

# GUIDELINES FOR THE MANAGEMENT OF PERSONAL HEALTH INFORMATION

## Introduction

The University of Alberta is a public body subject to the Alberta Freedom of Information and Protection of Privacy Act and Regulation. In accordance with the Act, all individuals who collect, maintain, handle and use personal health information are required to protect the confidentiality of that information in accordance with the Act. This Standard of Practice details procedures for the collection, retention, storage, security access, disclosure, transmittal, reproduction, and destruction of identifiable personal health information held by the University of Alberta Human Resource Services Department, and specifically the Health Promotion and WorkLife Services Unit (HPaWS).

This information could directly or indirectly pertain to personal, health or work related issues and may involve Employee & Family Assistance Program matters, workplace accommodation or entitlement to Long Term Disability, Medical, General or Casual Illness Leave, Workers' Compensation, or other benefits. The guideline applies to all referral and on-going correspondence either outbound from the University of Alberta or inbound from a staff member, referral source or service provider. While this Standard specifically addresses process adhered to by the HPaWS, other areas within the University should refer to this guideline when establishing their internal procedures.

All staff, whether permanent or temporary, and including contract personnel hired to act on behalf of the University of Alberta, are responsible for compliance with the FOIPP Act and this Standard of Practice on Management of Personal Health Information. The Standard applies at all times when managing personal health information relating to disability/medical case management to the staff member concerned, their supervisor, health care providers, and other staff within the HPaWS, HR, the Department or other University offices. It is critical that personal information not be divulged at any time. However, if a staff member is perceived to be a threat to self or others, appropriate action will be taken to ensure the safety of all involved.

## General Principles

The University of Alberta recognizes the individual's right to privacy in relation to personal health information collected by the Human Resource Services, Health Promotion and WorkLife Services unit.

A number of principles govern management of personal health information and include:

- personal health information is only accessed or disclosed on a "need to know" basis.
- personal health information must be relevant to the purpose for which it is to be used.

- collection of and access to personal health information is restricted to HPaWS staff members, who are required to sign a pledge of confidentiality.
- documented personal health information is the property of the University of Alberta entrusted to HPaWS for safeguarding and protection of confidentiality, however it is recognized that in accordance with FOIPP provisions the information in the file may be accessed in accordance with policy, this guideline and the FOIPP Act.
- personal health information will be protected by reasonable security safeguards.
- compliance with this Standard is the responsibility of all HPaWS staff members.
- upon request, a staff member has the right to access all information contained within their HPaWS case file, including all information regarding his/her health, fitness to work and work related concerns. However, there may be circumstances where medical and assessment reports will only be released directly to a licensed health care practitioner (i.e. physician or psychologist) who will be responsible for discussing the information with the staff member.

Independent Medical Examination reports specifically assessing fitness to work obtained in accordance with articles of the Collective Agreement are exempt from this standard provided a specific consent authorizing release of the report to the individual(s) specified in the appropriate Agreement is obtained.

## Definitions

**Collection** - The act of gathering, acquiring, or obtaining personal information from any source including third parties, by any means. Collection from a third party will only be done with consent of the individual.

**Confidentiality** - The maintenance of trust and avoidance of an invasion of privacy through accurate reporting and authorized communication.

**Consent** - The voluntary agreement with what is being done or proposed. Consent can be either express or implied. Express consent is given explicitly, either orally or in writing. It is unequivocal and does not require any inference on the part of the individual(s) seeking consent. Implied consent arises where consent may reasonably be inferred from the action or inaction of the staff member to whom the information pertains.

**Designated Representative** - An individual who has written authorization from the staff member to exercise a right to have direct access to the staff member's personal health information. A Designated Representative will generally be a family member or duly appointed guardian or trustee who is recognized as representing the individual in situations where there is a concern with respect to the competency of the staff member to make a reasoned decision.

