

Disclosure of Personal Information Operating Guideline

Version: 2

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CONFIDENTIAL

1. OBJECTIVE

- 1.1 This Disclosure of Personal Information Operating Guideline (“**Operating Guideline**”) details how Dialogue, whether acting in its own capacity or as a Service Provider, must manage the disclosure of an individual’s Personal Information.

2. DEFINITIONS

- 2.1 Refer to Appendix A of the Internal Privacy Policy for the Glossary of Terms.

3. ROLES AND RESPONSIBILITIES

- 3.1 The Privacy Officer is responsible for the implementation and revision of this Operating Guideline.
- 3.2 Dialogue Agents are required to adhere to this Operating Guideline.

4. SCOPE

- 4.1 Pursuant to Dialogue’s Internal Privacy Policy, extreme care must be taken when transmitting Personal Information internally or externally. To this end, any activity which may involve the disclosure of Personal Information must be done in accordance with the Privacy Policy or as otherwise permitted or required by law.
- 4.2 Where Dialogue acts as a Service Provider for Health Services Providers, disclosure of Personal Health Information is only carried out in a manner that is in accordance with its duties to the Health Services Providers, as described in the Information Management Program for Custodians.
- 4.3 Requests for disclosure must be centralized so that they can be managed efficiently and in compliance with Applicable Privacy Legislation. As such:
- 4.3.1 Any request that arises from a person other than an Authorized Person should be made to the Privacy Officer by submitting a written request at privacy@dialogue.co.
- 4.3.2 If a Dialogue Agent receives such a request directly, the Dialogue Agent must immediately forward the request to the Privacy Officer, who shall handle the request in accordance with this Operating Guideline and

coordinate with the Appropriate Team (i.e., Care Team or Customer Success Team).

GUIDING PRINCIPLES

- 4.4 **Confidentiality:** Dialogue shall take steps to treat Personal Information as confidential and limit access to Personal Information to third parties who require it in order to fulfill the intended purpose and who are bound by obligations of confidentiality and information security in respect of that information that are at least as onerous as those imposed on Dialogue under Applicable Privacy Legislation and applicable privacy notices.
- 4.5 **Limitation principle.** As with collection and use of all Personal Information, Dialogue must limit the information it discloses to the least amount necessary to carry out the intended purpose.
- 4.6 **Conditions on consent, expressed wishes and other relevant factors.** Insofar as an individual has previously placed conditions on their consent or communicated expressed wishes in relation to their Personal Health Information, Dialogue will make reasonable efforts to ensure that these directions and wishes are upheld, alongside any other relevant factors, in deciding whether to disclose any Personal Health Information.
- 4.7 **Authentication.** Dialogue will take steps to ensure that the person to whom a disclosure is made is the person intended and authorized to receive the information requested.

5. DETAILS

5.1 Management of Requests for Disclosure

- 5.1.1 Dialogue's Privacy Officer is responsible for implementing and overseeing the response processes to be followed by the Appropriate Team in relation to requests for disclosure. The steps below must be followed.
- 5.1.2 Step 1: Determining which Applicable Privacy Legislation applies.
 - 5.1.2.1 The Appropriate Team must make a preliminary determination regarding where the individual resides in order to identify the Applicable Privacy Legislation.
- 5.1.3 Step 2: Confirming receipt within 2-5 business days and explain the process to the requester.

- 5.1.3.1 Within 2-5 business days of receiving the request, the Appropriate Team must confirm receipt of the request to the person requesting the disclosure and provide them with information about how they intend to process the request.
- 5.1.3.2 Any time Personal Information is disclosed, the Appropriate Team confirms the authority and identity of the recipient prior to disclosing that information.
- 5.1.4 Step 3: Responding to the request
 - 5.1.4.1 Disclosure with Consent of the individual.
 - (a) Unless the Personal Information is disclosed directly to an Authorized Person or as otherwise authorized by Applicable Privacy Legislation, the Appropriate Team must obtain the prior consent of the individual concerned by the Personal Information prior to the disclosure.
 - (b) Consent may be obtained in writing directly from an Authorized Person by using the form presented in Appendix B.
 - (c) In addition, the Appropriate Team must ensure that any requirement set forth in Applicable Privacy Legislation or any other applicable law or regulation relating to consent is respected.
 - 5.1.4.2 Disclosure without Consent of the individual.
 - (a) Applicable Privacy Legislation provides for specific cases where Personal Information may be disclosed without prior consent from an Authorized Person.
 - (b) The Privacy Officer must review Applicable Privacy Legislation and confirm that the disclosure is permitted prior to authorizing the disclosure of Personal Information in any given province.
 - (c) For example, in the province of Alberta, Personal Health Information may only be disclosed without consent in accordance with sections 35 to 40 of the HIA (See Appendix A).

