



Confidentiality of Medical Information Policy

Approved by: Board of Directors

Approval Date: 04/03/2020

Purpose

The Association of Professors of the University of Ottawa, hereinafter referred to as “the APUO”, is committed to maintaining the integrity, security, and confidentiality of medical information belonging to Members of the APUO.

Scope

This policy applies to the APUO Executive Committee, Board of Directors, and staff, hereinafter referred to as “APUO representatives”.

Definitions

For the purpose of this policy,

Consultation refers to any pre-grievance inquiry made by a Member or a group of Members concerning matters including, but not limited to, contract renewal, promotion and tenure, academic leave, sick leave, return to work, accommodation, complaints, discipline, and other general matters. Not all consultations become grievances.

Grievance, per article 13 of the Collective Agreement, refers to a difference between a Member, a group of Members, or the APUO and the Employer, arising out of the interpretation, application, administration, or alleged violation of the Collective Agreement, including any question as to whether a matter is arbitrable.

Medical information refers to any medical information about a Member communicated to an APUO representative verbally, electronically, or by paper copy.

Policy Statement

A Member’s medical information may be received by an APUO representative at any point during a consultation or grievance. At the first impression or mention of a Member’s potential or existing medical information, APUO representatives are required to have the Member complete a *Medical Information Authorization Form* (Appendix A).

Members may,

- Identify the persons and the ways in which their medical information can be accessed by completing the form;
- Amend the access and/or usage parameters of the form at any time, by submitting a new *Medical Information Authorization Form*; or
- Refuse to complete the form, at which point the APUO representative will advise the Member of potential limits to the scope of discussion and/or support on the consultation or grievance.

Medical information should be maintained and secured according to the following principles:

A. CLASSIFICATION

Members' consultation or grievance files, paper or electronic, containing medical information, must be labeled as "medical". This distinct classification will ensure files containing medical information are secured appropriately.

B. SECURITY

Members' files, paper or electronic, containing medical information must be stored securely. Paper files must be stored in a locked cabinet. Electronic files must be encrypted with a unique password for each Member, available only to those granted access to the Member's medical information, in accordance with the *Medical Information Authorization Form*.

C. RELEASE

Medical information must never, under any circumstances, be released without a completed *Release of Medical Information Authorization Form* (Appendix B). A letter will be sent to the Member confirming their medical information was released, in accordance with the completed *Release of Medical Information Authorization Form*.

D. RETENTION

Medical information will be retained for two (2) to 15 years on the advice of legal counsel, in accordance with section OP2100 of Appendix A of the *Management of Records Policy*. The retention period begins when the Member's consultation or grievance file closes. A letter will be sent to the Member when their file has closed, informing them of the APUO's policies on the retention and destruction of medical information.

E. DESTRUCTION AND DISPOSAL

Once the retention period has expired, medical information must be destroyed in a way that maintains confidentiality. Destruction must ensure that the information cannot be reconstructed in any way. Paper files must be shredded, pulverized or incinerated. Electronic files must be permanently and irreversibly erased from the locations in which

they have been stored, including but not limited to, the APUO's hard drives and/or cloud storage.

The destruction and disposal of paper files will be outsourced to a professional company that specializes in the destruction and disposal of confidential materials.

Members may request their medical information be destroyed at any time by completing the *Authorization for Destruction of Medical Information Form* (Appendix C).

F. COMPLIANCE

The application of this policy is the responsibility of the APUO's Administrative Director. A copy of this policy will be provided to APUO representatives at the beginning of their respective mandate. APUO representatives authorized to handle a Member's medical information are required to fully comply with this policy.

In the event a breach of confidentiality is suspected, the Administrative Director and/or President will investigate to determine what course of correction action, if any, is required. The Administrative Director and/or President will notify the relevant Member in writing of the outcome of the investigation, within 60 days.

References

Management of Records Policy

Enquiries

Michel Desjardins
Administrative Director
(613) 230-3659

Administrative History

Approval Authority	Board of Directors
Original Approval Date	04/03/2020
Review Date (Two (2) years from original approval date)	04/03/2022
Supersedes	N/A

Approved by the Executive Committee on 20/09/2018

Amended and approved by the Executive Committee on 05/02/2020

Approved by the Board of Directors on 04/03/2020

Appendix A – Medical Information Authorization Form

MEDICAL INFORMATION AUTHORIZATION FORM

I, _____, do hereby authorize the following APUO representatives:

- ☐ Legal Counsel: _____
- ☐ Grievance Officer: _____
- ☐ Administrative Director: _____
- ☐ Other: (title) _____ (name): _____

To

- ☐ Review any medical information submitted by me to the APUO or in possession of the University of Ottawa's Human Resources department, in order to assess my accommodation and/or medical needs,
- ☐ Discuss my medical information with the University of Ottawa's Human Resources department, and
- ☐ Discuss my medical information with my physician:

This authorization does not authorize the release of any existing or future medical information to any other third party, including but not limited to, a solicitor, insurance company, adjuster, or medical person of any description whatsoever. This shall be good and sufficient authority and will continue in **full force and effect** until such time that it is modified or revoked by me, in writing. *Disclaimer: As the network administrator, the Administrative Director has access to all electronic folders.*

DATED at Ottawa, Ontario this day _____ of _____ 20____.

Signature: _____

Appendix B – Release of Medical Information Authorization Form

RELEASE OF MEDICAL INFORMATION AUTHORIZATION FORM

I, _____, do hereby authorize the following APUO
representatives:

- ☐ Legal Counsel: _____
- ☐ Grievance Officer: _____
- ☐ Administrative Director: _____
- ☐ Other: (title) _____ (name): _____

To release the following document(s):

To the following individual(s)/organization(s):

This release does not authorize the release of any other existing medical information that is not listed above to any other third party, including but not limited to, a solicitor, insurance company, adjuster, or medical person of any description whatsoever.

DATED at Ottawa, Ontario this day _____ of _____ 20____.

Signature: _____

Appendix C – Authorization for Destruction of Medical Information Form

AUTHORIZATION FOR DESTRUCTION OF MEDICAL INFORMATION FORM

I, _____, do hereby authorize the following APUO representatives:

- ☐ Legal Counsel: _____
- ☐ Grievance Officer: _____
- ☐ Administrative Director: _____
- ☐ Other: (title) _____ (name): _____

To destroy all of my medical information in the possession of the APUO, in accordance with the following schedule:

- ☐ Immediately;
- ☐ In _____ days / weeks / month / years; or
- ☐ Keep indefinitely. Destroy immediately in the event I leave the university. (This authorization will be re-evaluated with me every two (2) years.)

DATED at Ottawa, Ontario this day _____ of _____ 20____.

Signature: _____