**Disclosure** - The act of making a staff member's personal health information available to individuals outside the HPaWS Unit. For purposes of this document, the HPaWS Unit encompasses the staff employed by the

University of Alberta as well as Medical Advisors or other specialists contracted by HPaWS to provide support in the area of medical/disability case management, accommodation or career transition.

**Disability/Medical Case Management** – For purposes of this document, reference to disability/medical case management includes processes for determining entitlement to illness/medical leaves, Long Term Disability or Workers' Compensation benefits and related claim administration; absenteeism management; physical and vocational rehabilitation, medical or disease management, addressing workplace issues impacting health, reasonable accommodation and return to work planning. The disability can be either occupational or non-occupational in nature.

**Personal Health Information File or Personal Health Record** - An accumulation of information about an identifiable individual that is recorded in any form and pertains to the past, present and future physical or behavioural/mental health status of the individual. This also encompasses all that HPaWS staff members learn in the exercise of their responsibilities and includes LTD Claim files, as well as files established for case management or rehabilitation purposes involving General Illness claimants, and files established with respect to individuals accessing HPaWS or EFAP services on a proactive or preventive basis, or requesting a workplace accommodation.

**Privacy** - The claim of individuals, groups or institutions to determine for themselves when, how and to what extent information about them is communicated to others.

**Staff Member** – Where used in this document, staff member encompasses current and past employees of the University of Alberta, both Academic and Support, who are in applying for or are in receipt of disability benefits of some form or who are accessing services through the Health Promotion & WorkLife Services Unit. The same confidentiality provisions will extend to family members with respect to EFAP matters, as well as Post-doctoral Fellows and Graduate Students.

### Collection of Personal Health Information

The primary purpose of collecting and retaining personal health information is for disability/medical case management or facilitating referral to community based health care providers or the EFAP. Information may also be collected in support of efforts to effectively address workplace issues. All information collected is subject to confidentiality and must be treated as such.

Where information must be shared with a resource external to the HPaWS for administrative purposes, the information will be identified by a case number only. Examples include file review by the Benefits Advisory Committee, Medical Reference Board, or Plan Administrator, billing by EFAP or other external rehabilitation service providers, and archival of records outside HPaWS. Each file will be assigned a case number by HPaWS at the time the first external referral or disclosure is made.

Knowledge and consent of the staff member is required for the collection and disclosure of personal health data. Personal health information is not to be collected indiscriminately. Only the personal health information relevant to disability/medical case management or a workplace issue will be collected.

Personal health information can be collected through various methods including interviews, written documentation, and electronic data processing, all of which are subject to confidentiality. Examples of the types of personal health information collected include medical certificates or assessments, letters from physicians/specialists, Employee & Family Assistance Program or psychologist reports, illness and injury reports, personal and family history, consultant reports, functional capacity evaluations, insurance claims, physician's statements, WCB forms, etc.

Every effort shall be made by HPaWS staff members to ensure personal health information is accurate, complete and as current as is possible when making decisions or taking action for purposes of disability/medical case management.

### **Requirements for Informed Consent**

A staff member must be aware of the specific content of the information that will be requested or released. There is an obligation on HPaWS staff members to ensure that sufficient information is provided to the staff member about the nature and consequence of the intended action to allow the staff member to come to a reasoned decision on providing consent.

Principles include:

- The staff member must be mentally competent, and have the ability to understand and appreciate the nature and consequences of providing consent to access their personal health information.
- Consent must be freely given.
- Consent must not be obtained through misrepresentation or fraud.
- Consent cannot be given to the performance of an illegal procedure (i.e. a breach of legislation).
- Consent must relate to the specific act contemplated unless the staff member's life or health is immediately endangered and it is impractical to obtain consent.

## Procedures for the Collection of Information

All requests for information will be in writing and contain the following:

- Name and address of the recipient of the information.
- Purpose or need for the information.
- Full name and date of birth of person whose information is being requested.
- Specific definition of the type and extent of information required.

All requests will be accompanied by the appropriate “Release for Medical Information” form signed by the staff member whose personal health information is being requested. A record of all requests will be maintained by HPaWS on the staff member’s personal health information file.