- (d) The Privacy Officer must also ensure that the appropriate notices are sent to the recipient of Personal Information, where required by Applicable Privacy Legislation.

6.1.5 Step 4: Keeping a record of the request

- 6.1.5.1 Where required by Applicable Privacy Legislation, the Appropriate Team must document and keep a record of the disclosure of Personal Information. They must do so in the form prescribed by Applicable Privacy Legislation, where applicable.

6.2 Information that Dialogue Must Not Disclose

- 6.2.1 The Appropriate Team must not disclose Personal Information by email; disclosure of any Personal Information shall be made only through the Virtual Care App or fax/mail (under cover of “Confidential”).
- 6.2.2 Dialogue’s Care Team, when responding to requests on behalf of and/or in coordination with its Health Services Providers, *must refuse* to disclose Personal Health Information (i) if it sets out procedures or contains results of an investigation, discipline proceeding, practice review or an inspection related to a Health Services Provider, or (ii) if the disclosure is prohibited by provincial or federal legislation.
- 6.2.3 Dialogue’s Care Team *may refuse to disclose* Personal Health Information if the disclosure could reasonably:
 - (a) be expected to result in immediate and grave harm to anyone’s mental or physical health or safety
 - (b) lead to the identification of a person who provided Personal Health Information in confidence; or
 - (c) be expected to prejudice the use or results of audits, diagnostic tests, or assessments.
- 6.2.4 In such instances, the exempt information will be removed (severed) from the record prior to the record being disclosed.

7. ENFORCEMENT

- 7.1 The Privacy Officer may audit at any time to ensure compliance with this Operating Guideline. Failure to report known violations of this Operating Guideline to the Privacy Officer is considered a violation of this Operating Guideline.
- 7.2 Dialogue Agents who violate this Operating Guideline may be subject to appropriate disciplinary action up to and including termination or termination of contractual agreements, denial of access to information technology resources, and other actions as well as both civil and criminal penalties.

Version History:

Version Number	Effective Date	Revision Date	Approval
1	April 1, 2023	March 7, 2023	Nathalie Delisle, Chief Privacy Officer Dr. Marc Robin, Medical Director
2	August 1, 2024	August 1, 2024	Dominique Payette, Privacy Officer

APPENDICES

Appendix A. Overview of rules pertaining to the disclosure of Personal Health Information in Alberta

Appendix B. Request to access or disclosure of Personal Health Information (including Authorization for Representative form)

FOR ALBERTA RESIDENTS ONLY:

Appendix C. Notice to Non-Custodian under section 32(2) of the HIA

Appendix D. Notice to Recipient under section 41 of the HIA

Appendix E. Notice to Recipient under section 42 of the HIA

APPENDIX A

OVERVIEW OF RULES PERTAINING TO DISCLOSURE OF PERSONAL HEALTH INFORMATION IN ALBERTA

	Alberta
	<u>Health Information Act</u> ("AB HIA")
Circumstances where Personal Health Information can be disclosed without consent	<p>Disclosure of Personal Health Information is authorized in the following limited circumstances:</p> <ul style="list-style-type: none"> - to another Custodian, or its affiliate, for any authorized use; - to the government of Canada or of another province or territory for the government's use for health system planning/management and health policy development; - to a person who is responsible for providing continuing care and treatment to the individual; - to family members of the individual, or a close personal friend, if the information is provided in general terms and concerns the presence, location, condition, diagnosis, progress and prognosis of the individual on the day on which the information is disclosed, unless contrary to the express request of the individual; - to contact family members or a close personal friend of the individual, if the individual is injured, ill or deceased, unless contrary to the express request of the individual, - if the individual is deceased, to the family members of the individual or a close personal friend, if the information relates to the circumstances surrounding the death of the individual or to health services recently received by the individual, unless contrary to the express request of the individual;

