

Integrated Consent Management Process  
Integrated Assessment Record

Version 4.0  
January 2016



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## Introduction

Consent is a critical component of all health care systems. There are two primary options available to health care organizations: implied and express consent. For the purposes of this project, implied consent is the baseline, while organizations are free to practice express consent if they so choose. Whatever the choice, the starting point for documenting this process is that the consent must be **informed** (i.e., informing the client of what information is being collected from them, why that information is required, to whom that information may be disclosed, how to check the accuracy of their information and how to address their complaints).

### *IAR Consent Model*

IAR supports two levels of consent directive: HSP-level (also Known as Assessment level) consent directive and IAR-level consent directive.

- For the HSP-level consent directive, IAR will inherit the consent flag submitted along with individual assessment and automatically enforce the consent directive in IAR. If the source tool does not support the consent flag, the HSP's Privacy officer will need to login to the IAR HSP consent interface to register the consent directive manually. Only the assessments from the HSP will be affected.
- For the IAR-level consent directive, the client will need to contact the Consent Call Centre to register the consent directive in IAR, which will hide all assessments (across HSPs) relating to the client in IAR.

The more restrictive consent directive (either HSP-level or IAR-level) will take precedence.

The IAR consent model does not provide the ability to override the consent directive feature. Therefore IAR viewers/users cannot override any consent restrictions. The ability to override the consent directive feature will be implemented in a future release of IAR.