## Receipt of Information Through the Mail

All requests for personal health information (i.e. physicians or claimants statements, medical evaluations, etc.) sent from HPaWS related to claims adjudication will be accompanied by a self addressed envelope from the Disability Claims Administrator. The words “**Confidential – to be opened by addressee only**” will also appear on the envelope.

All requests for personal health information sent from HPaWS related to rehabilitation and return to work planning will be accompanied by a self addressed envelope from the appropriate Rehabilitation Consultant. The words “**Confidential – to be opened by addressee only**” will also appear on the envelope.

All mail coming into the Health Promotion & WorkLife Services Unit will be forwarded to HPaWS **unopened** by the mail room staff.

## Record Retention, Storage and Security

All personal health information retained by the Human Resources Department is stored separately from other employee information. All computerized health information will be secured using passwords and access codes. Activities of visitors to HPaWS offices will be supervised in order to protect the confidentiality of personal health information.

During active use, records and other personal health information must be kept in private offices. Care will be taken to ensure that identifiable information is protected from the observation and the hearing of other individuals at all times. Records are to be returned to secured cabinets at the end of the day.

All personal health information must be retained in its original format for a period of four (4) years from the last date of contact, with the exception of LTD claim files which are retained for seven (7) years. Personal health records for closed case files are retained and stored as follows:

- The medical records of the claimant are to be pulled from the active files, placed in a designated envelope marked '**Confidential personal health document to be opened by authorized personnel only**', labelled with an assigned case number, and placed in a storage box by HPaWS. The box is to be numbered.
- A list of the medical files in the storage box will be created. Two copies of this list are generated; one copy remains with the storage box and the second is retained by the Health Promotion & WorkLife Services Unit. A system of file tracking that links each file with the storage box is maintained by HPaWS.
- Files will remain in the control of HPaWS throughout the storage period. In accordance with departmental records management procedures the record retention schedule will be updated and files are then stored in a location which is safeguarded from water, fire, and access by unauthorized persons.

As per the records retention schedule, LTD files that have not been accessed for more than seven years will be retrieved for review by the Manager Health Promotion & WorkLife Services and the Plan Administrator. If there is no foreseeable reason to retain the information, the records will be destroyed in a manner that maintains the confidentiality of the information. If there is a need to retain the record permanently, the record will be microfilmed and archived. If there is a need to temporarily retain the records for a longer period, this will be noted in accordance with Human Resource Department record retention procedures and the file returned to appropriate storage. All other case files will be destroyed in a manner that maintains the confidentiality of the information as per the record retention schedule.

With respect to WCB claims, the initial reports on occupational injury (i.e. WCB Employer and Worker Statements) are not considered personal health information. A copy of these reports, along with WCB correspondence related specifically to claim entitlement and compensation decisions, will be retained on the staff member's personnel file.

When an individual is referred to a Rehabilitation Consultant for case management, a separate file will be established that includes copies of these reports as well as any additional personal health information, medical assessments, etc. relevant to the claim. A note will be placed on the staff member's personnel file indicating that a separate file has been established containing personal health information collected for purposes of disability/medical case management.

## Accessibility

Upon request, a staff member is to be informed of the existence, use and disclosure of personal health information. A staff member is also to be given access to that information, unless doing so could reasonably be expected to result in immediate and grave harm to the individual. When access to information of a medical, psychological or psychiatric nature is requested by the applicant, Section 18(2) of FOIPP allows for refusal of access when the disclosure could reasonably be expected to result in immediate and grave harm to the applicant. An opinion of a physician, a chartered psychologist or a psychiatrist, or other appropriate expert depending on the specific circumstances of the case, is required when invoking Section 18(2).

Staff members or other properly designated representatives have the right to inspect and copy all or a part of their own individual personal health records. All such written requests for access to information are to be honoured within a reasonable time, which should not normally exceed fifteen (15) days.