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	<ul style="list-style-type: none"> - to an official of a penal or other custodial institution in which the individual is being lawfully detained if the purpose of the disclosure is to allow the provision of health services or continuing treatment and care to the individual; - to a person authorized to conduct an audit of the information if the person agrees in writing (i) to destroy the information at the earliest opportunity after the audit is concluded, and (ii) not to disclose the information to any other person, except as required to accomplish the audit or to report unlawful or improper conduct by the custodian or a health services provider, - for the purpose of a court proceeding to which the custodian is party, - to comply with a subpoena, warrant or court order issued or made by a court, person or body having jurisdiction in Alberta, - to any person if it is believed, on reasonable grounds, that the disclosure would avert or minimize an imminent danger to the health or safety of any person; - to another custodian where there is a reasonable expectation that disclosure will detect or prevent fraud, limit abuse in the use of health services or prevent the commission of an offence under an enactment of Alberta or Canada; - to an officer of the Legislature if the information is necessary for the performance of the officer's duties, - if the individual lacks mental capacity to consent and, in the opinion of the custodian, disclosure is in the best interest of the individual; - to a descendant of a deceased individual, a person referred to in section 104(1)(c) to (i) HIA who is acting on behalf of the descendant or a person who is providing health services to the descendant if, in the custodian's opinion, (i) the disclosure is necessary to provide health services to the descendant, and (ii) the disclosure is restricted sufficiently to protect the privacy of the deceased individual,

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	<ul style="list-style-type: none"> - if the disclosure is authorized or required by an enactment of Alberta or Canada, - to a successor custodian, - for the purpose of obtaining or processing payment for health services provided to the individual by a person that is required under a contract to pay for those services for that individual, or - to a professional body for either (a) investigation, discipline proceeding, practice visit or inspection if the health professional body agrees in writing not to disclose the information to any other person except as authorized by or under the Act governing the health professional body or (b) or the purpose of lodging a complaint with the health professional body; - to the College of Physicians and Surgeons of Alberta for the purpose of administering the Physician Prescribing Practices Program or any program to monitor prescribing practices that replaces it; - to a police service or the Minister of Justice where it is reasonably believed that the information relates to the possible commission of an offence under a statute or regulation of Alberta or Canada, and that the disclosure will detect or prevent fraud or limit abuse in the use of health services. Only the information listed at 37.1 of the AB HIA may be disclosed. - to a police service or the Minister of Justice where it is reasonably believed that the information relates to the possible commission of an offence under a statute or regulation of Alberta or Canada, and that the disclosure will protect the health and safety of Albertans. Only the information listed at 37.3 of the AB HIA may be disclosed; - to the Minister of Health if the disclosure is necessary or desirable to enable the Minister to carry out the duties of the Minister. <p>Disclosure of individually identifying registration information is authorized in the following circumstances:</p> <ul style="list-style-type: none"> - for any of the purposes listed above;

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	<ul style="list-style-type: none"> - to any person for the purpose of collecting or processing a fine or debt owing by the individual to the Government of Alberta or to a custodian, or - to a person who is not a custodian if the disclosure is in accordance with the requirements set out in the regulations.
Notation of disclosure	<p>As required under section 41 of the AB HIA, when a record containing individually identifying diagnostic, treatment and care information is disclosed without consent, a notation form is to be completed (see Appendix D) and retained for 10 years after the disclosure.</p> <p>A computer notation of the information disclosure shall be recorded on the individual's record.</p>
Notice to Recipient	<p>As required under section 42 of the AB HIA, when any individually identifying diagnostic, treatment and care information is disclosed whether the disclosure is made with or without consent, the recipient is notified in writing of the purpose of the disclosure and the authority under which the disclosure is made (i.e. which section of the AB HIA allows the disclosure). (see Appendix E).</p> <p>This obligation to notify does not apply to:</p> <ul style="list-style-type: none"> - disclosures made to other custodians (under sections 35[1][a] or s 47 HIA), or their affiliates, for any of the authorized uses including disclosures to prevent or limit fraud or abuse of health services. - disclosures made under sections 37.1, 37.2, and 37.3 AB HIA.