## 1. Consent Management Process

### 1.1 Consent Management Process: Obtain Consent/ Consent Directive

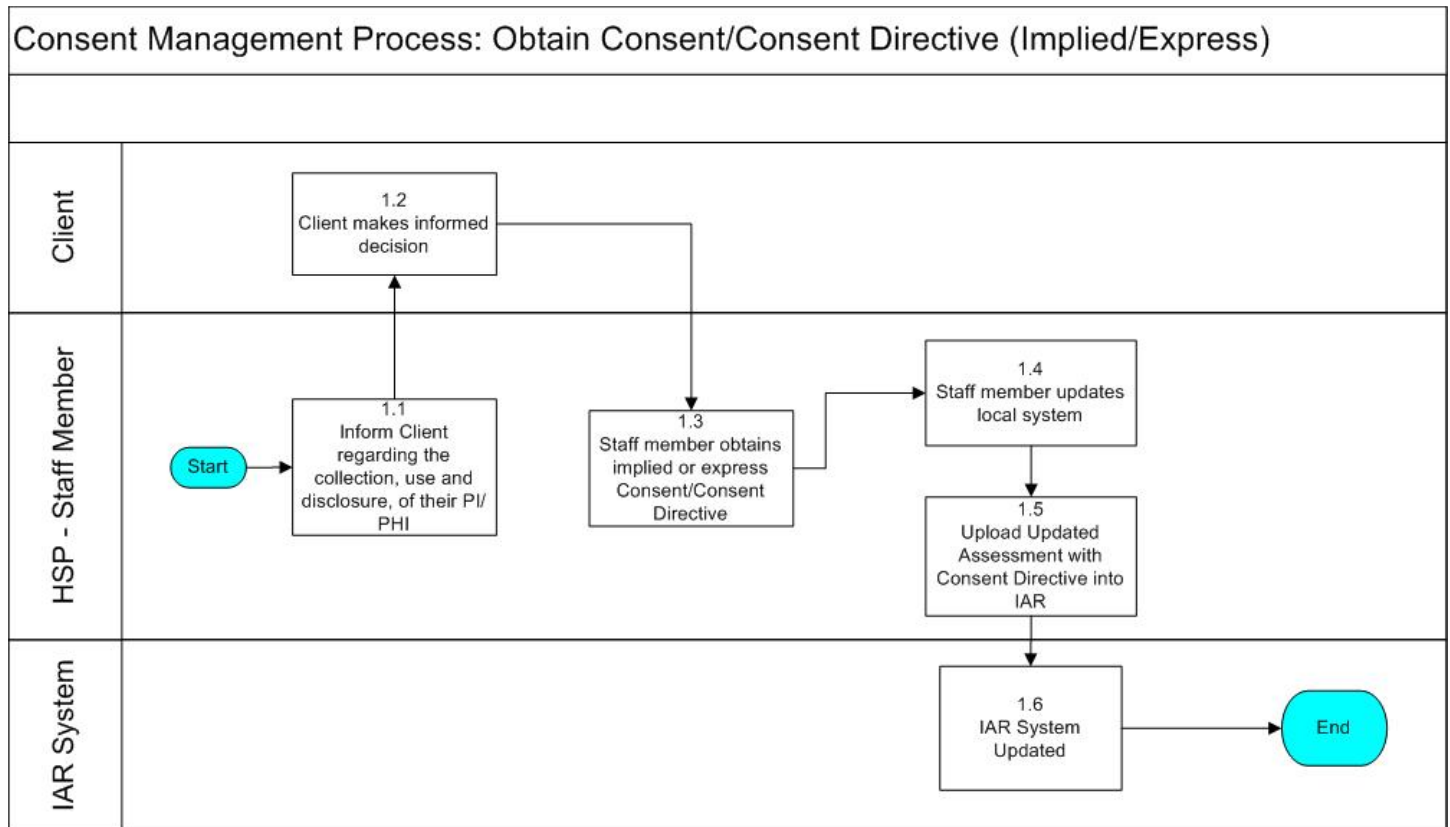


Table 1: Obtain Consent/ Consent Directive (Implied or Express)

No.	Task / Step	Responsible Person	Supporting Material
1.1	Prior to conducting the assessment, the staff informs <u>client</u> regarding the collection, use and disclosure of their <u>PI/PHI</u> and the <u>client's</u> <u>privacy</u> rights.	Staff Members	Brochure, Poster, <u>Consent</u> Communication Script
1.2	<u>Client</u> makes an informed decision (either to <u>consent</u> or to withhold their <u>consent</u> ) initiating a <u>consent directive</u>	<u>Client</u>	
1.3	HSP Staff Member obtains implied or express <u>consent</u> (or <u>consent directive</u> ) according to existing HSP <u>consent</u> process	Staff Members	<u>Consent</u> Form Template
1.4	Staff members update local system with the <u>consent directive</u> received according to existing <u>consent</u> process (this should be done as soon as is practical).	Staff Members	
1.5	The assessment with consent directive is uploaded to IAR System		
1.6	The IAR System is updated with the current consent directive	Staff Members	<u>Consent Directive</u> registry template (sect