A staff member can have another individual accompany them when they review their personal health information, without that individual being a Designated Representative. Examples include family members, friends, social workers, or Association representatives. In this circumstance, the staff member will have control over the specific information in their personal health information file they choose to allow the other individual to see. A member of HPaWS will assist in explaining the information in the file to the staff member prior to any information being shared with a third party.

Notwithstanding an individual's right to access their own personal health information, it will be the general practice to recommend that staff members:

- accept a summary of material facts and opinions in lieu of copies of the records requested, or;
- accept a release of requested medical assessment reports to their family physician or other qualified health care professionals.

Review of a personal health record is only to be made in the presence of HPaWS staff, who will endeavour to explain the meaning of the contents of the record to the staff member. Rebuttal of information contained in the personal health record by the staff member will be included in the record, signed, and dated by the individual. Where this occurs, HPaWS staff will document their acknowledgement of the staff member's comments and their own response to the noted concerns.

Prior to review of the information, HPaWS staff may delete from the requested health records, the identity of a family member, personal friend, or co-worker who has provided confidential information concerning a staff member's health status. This action is only appropriate in cases where **verified** information pertaining to the health of the individual has been provided by a third party (e.g. failure to take prescribed medications or

comply with a counselling program), and it is deemed necessary to protect the identity of the individual who brought the information to the attention of HPaWS. Where information is purely hearsay and of no consequence to the health or recovery of the individual, it will not be documented in the personal health record.

With respect to health information whose disclosure to the staff member may have an adverse impact upon their health, access will only be provided through a designated physician of the staff member's choice.

No other personnel, exclusive of HPaWS staff, have the right to access health information unless disclosure obligations have been met. Where health information must be reviewed by a third party for purposes of appeals or other administrative matters, the identity of the individual whose records are being reviewed will not be disclosed.

### Disclosure of Information to a Department

Personal health information of a staff member released by Health Promotion and *WorkLife* Services to the department contact (i.e. a supervisor, manager, director, chair or dean) is limited to the following:

- report of fitness to work following a medical or physical assessment,
- determination that a medical condition exists **but not the details of the condition**, and confirmation that the staff member is under appropriate medical care. This could include the dates of follow-up appointments or referrals to specialists or treatment programs.
- the estimated date for a realistic return to full duties, or a return to modified work,
- medical limitations, if any, related to the ability to carry out work in a safe and timely manner with or without accommodation,
- medical restrictions, if any, regarding specific tasks of the individual's job, and
- other information related to a need for accommodation as consented to by the employee.

This is not intended to preclude an employee from voluntarily disclosing additional information to their supervisor or manager. It only restricts the information that will be released by members of Health Promotion and *WorkLife* Services.

If, in the opinion of an HPaWS staff member, disclosure is necessary because of a **clear danger** to the individual, their supervisor, co-workers, the workplace, or the public **and**:

- the staff member concerned consistently refuses to give consent, **and**
- a second opinion is obtained from the staff member's treating physician when the concern is for the health of the individual or their co-workers, or from the Medical Officer of Health when the risk is to the public,

then the Manager, Health Promotion and *WorkLife* Services Unit may make the disclosure to the appropriate department representative or Officer of the University. Notice, in writing, that confidential information is being disclosed must also be provided to the staff member.



## External Disclosure

Subject to the exceptions specified below, HPaWS will not disclose to external sources, including individuals within the Human Resources or Faculty Relations portfolio, any personal health information regarding a staff member unless the individual has authorized the release by providing a signed and dated consent form for release of medical information or its equivalent.

### ***Procedures Governing Disclosure of Information***

- All requests for disclosure of information will be directed to the Manager, Health Promotion and WorkLife Services.
- Any authorization for release of information will be an original form and will specify the source, content, recipient, purpose, and time limitations. The form will identify:
  - Name of the individual or institution who is to disclose the information.
  - Name of the individual or institution who is to receive the information.
  - Full name, address and date of birth of the person whose information is being requested.
  - Purpose or need of information, unless included in an accompanying request.
  - Extent or nature of information to be released, including date(s) of treatment or contact (blanket authorizations requesting “any” or “all” information will not be honoured).
  - Date that consent/authorization is signed. This must be subsequent to the date of treatment or contact in question and within sixty (60) days of signature by the person whose information is to be released, or that of his/her legally authorized representative.