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Requirements for Consent	Under the HIA, consent for the disclosure of health information must be in writing either on paper or electronically and must include the information found in Appendix B .

APPENDIX B

Request to access or disclose health information
(including Authorization for Representative form)

First and last name at birth			
Current name			
Provincial health care card number		Date of birth yyyy/mm/dd	

I hereby

- ☐ Request access to
☐ Authorize the disclosure of

my health information consisting of (Describe the health information) :

By the following health services provider(s) (Full name of your Health services professional) :

Concerning the health services received over the course of the following period:

yyyy | mm | dd

IF REQUESTING ACCESS TO MY HEALTH INFORMATION

Dialogue shall disclose or provide access to individually identifying health information only to the individual who is the subject of the information or to their authorized representative. If you are not the person who is the subject of the information, please ensure the “Authorization of Representative” form below has been completed by the person concerned.

☐ **I confirm that I am the person concerned by the information for which I am requesting access or disclosure or, if I am not, that I have the authority to request such access or disclosure on behalf of the person concerned by the information for which access or disclosure is requested, as per the Authorization of Representative form.**

IF CONSENTING TO THE DISCLOSURE OF HEALTH INFORMATION

I authorize Dialogue to release the health information described above to the following

Clinic/Location name: _____

Address: _____

Telephone number: _____

Fax Number: _____

☐ **I acknowledge that I have been made aware of the reasons for the disclosure of the above information, and the risks and benefits associated with consenting or not consenting to its release.**

☐ **I understand that I can revoke my consent at any time, by providing a signed, written statement to Dialogue’s privacy team at privacy@dialogue.co. Otherwise, I**

understand that this consent will be valid for a period of 90 days from the date of the signature of this document.

☐ I understand that any medical notes or files cannot be modified or removed and will be sent as is.

Signature: member or authorized representative

Date

Authorization of Representative

I _____ (name of the member) living at _____, (street address), in the province of _____, designate _____ living at _____ (street address) in the province of _____ as my authorized representative to act on my behalf, and to exercise (check one of the following):

☐ all my rights under applicable privacy legislation, including the Alberta Health Information Act;

OR

- ☐ My right to access all records containing my health information;
☐ My right to request the amendment or correction of my health information;
☐ My right to authorize the disclosure of any identifying health information;
☐ Other – define:

I confirm that my authorized representative has the authority to carry out the above rights and responsibilities on my behalf.

The present authorization will be in effect until _____
20____

SIGNED BY _____ in the presence of:

Witness (if applicable)

APPENDIX C

**NOTICE TO ACCOMPANY THE DISCLOSURE OF NON-IDENTIFYING HEALTH
INFORMATION TO A RECIPIENT THAT IS NOT A CUSTODIAN
(S.32(2) OF THE ALBERTA *HEALTH INFORMATION ACT*)**

TO: _____ (Name of Recipient)

If you intend to use the attached non-identifying health information for data matching, you must notify the Information and Privacy Commissioner (780-422-6860).

The Health Information Act defines data matching to mean the creation of individually identifying health information by combining individually identifying or non-identifying health information or other information from two or more electronic databases, without the consent of the individuals who are the subjects of the information.

Failure to notify the Commissioner of the intention to data match is an offence under the Act and may result in a fine of up to \$50,000.

Name and Signature of Custodian (or affiliate)

Date

APPENDIX D

**NOTATION OF DISCLOSURE
(S.41 OF THE ALBERTA *HEALTH INFORMATION ACT*)**

The attached individually identifying diagnostic, treatment and care information of _____ (name of subject individual) is being disclosed to _____ (name of recipient) by _____ (name of custodian) on _____ (date), for the following purpose(s): _____.