## 1.2 Consent Management Process: Update Consent Directive (Withdraw/Reinstate)

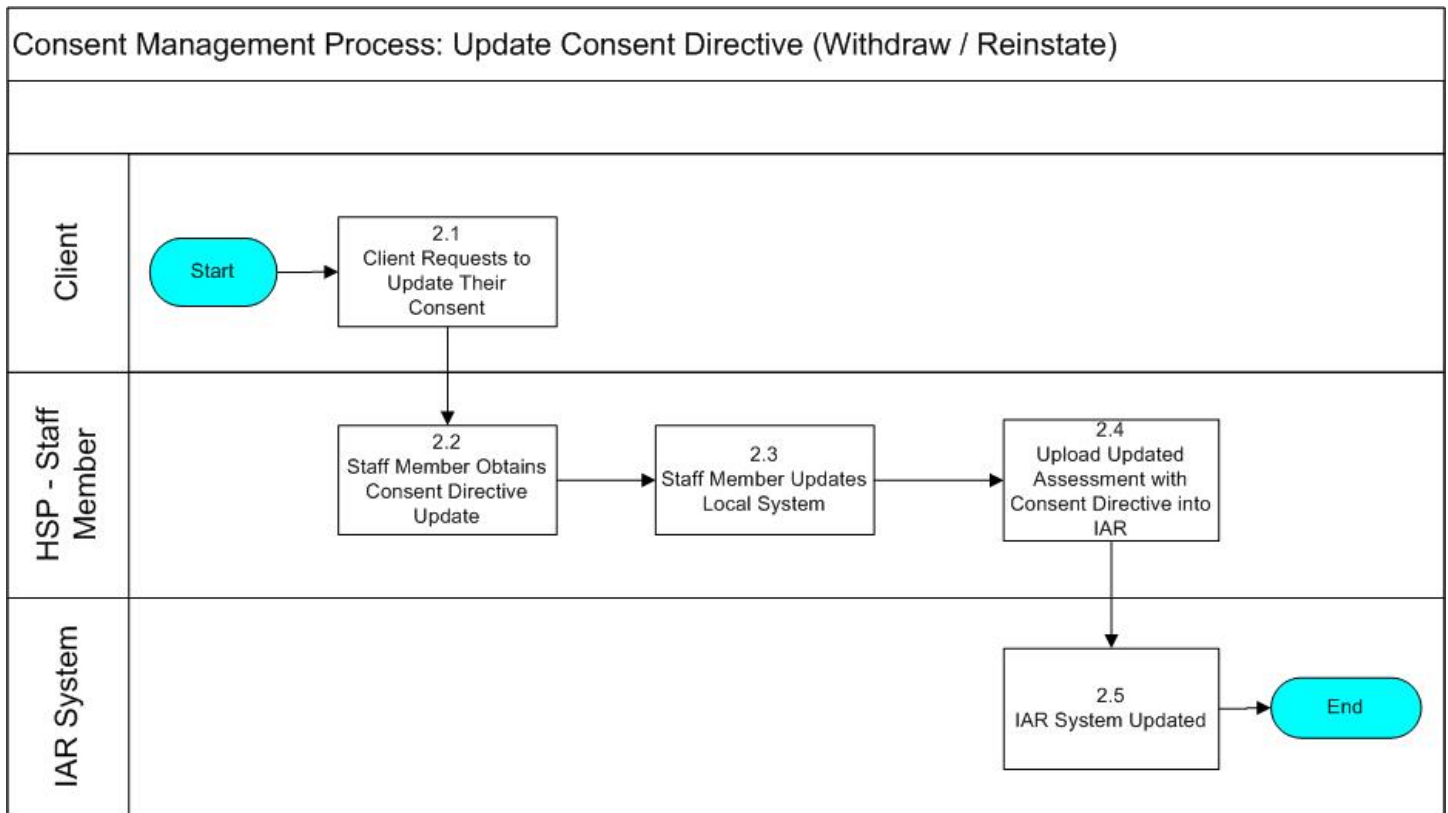


Table 2: Update Consent Directive (Implied or Express)

No.	Task / Step	Responsible Person	Supporting Material
2.1	<u>Client</u> requests to update their <u>consent directive</u> (withdraw or reinstate)	<u>Client</u>	
2.2	Staff obtains verbal or written <u>consent</u> or <u>consent directive</u> according to existing HSP <u>consent</u> process.	Staff Members	<u>Consent</u> Form template
2.3	Staff members update local system with the <u>consent directive</u> received according to existing <u>consent</u> process (this should be done as soon as is practical).	Staff Members	
2..4	The assessment with updated consent directive is uploaded to IAR System		
2.5	The IAR System is updated with the current consent directive		

## 2. IAR Consent Administration Process

A client can place a call to the centralized Consent Call Centre via a toll free number to register their IAR consent directive. A consent directive to share one's assessment in IAR means all of the client's assessments across HSPs will be shared with participating HSPs that provide care to the client. A consent directive to **not** share assessments, or withdrawal of a previously provided consent directive to share in IAR, means all of the client's assessments in the IAR — both past and any that will be uploaded in the future — will be locked and no participating HSPs will be able to view them.

Apart from the capability to deny sharing Assessment, IAR level consent directive also allows the client to Deny access to their PI, which would mean that IAR users will not be able to search the client in IAR, to an IAR user it would appear as if the client or its assessment do not exist in IAR.

