MIT: AI Strategies & Leadership Certificate**
- **PMI (Project Management Institute): PMP® Certification/Professional Designation (2014)**
- **Scrum Master Certification (2021)**
- **Pharmacy Technician Certification (2021)**
- **University of New England: MSc. in Healthcare Informatics**
- **York/Osgoode Law School: Healthcare Law Certifications (Elder Law, Mental Health Law, and Canadian Healthcare Law)**



PRESENTATION AGENDA

- What is Healthcare Personal Information?
- What are the different categories of healthcare personal data
- PHI – What legal consequences if not adhere to the Privacy Laws
- Different categories of CONSENTS
- Relevant Privacy and Security Laws for protecting Personal Healthcare Information
- Example of a famous data breach case - *Simpson v. Facebook*

8 SOURCES OF PRIVACY RULES

8 Sources of Privacy Rules

- 1 • Federal and Provincial statutes
- 2 • Case law
- 3 • CSA Model Code - 10 Privacy Principles
- 4 • Federal and Provincial Privacy Commissioner guidance
- 5 • Regulatory Colleges
- 6 • Industry standards and accreditation
- 7 • Insurance requirements
- 8 • Organizational policies + standards + contracts + mission, vision, values +
Extendicare National Health Information Privacy & Security Policy

10 PRIVACY PRINCIPLES

10 PRIVACY PRINCIPLES

10 Privacy Principles

1. Accountability
2. Identify the Purpose
3. Consent
4. Limit Collection
5. Limit Use, Disclosure and Retention
6. Accuracy
7. Access and Correction
8. Openness
9. Safeguards
10. Challenge Compliance



IT IS IMPORTANT TO CLARIFY WHO THESE AGREEMENTS APPLY TO SINCE THEY ARE LEGALLY BINDING

**Some users or visitors are legally prohibited from using
Online healthcare Services as well as prohibited from
entering into these healthcare legal contract agreements**

Example: YouTube

EXPRESS CONSENT VS. IMPLIED CONSENT VS. NO CONSENT

Clients control their information (subject to some exceptions)

In order to collect, use or disclose information, you must:

1. Have **consent** OR
2. Be **permitted** by law OR
3. Be **required** by law

Express Consent

Oral or Written

Implied Consent

Implied based on circumstances

No consent

"Permitted or required by law"

Express Consent

To share with family members, friends, caregivers **unless** they are the client's SDM

Implied Consent

When the law allows us to imply that we have

No CONSENT – REQUIRED BY LAW ONLY

To reduce or eliminate a significant risk of serious bodily harm

Safety trumps privacy

Usually means calling police +
Intended victims

Get Advice

PHIPA says you can use and disclose for certain purposes without consent, such as:

- Planning and delivering programs and evaluation
- System planning
- Quality, risk management, error management
- Obtaining payment, reimbursement, financial reporting
- Research (with REB approval)
- Proceedings

CONSENTS THAT ARE REQUIRED BY LAW

Required by law

Sometimes a law or THE LAW says you **MUST** collect, use or disclose personal health information

When you are required by law to act – you do not get the client's permission



INFORMED CONSENTS & DUTY TO COMMUNICATE

APPLICABLE CANADIAN LEGISLATIONS

The Legislative Framework

•Key Legislation

- The *Health Care Consent Act, 1996* (HCCA)
- The *Substitute Decisions Act, 1992* (SDA)

•Key Decision Making Bodies

- Consent and Capacity Board (CCB)
- Superior Court of Justice (SCJ)

What are the Regulations?

- Data use regulations are in place at both the State and Federal levels via the following:
 - Health Insurance Portability and Accountability Act (HIPAA, 1996), Privacy (2003) and Security (2006)
 - NY State SSN Breach Act (2004)
 - The Health Information Technology for Economic and Clinical Health (HITECH, 2009)
- Under the health-related acts, healthcare providers, health plans, and healthcare clearing houses (aka “Covered Entities”) must act to protect the privacy and security of health information. The SSN breach act does the same for personal non-health-related data.

PHI – HIGHLY SENSITIVE PERSONAL HEALTHCARE INFORMATION

- The Government bases its data protection regulations on three classes of data:
 - Highly Sensitive Data
 - Confidential Data
 - Public Data
- The regulations apply to the “Highly Sensitive” class, which is comprised of:
 - PHI: Protected Health Information
 - PII: Personally Identifiable Data

PHI / WHAT ARE THE REGULATIONS?

What are the Regulations?

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HIPAA, HITECH & OTHER INTERNATIONAL LAWS

The Regulations

- “The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights. At the same time, **the Privacy Rule permits the disclosure of health information needed for patient care and other important purposes.**”
A guiding principle of the Privacy Rule is the “Minimum Necessary” standard, which says that Covered Entities and their Business Associates **must make all reasonable efforts to limit disclosures of PHI to the minimum amount necessary to accomplish the intended purpose.**