APPENDIX E

**NOTICE TO RECIPIENT TO ACCOMPANY THE DISCLOSURE OF INDIVIDUALLY
IDENTIFYING DIAGNOSTIC, TREATMENT AND CARE INFORMATION BY A
CUSTODIAN (S.42 OF THE ALBERTA *HEALTH INFORMATION ACT*)**

OPTION A - Disclosure with the Individual's Consent

The attached individually identifying diagnostic, treatment and care information of
_____ (subject of information) is being disclosed to
_____ (name of recipient) by
_____ (name of custodian) on
_____ (date), with the consent of
_____ (name of the subject) under section 34 of the Health Information Act, only for
the following purpose (s):

Name and Signature of Custodian (or affiliate)

Date

OPTION B - Disclosure Without the Subject's Consent:

The attached individually identifying diagnostic, treatment and care information of _____
(named individual subject) has been disclosed to _____ (name of recipient) by

_____ (name of custodian) on _____ (date), without the consent of
the subject, but authorized under the following provision of the *Health Information Act* (mark the
appropriate box)

- To provide information to another government (federal/provincial/territorial) when the above individual received a health service in Alberta which is paid for by that government ((s.35(1)(a.1))
- To provide continuing treatment and care to the above individual (s.35(1)(b))
- To provide information concerning the presence, location, condition, diagnosis, progress and prognosis of the above individual on the above date and the above individual has not requested otherwise (s.35(1)(c)) (Note – recipient must be a family member or another person with whom the individual is believed to have a close personal relationship)
- To advise family members of the above individual, or a person with whom the above individual is believed to have a close personal relationship, that the individual has been injured, is ill or has died and the individual has not requested otherwise (s.35(1)(d))
- To advise family members of the above deceased individual, or a person with whom the above deceased individual is believed to have a close personal relationship, the circumstances surrounding the death of the individual or the health services recently received by the individual and the individual had not requested otherwise (s.35(1)(d.1))
- To provide health services to the above individual who is being detained in a penal or other custodial facility (s.35(1)(e))
- To conduct an audit of the information (s.35(1)(f)) (Note – recipient must enter into an agreement with the custodian about non-disclosure and destruction of the information)
- To carry out quality assurance activities within the meaning of section 9 of the Alberta Evidence Act (s.35(1)(g))
- To provide information for a court proceeding or a proceeding before a quasi-judicial body (s.35(1)(h)) (Note – the custodian must be a party to the proceeding)
- To comply with a subpoena, warrant or court order compelling the production of information or with a rule of court that relates to the production of information (s.35(1)(i)) (Note – the recipient body must have jurisdiction to compel the production of information)
- To detect or prevent fraud, limit abuse in the use of health services or prevent the commission of an offence under an enactment of Alberta or Canada (s.35(1)(k)) (Note the recipient must be another custodian)
- To enable an officer of the Legislature (e.g. Auditor General, Ombudsman, Chief Electoral Officer, Information and Privacy Commissioner) to carry out his/her duties (s.35(1)(l))
- To avert or minimize an imminent danger to the health or safety of any person (s.35(1)(m))
- To act in the best interests of the above individual if the individual lacks the mental capacity to provide consent (s.35(1)(n))
- To provide necessary health services to a descendant of a deceased individual

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(s.35(1)(o)) (Note – the recipient must be a descendant or a representative under section 104(1)(c) to (i) and the privacy of the deceased individual must be protected)

- To comply with another act or regulation of Alberta or Canada that authorizes or requires the disclosure (s.35(1)(p))
- To transfer records to a successor custodian because the first custodian is ceasing to be a custodian or ceasing to provide health services within the geographic area in which the successor provides health services (s.35(1)(q))
- To provide information to obtain or process payment for health services provided to the above individual by a person that is required under a contract to pay for those services for the above individual (s.35(1)(r))

is subject to this Act or the Freedom of Information and Protection of Privacy Act (s.38) (Note—the custodian must determine that the information has enduring value)

- To enable the Minister of Health and Wellness to carry out his duties (s.40) (Note – the custodian must determine if the disclosure is necessary or desirable)

Name and Signature of Custodian (or affiliate)

Date

- To provide information to the College of Physicians and Surgeons of Alberta to administer the Triplicate Prescription Program (s.35(1)(s))
- To enable a health professional body to conduct an investigation, a discipline proceeding, a practice review or an inspection (s.35(4)) (Note—the custodian must comply with other relevant legislation and the health professional body must enter into an agreement with the custodian about non-disclosure and destruction of the information)
- To allow for permanent preservation and historical research by the Provincial Archives of Alberta or another archives that