The more restrictive consent directive (either HSP-level or IAR-level) will always be enforced. This means that:

- If the HSP-level consent directive restricts sharing, then the assessment will not be visible through IAR even if the IAR-level consent directive allows sharing.
- Even if the HSP-level consent directive allows sharing, if the IAR-level consent directive is set to restrict sharing, then the assessment will not be visible to any HSP until the IAR-level consent directive is updated to allow sharing of assessments.

Therefore, the client needs to understand that once they call the Consent Call Centre and provide a consent directive to not share assessments — even if they subsequently give consent to share to an HSP — the assessment will not be visible until they call the Consent Call Centre again and update their consent directive to enable sharing.

There are certain scenarios in which a client may seek assistance from the HSP in providing their consent directive to the Consent Call Centre:

1. Client needs help with calling the Consent Call Centre
2. Client does not have enough information to identify themselves
3. Client has a substitute decision maker, and the substitute decision maker wants to provide a consent directive on their behalf

### **Scenario #1: Client is not comfortable calling the Consent Call Centre by himself/herself**

If the client does not feel comfortable calling the Consent Call Centre or speaking with the Consent Call Centre alone, the client can request the clinician or case workers to help place the call to the Consent Call Centre. If the client needs assistance from the clinician or the case worker to navigate through the process during the encounter with the Consent Call Centre customer service representative (CSR), the clinician may help the client by repeating the message from the CSR or explaining what information is required of the client.

Some basic identifying information about the clinician or case worker will be asked by the CSR in order to identify the client and link their consent directive to the correct assessments in IAR.

The client will still need to provide the consent to the Consent Call Centre themselves.





**Scenario #2: Client does not have enough information to identify themselves**

If the client does not have a Health Card Number, a fixed address or a telephone number, the client is required to place the call to the Consent Call Centre from an HSP; and the Consent Call Centre CSR will request the assistance of the clinician or case worker to help verify the identity of the client.

The CSR will ask the clinician or case worker for information in order to validate the identity of the clinician or case worker as an authorized person from the HSP.

Once the identity of the client is verified through the clinician or case workers, the client will continue the encounter with the Consent Call Centre, and provide his/her consent directive to the CSR.

