

Subject:	Privacy Information Practices	Date Approved:	April 1, 2009
Approved by:	Executive Director	Date Revised:	
Specific to:	Clients of Mental Health Counsellor /Social Worker	Next Review Date:	September 2017

POLICY:

Clients of the NPFHT Mental Health Team need to take extra measures concerning Privacy. The document called “Our Privacy Information Practices” has been created for the purpose of informing these clients of our practices including some of the exceptions to privacy and confidentiality.

PROCEDURE:

1. The client is given a copy of Our Privacy Information Practices (hereto forth referred to as “the document”) to read at the time of appointment by the clinician. In addition, he/she is also given the consent form called “Consent to Our Privacy Information Practices”.
2. The clinician is responsible for obtaining the signed consent. This, along with the document, is forwarded to administration to be scanned into the client’s medical record.
3. This consent form is valid until the client withdraws consent.
4. If the document undergoes any major revisions, the client is given the revised document along with a new consent form to sign. These must be scanned into the client’s medical record.
5. If the client refuses to sign the consent, this must be recorded on the document and scanned into the client’s medical record.
6. The document shall be reviewed from time to time in order to ensure that it remains consistent with all current privacy legislation.
7. The patient document and related acknowledgement form can be accessed by clicking on the links below while pressing the “control” button:

<X:\NPFHT\FHT Forms\Patient Forms\Our Privacy Practices rev. 04-01-09.DOC>

<X:\NPFHT\FHT Forms\Patient Forms\Acknowledgement to Our Privacy Practices 04-01-09.DOC>