Information released to legally authorized persons, is not to be made available to any other party without further authorization. The recipient will be so informed by including a copy of the Information Disclosure Notification.

***Routine Request for Release of Medical Information*** - A written request by a physician, health care or rehabilitation provider, or insurance company, for an abstract or copy of part or all of an individual’s personal health record will be honoured when the “Consent for Release of Medical Information” form or its equivalent is signed by the staff member.

***Disclosure to Government Agencies*** - To preserve the confidentiality of individual health records, it is the general rule to ask government agencies for a Consent for Release of Medical Information form signed by the staff member. However, government legislation may have the authority to require immediate access to medical information of current and former staff members. Whenever access is necessary without the prior written consent of the staff member, a government agency must present a written access order to HPaWS.

**Disclosure to Third Party Representatives** – HPaWS will not directly release an individual’s medical information to a third party acting on the individual’s behalf, unless they are a Designated Representative. Rather, any specific information requested will only be released to the staff member, who then has the responsibility for determining who they wish to share the information with. This ensures that no specific personal or health information is released that the staff member is unaware of. An exception may be made for a Nasa or AASUA representative, where the individual provides written, informed consent.

Where medical information is deemed to potentially have a detrimental impact upon the health of the staff member, the information will only be provided to their family physician regardless of the wishes of the individual.

Where HPaWS has a concern for the wellbeing of a staff member, specifically with respect to the immediate state of their own health, or the potential for harm to self, a third party may be contacted to obtain their assistance. Procedures in Appendix II will be followed.

**Disclosure of Subpoenaed Information** – HPaWS will respond to a subpoena as follows:

- With the server present, the staff member’s name, and the validity of the subpoena are verified
- The Manager, Health Promotion & WorkLife Services Unit is notified.
- Only the specific material requested in the subpoena is collected and photocopied.
- Authorization to release information is given by the Manager, Health Promotion & WorkLife Services Unit and the appropriate legal counsel.
- Without written authorization of the staff member, subpoenaed records are not available for review by outside counsel prior to being established as evidence.

**Disclosure to Parties within Human Resources or Faculty Relations** – HPaWS will not directly release an individual’s medical information to any party beyond what would normally be disclosed to a departmental representative. Where employment issues including job performance, discipline, termination, or other matters arising from the Collective Agreement are involved, the party is responsible for outlining the issue and requesting that relevant information be provided. HPaWS will determine the appropriate process and requirements in accordance with this Standard for provision of relevant information.

## Reproduction and Transmittal

Reproduction of an individual’s personal health information is to be done in a manner that maintains the confidentiality of the records.

Individual health records can be faxed to a recipient with a confidential fax. Records can also be attached to a confidential email if the attachment is password protected.

Records can also be uploaded to a web based program such as Sharepoint for secure document sharing.

Information can also be mailed or couriered in envelopes clearly marked “Confidential - To Be Opened by Addressee Only”. Transmittal of individual health records will be done using sealed envelopes/boxes. The envelopes/boxes must be clearly marked “Confidential - To Be Opened by Addressee Only.”

In all cases the notification signed by the individual releasing the information, will accompany the personal health information.

### **Disposal of Records**

When it becomes appropriate to dispose of health information pertaining to an individual staff member, including formal health records, notes and messages, they will be rendered completely and permanently unidentifiable through destruction by burning, shredding, or automated erasure of electronically stored information.

HPaWS staff members will personally transmit the information to be disposed of and remain with the information until it is destroyed, or alternately transfer the information into the custody of the departmental Records Management Co-ordinator who will assume this responsibility.

### **Misuse of Personal Health Information**

Any individual who becomes aware of a breach of confidentiality of health information will document and report the incident to the Manager, Health Promotion and *WorkLife* Services immediately.