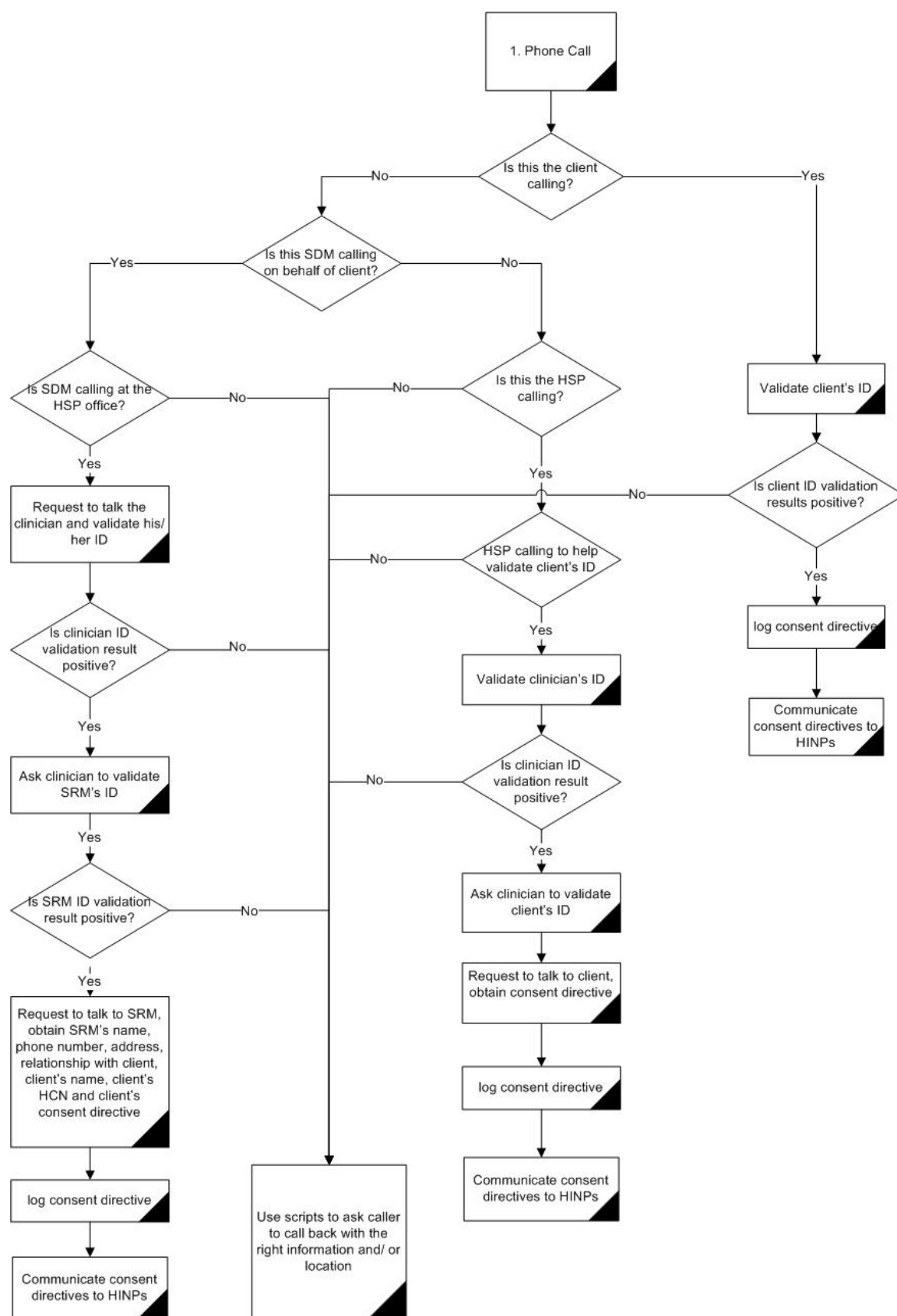
**Scenario #3: Client has a substitute decision maker, and the substitute decision maker wants to provide a consent directive on their behalf**

If the client has a substitute decision maker (SDM) who will provide the consent directive on their behalf, the SDM is required to place the call to the Consent Call Centre from an HSP, and the Consent Call Centre CSR will request the assistance of the clinician or case worker to help verify the identity of the SDM.

The CSR will ask the clinician or case worker for information in order to validate the clinician or case worker as an authorized person from the HSP.

Once the identity of the SDM is verified through the clinician or case workers, the SDM will continue the encounter with the Consent Call Centre, and provide the client's consent directive to the CSR.

The following is a process flow diagram of the above scenarios:



## Your Privacy Choices

Please speak to your usual health service provider or our Privacy Officer, if you want to:

**See your own information:** You can request a copy of your assessments and/or Coordinated Care Plan.

**Correct your own Assessments or Coordinated Care Plan:** You can ask us to correct any errors or omissions in your assessments or Coordinated Care Plan.

**Opt-Out:** You may choose not to share your information with other health service providers. You may also choose not to share anything about you including name, phone number, address, etc.

<<Insert potential positive and negative consequences for sharing or not sharing the assessment>>

To choose to withhold your consent to share your assessment, Coordinated Care Plan or your basic identifying information, call the Consent Call Centre toll free at: **1-855-585-5279 (TTY 1-855-973-4445)**.

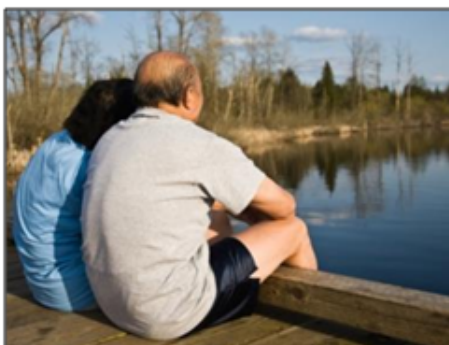
If you would like to know more about how your Personal Health Information is handled and shared with our partner organizations, or have concern about our privacy practices, feel free to ask our Privacy Officer. They will be happy to answer any questions that you might have.