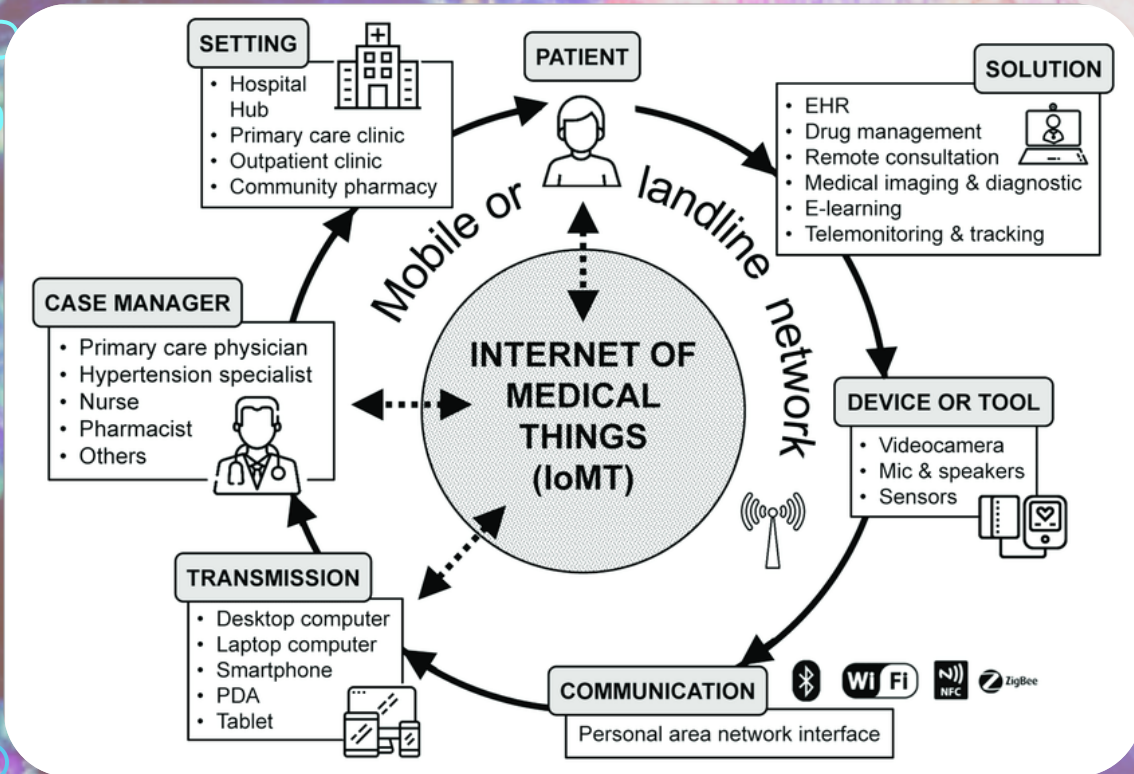
HIPAA's 18 IDENTIFIABLE ELEMENTS

Identifiable Elements

1. Names
2. All geographic subdivisions smaller than a state
3. All elements of dates (except year) for dates directly related to an individual
4. Telephone numbers
5. Facsimile numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plates
13. Device identifiers and serial numbers
14. Web URLs
15. IP addresses
16. Biometric identifiers, including fingerprints and voiceprints
17. Full-face photographic images and any comparable images
18. Other unique identifying number, characteristic, or code, unless otherwise permitted by the Privacy Rule for *re-identification*

COLLABORATIVE EFFORTS AMONG VARIOUS HEALTHCARE GROUPS

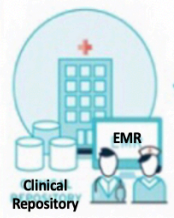
- With the right partners, the collaborative services among different parties to assist patients with their specific healthcare services requirements:



Provider Dimension

- 01 Provider Notes, Clinical Orders
- 02 Vital Stats, Health history, medication Alerts
- 03 Registries, Community Directories
- 04 Practice Guidelines, Decision Support Programs

Providers



Clinical Repository

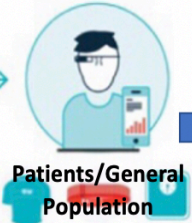
Data Input

- 01 Health Data Creators
- 03 Clearing Houses
- 04 Public Health Agencies & Health Info Orgs
- 05 Technology Vendors

- RESEARCHERS**
- De-identified data
 - Mandatory reporting
 - Survey data
 - Public education material
 - Public Health data
 - Consent forms

Population Health Dimension

- A 01 Infrastructure data
- B 02 Planning Policy documents
- C 03 Health Disparities data
- D 04 Citizens



Patients/General Population

Data Output

- 01 1) Support Research
- 02 2) Transform data into info
- 03 3) Support self care
- 04 4) Support providers
- 5) Increase awareness
- 04 6) Healthcare education



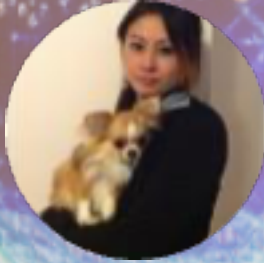
Summary

Patient education materials can improve healthcare and outcomes, prevent diseases, instill healthy behavior, and reduce costs. The best patient education materials are easily accessible, are presented in clear, easy-to-understand language, and use graphical formats that make the information easy to follow and comprehend. The medical information should be of quality, evidence-based, peer-reviewed and current, based on the latest medical research and best practices (Elsevier Clinical Solutions, 2015)!

Best Practices for using Patient Educational Material

- A** Provide Educational material to patients during medical consultation, not after!
- B** Provide patient educational material in multiple formats depending on patients' preferences
- C** Ensure that patients can get more info after the visit, especially via the web, and educate patients about what is trustworthy on the web
- D** Get patient feedback and reinforce the educational material. Provide follow-up contacts where patients can get more educational info





THANK YOU!!! 😊

JENNA CHOU, PMP

WWW.JENNACHOU.COM