### **Administration Responsibility**

Primary responsibility for the update and administration of this Standard of Practice rests with the Manager, Health Promotion and *WorkLife* Services. The Manager is also responsible for ensuring HPaWS staff members are aware of the contents of this Standard of Practice and that they sign the Pledge of Confidentiality. The Manager is also responsible for ensuring this guide is updated as required and continues to meet or exceed requirements of FOIPP and other relevant legislation.

Recognized as a key stakeholder is the Human Resource Services Records Management Unit.

***Guidelines for the Management of***

***Personal Health Information***

***~ Attachments ~***

**PLEDGE OF CONFIDENTIALITY**

- All personal health information related to an identified staff member will be treated as confidential. This information may be in written, verbal, electronic, or any other form.
- Confidentiality extends to everything Health Promotion and WorkLife Services (HPaWS) staff members become aware of in the exercise of their responsibilities. It extends to both obviously important and apparently trivial information and includes the nature of the staff member's contact with the HPaWS, all information a staff member discloses, and all information learned from health care providers or other sources.
- Personal health information related to the case/disability claim can be shared between disability management professionals employed by HPaWS in privacy and only for purposes of enhancing the continuity of care and a co-ordinated disability/case management approach.
- Disclosure of all other personal health information will be considered a breach of confidentiality and will be reported to the Director, Staff Programs and the Associate Vice-President Human Resources. Disciplinary action will be taken up to and including immediate termination of employment with cause.
- To acknowledge and emphasize the serious responsibility in safeguarding individual personal health information, all HPaWS staff (permanent or temporary), or contract staff involved in disability management are required to sign a pledge of confidentiality on an annual basis.
- The Manager, Health Promotion & WorkLife Services is responsible for ensuring that staff members are aware of the Pledge of Confidentiality and that they sign the Pledge acknowledging this awareness.

**PLEDGE OF CONFIDENTIALITY ACKNOWLEDGEMENT**

I have read and reviewed the University of Alberta, Health Promotion and WorkLife Services Standard of Practice on Management of Personal Health Information. I understand that all personal health information to which I may have access is confidential and will not be communicated except as outlined in the current Standard of Practice. I further agree to abide by all requirements with respect to collection, documentation, record retention, storage and destruction of identifiable personal health information held by the University of Alberta, Health Promotion and WorkLife Services unit.

_____ Signed	_____ Witness	_____ Date
_____ Signed	_____ Witness	_____ Date
_____ Signed	_____ Witness	_____ Date
_____ Signed	_____ Witness	_____ Date
_____ Signed	_____ Witness	_____ Date
_____ Signed	_____ Witness	_____ Date

**Note: This acknowledgement is to be signed annually. The original form is to be retained on the staff members HR file. Copies are to be retained by the Manager and the HPaWS staff member.**

**INSERT FOR LETTER ACCOMPANYING PERSONAL HEALTH INFORMATION  
BEING DISCLOSED**

[insert date]

The enclosed information is being forwarded to you from our records, which are the property of the University of Alberta, Health Promotion and *WorkLife* Services (HPaWS) unit. Such copies are released only to persons authorized according to law and the policy of the University of Alberta. In this way, we seek to uphold the trust vested in us by the individual and ensure that their wishes and best interests are served at all times.

Accordingly, this information is released on the following conditions:

- That it not be further copied, transmitted or disseminated without further specific authorization of the person concerned;
- That it be used only for the purpose as outlined in the attached request; and
- That it be destroyed by shredding or incineration, or returned to the undersigned, when the original purpose has been served.

Your co-operation and compliance with the above is appreciated. If you have any questions, please contact the undersigned at \_\_\_\_\_.

Yours truly,

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION - GENERAL**

I, \_\_\_\_\_, hereby authorize all physicians, health care practitioners, hospitals and other institutions by this form or photocopy thereof, to give the University of Alberta, Health Promotion and WorkLife Services Unit any relevant information they may have regarding the status of my health when I was under observation for my current illness or disability.