<<Insert Privacy Officer contact information>>

## The Privacy Commissioner

If you have any issues or concerns about how your health information is being handled, you have the right to contact the **Information and Privacy Commissioner of Ontario** at:

**2 Bloor Street East, Suite 1400  
Toronto, ON M4W 1A8  
Telephone: 416-326-3333  
or, 1-800-387-0073  
Online: <http://www.ipc.on.ca>**



## Privacy and Your Assessment



## A Guide to the Collection, Use and Disclosure of Your Personal Health Information

<HSP logo here>

## Your Personal Health Information

We use your personal health information (PHI) to provide you with health services. That information is used and sometimes shared with your other providers to determine your health service and support needs and may also be used to coordinate care planning.

Your assessments and Coordinated Care Plan may include information on:

- Your physical and mental health
- Your personal and health history
- <<insert other information that your HSP may collect or use >>

Unless you tell us not to, your personal health information will be shared with other organizations that are providing you with health services, both now and in the future. Sharing assessments, including Coordinated Care Plans, gives health service providers in your community the most complete and up-to-date information about you. Holistic health care depends on a holistic view of your health data to identify and serve your needs.

## Sharing your information

We use a secure electronic system to share your health information with other health service providers. This allows them to view the information they need to provide you with the services you need.

If you have agreed to share your Personal Health Information, the information in your assessment and Coordinated Care Plan will be used to:

- Provide health support and services based on your needs
- Make sure your health service providers have the most up-to-date and complete record of your health history and needs
- Help us understand your care goals and to provide the services you need
- Make sure everyone is getting the right support and services



## Protecting Your Information

The information in your assessments and Coordinated Care Plan is your information. Our priority is protecting your privacy while delivering high quality care. In the assessment and coordinated care processes, we only collect the information we need to determine your service and support needs. This information cannot be used for any other purposes without your permission unless required by law<sup>1</sup>.

- Your health information is kept in a secure place
- Your health information will only be viewed by people we have authorized.
- All health information custodians have confidential legal obligation to protect your privacy.
- When a person views your information, it is recorded in a log. We will review this log regularly to make sure there has been no unauthorized access to your information.
- We will investigate any suspected breach or unauthorized access to, or use of, your Personal Health Information
- Your health information may be used for secondary purposes as authorized by law (e.g. statistical reports for Ministry of Health)

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<sup>1</sup> For example, the College of Physicians and Surgeons may need access to information to validate the quality of care you receive from a physician.

## Appendix B – Poster



### Sharing your information is important...

Unless you tell us not to, your personal health information will be shared with other organizations that are providing you with health services, both now and in the future. Sharing assessments, including Coordinated Care Plans, gives health service providers in your community the most complete and up-to-date information about you. Holistic health care depends on a holistic view of your health data to identify and serve your needs.

Your assessments and Coordinated Care Plan may contain information on:

- Your physical and mental health
- Your personal and health history
- <<Insert other information that your HSP may collect or use>>

### We are accountable for protecting your information.

The information that is in your assessments and Coordinated Care Plan are used only by Health Service Provider who are authorized to provide you with health support and services. These people and the systems are required to keep your information confidential.

#### When it comes to your health information, you can choose to:

- Request to see your own assessment or Coordinated Care Plan; and
- Ask us to correct any errors or omissions; and
- Tell us if you do not want to share your information

To learn how your information is being used and shared or have any concerns about our privacy practices, you may contact our Privacy Office at <<insert contact info here>>

Withholding consent for sharing your assessments or Coordinated Care Plan in the electronic system means that they will not be viewable by individuals providing your care at other providers. You can reach the Consent Call Centre to instruct them to not to share your information by calling toll free to 1-855-585-5279 (TTY 1-855-973-4445). Note that your information may still be made available to organizations with the legal authority to view health information without consent, and for secondary uses (e.g. statistical reports for Ministry of health)

If you have concerns about how your health information is being handled, you have the right to contact the Information and Privacy Commissioner of Ontario at: 2 Bloor Street East, Suite 1400 Toronto, ON M4W 1A8 Telephone: 416-326-3333 or 1-800-387-0073

## Appendix C – Sample Communication Script for Authorized Users

*If your system does not have a way of recoding client/patient consent, you may print this document out and complete it as a form to record consent.*

*Do not use this with clients/patients until you have reviewed and updated it to match your particular circumstances. The use of << brackets >> indicates text that you must adapt to your HSP.*

*At a minimum, point #1 and #2 should be covered with the clients/patients either with this script or by a poster/brochure.*

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**1. The Collection, Use and Disclosure (Sharing) of <<Client/Patient's Assessments and/or Coordinated Care Plans>>: What we collect and why we need it**

We would like to complete an <<Assessment Type or Coordinated Care Plan>> for you. The <<Assessment Type or Coordinated Care Plan>> will include information about you, such as your medical conditions, your goals and other information about you that will help your care team to coordinate and provide care to you.

We collect, use and disclose your personal health information in order to provide you with services, to coordinate your care planning with others and to support those that do provide you with services. We will also use your information for a variety of secondary purposes such as quality control, generating reports required by the Ministry of Health or other purposes that are allowed by law.

**The client has heard and understood what we collect and why we need it:** ☐

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**2. Sharing of Client/Patient's Coordinated Care Plans – what client/patient's consent means**

If you give us your consent to share your information, only those health care workers who have been authorized by their organization for this purpose will see your <<Assessment Type or Coordinated Care Plan>>. Your <<Assessment Type or Coordinated Care Plan>> information will be stored in a security electronic system and will be used by health care workers providing you with service so you don't have to repeat yourself and so that they will have important information about you. Do you give us your consent to share your information?

**Optional:** If you give us your consent, this may mean:

- <<Positive and negative consequences for sharing the Assessment Type or Coordinated Care Plan>>

If you choose to withhold your consent and not share your Assessment Type or Coordinated Care Plan, this may mean:



- <<Positive and negative consequences for not sharing the Assessment Type or Coordinated Care Plan>>

The client has heard and understood what their consent means: ☐

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### 3. Future Consent

Would you like to maintain this consent for the future? If you do, this means that each time your <<Assessment Type or Coordinated Care Plan>> is updated, the consent that you provide today will automatically be applied to those updates and we will not ask you these consent questions each time your Coordinated Care Plan is updated, otherwise, we will ask you for your consent each time the <<Assessment Type or Coordinated Care Plan>> is updated.

The client has agreed to future consent for this assessment: ☐

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(If the client/patient gives consent, skip to #5. If the client/patient wants to withdraw consent, please go to point #4a)

### 4. Consent Withdrawal Options

- a) **HSP specific withdrawal of consent** -- If you do not want to share this <<Assessment Types or Coordinated Care Plans>> information with other health care workers, you can let me know today or inform our staff anytime in the future, and we will make sure the <<Assessment Types or Coordinated Care Plans>> will not be shared. Do you consent to sharing this <<Assessment Types or Coordinated Care Plans>> ?

**Consent Granted:** ☐ **Consent Denied:** ☐

Do you have concerns about sharing other <<Assessment Types or Coordinated Care Plans>> that have been completed before now? If client/patient is concerned about all of their Coordinated Care Plans in the secure electronic system go on to point #4b. If not, go to #5.