I understand this information will be included in my personal health information file and become a permanent part of my personal health record retained by Health Promotion and WorkLife Services.

Health Promotion and WorkLife Services may also share any information in my personal health information file with my health care providers.

I also understand all information received will be kept in **STRICT CONFIDENCE** and will be used only for rehabilitation and return to work planning, assessment of ongoing entitlement to benefits, claims administration, to arrange work accommodation or address workplace issues, or for other purposes intended to assist in my recovery or enhance my quality of life.

This consent is valid for a period of six months from the date of signature and can be withdrawn at any time upon written notice being provided to Health Promotion and WorkLife Services.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



AUTHORIZATION FOR RELEASE OF INFORMATION  
TO HUMAN SOLUTIONS



**RELEASE OF INFORMATION FORM**

I, \_\_\_\_\_ / \_\_\_\_\_  
Name of Client Date of birth

**Give consent to Human Solutions to release information regarding:**

- **SERVICE LEVEL CONCERNS**

**To the EFAP Administrator or Manager, Health Promotion and  
WorkLife Services at the University of Alberta.**

\_\_\_\_\_  
Date Client Signature

**This consent is valid for 90 days from the date of signature. The client may cancel it at any time with verbal or written notice to human Solutions offices listed below.**

\_\_\_\_\_  
Suite 1600, 355 Burrard Street, Vancouver, BC  
Phone: 1-800-689-8604 . Fax:604-689-9442

**CONSENT FOR RELEASE OF INFORMATION**

I hereby authorize the University of Alberta, Health Promotion & WorkLife Services to release information contained in my personal health record as outlined below. I understand this authorization is valid for a six month period and can be revoked by me at any time.

Name of the Individual whose information is being requested: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birth date of the Individual whose information is being requested: \_\_\_\_\_

Name of the Individual who is to receive the information: \_\_\_\_\_

Title of the Person who is to receive the information: \_\_\_\_\_

Name of Organization if applicable: \_\_\_\_\_

Address where the information is to be sent: \_\_\_\_\_

---

***Extent or nature of the information to be released. Attach additional pages if required.  
(Note: requests must be specific and specify the data range during which this request applies. Requests for "any" or "all" information will not be honoured).***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Purpose for which the information will be used:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_

## **Emergent Situation Contact Protocol**

Health Promotion and *WorkLife* Services (HPaWS) routinely confirms a current telephone number and address for their clients. Clients are also asked to provide the name and contact information for an emergency contact.

In certain circumstances, HPaWS may have a concern for the well-being of a staff member, specifically with respect to the immediate state of the staff member's own health, or the potential for harm to self or others. Where repeated attempts by one of the HPaWS staff members to reach a staff member directly have failed, HPaWS will attempt to contact the designated emergency contact provided by the staff member.

If HPaWS is unable to reach the emergency contact, or if there was no emergency contact provided by the staff member, and it is believed the staff member may be in crisis, the situation will be reviewed with the Manager Health Promotion and *WorkLife* Services or designate.

If it is agreed there reasonably is an imminent concern for the safety of the staff member or others, and there are no other options for contacting the staff member directly, HPaWS will access information provided to the University of Alberta on the benefit or emergency contact forms retained by Human Resource Services.

If there is no additional information available within HRS, the department and/or a colleague of the staff member will be contacted in an attempt to identify a third party close to the staff member. Failing this, any known health care providers will be contacted.

The purpose of contacting a family member or emergency contact will be to either:

- determine the current whereabouts of the staff member involved, or
- obtain the assistance of the third party in locating the staff member.

Where a third party contact is necessary, HPaWS will exercise discretion in their discussion and maintain the confidentiality of the staff member's personal information to the greatest extent possible.

This practice is consistent with Section 40 (1)(s) and/or 40(1)(cc) of the FOIPP Act, which allows for disclosure of personal information within an organization if the person accessing the information has a need to know the information in order to perform their duties.