- b) **IAR Consent Directive** – Would you want all of your <<Assessment Types or Coordinated Care Plans>> blocked -- Or do you want none of your <<Assessment Types or Coordinated Care Plans>> information shared, even the <<Assessment Types or Coordinated Care Plans>> information gathered at other Health Service Providers? You can call the Consent Call Centre at 1-855-585-5279 during regular business office hours. This will ensure that no one will be able to access any of your <<Assessment Types or Coordinated Care Plans>>. Only your basic identifying information, like name, phone number and city will be there. This basic identifying information is used in the event that you change your mind and decide to share your <<Assessment Types or Coordinated Care Plans>> in the future. Your health service provider will be able to find you as well as your shared Coordinated Care Plans. Is this okay with you?



**The client/patient wishes to apply an IAR level consent directive: ☐ (Leave blank for no)**

If client/patient is concerned about having basic identifying information (i.e. name, phone number, city, date of birth, gender, etc.) in the IAR, go on to #4c. Otherwise go to #5.

- c) IAR Consent Directive with basic identifying information blocked** – If you do not want to share your basic identifying information, like name, phone number and city, you can have that blocked by calling the Consent Call Centre at 1-855-585-5279 during regular business office hours. By telling them that you do not want to share your personal information; your identifying information will not be visible.

**The client/patient also wishes to suppress personal information: ☐ (Leave blank for no)**

*For any IAR Level Consent Directive add:* We call this instruction a Consent Directive. It will take effect in <<# number of business days>> after you inform the Consent Call Centre that you want your assessment/personal information blocked.

**The client/patient needs assistance calling the Consent Call Centre: ☐ (Leave blank for no)**

## 5. Your Privacy Rights

You can request a copy of your <<Assessment Type or Coordinated Care Plan>> information in your file by contacting us. You also have the right to request a correction or amendment to your <<Assessment Type or Coordinated Care Plan>> information, or log a complaint if you feel that we have not addressed your privacy concerns properly. You should know that you will need to identify yourself to the Privacy Officer (or designated staff) in order to make privacy related requests. You may need to provide the following information <<Identification Information>>.

## 6. Need More Information or Have Questions?

If you would like to know more about how your Personal Health Information is handled and shared with other Health Service Providers or have concerns about your privacy, you can contact the Privacy Officer at <<HSP name>>. They will help you understand what it means to share your assessments and/or Coordinated Care Plan and will be able to answer your questions. Please contact our designated Privacy contact at <<Privacy Contact Information>>

Name and/or ID of the client patient:	
Name of the person obtaining the consent:	
Date that the consent was obtained:	



## Appendix D – Consent Directive Form Template

<<HSP Name>>

### Consent Directive to Sharing Assessment Data

We are constantly working to provide you with health care services that meet your needs and enable you to seek those services at organizations across the province. In doing so, we may need to share your assessment data via fax or an electronic sharing system with other health service providers, who need to review the assessment data in order to provide services to you.

You have the right to withhold or withdraw your consent to share your personal health information at any time.

We may need to share the assessment with other health service providers, who will need to review it in order to provide services to you. Do you consent to the sharing of your assessment?

<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I don't consent	To the sharing of the <<assessment ID>> collected by <<HSP Name>> <<on DATE >>. I understand my choice will only be applied to the sharing of this assessment with other health service providers via fax or an electronic sharing system, and will be effective within <<#>> Business Days.  Note: This consent does <i>not</i> apply to the copies of my assessments that other HSPs have already received.
<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I don't consent	To the sharing of all my previous and future assessments, collected by <<HSP Name>>. I understand my choice will only be applied to the sharing of assessments collected by <<HSP Name>> with other health service providers and will be effective within <<#>> Business Days.  Note: This consent does not apply to the copies of my assessments that other HSPs have already received.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: (MM/DD/YYYY) \_\_\_\_\_

Substitute Decision-Maker (if applicable):

Name: \_\_\_\_\_

Date of Birth : (MM/DD/YYYY) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: (MM/DD/YYYY) \_\_\_\_\_

Relationship \_\_\_\_\_

**Client/Patient Information (information are collected for patient identification)** The fields below are used for the purposes of identifying the individual who is consenting so that their consent can be properly managed.

Name: \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

## Appendix E – Consent Directive Log Template

