

Policy Title: Access to Information and Right to Privacy	
Section: Access to Information	Reference No. SI 001
Effective: November 1994	Revision: February 2018

1. SCOPE

All Breast Screening Centre Staff
Client Services Centre Staff

2. POLICY

Under the provincial ***Freedom of Information and Protection of Privacy Act (FOIPPA)***, screenees have a right of access to records held by the BC Cancer Breast Screening program. The personal information includes but is not limited to:

- Screening Images
- Registration Information
- Background Information Survey
- Mammography Reports
- BC Cancer Breast Screening Registry Follow-up Information

The Act prevents the unauthorized collection, use or disclosure of personal information, and gives individuals a right to request the correction of personal information about them.

All staff and volunteers with access to information and the program application must abide by the provincial Freedom of Information and Protection of Privacy Act to protect the confidentiality of patient information.

All staff and volunteers are to receive and read the BC Cancer Confidentiality of Patient Information Policy and sign a Confidentiality Agreement form (here included).

Under the Act, the program must retain personal information that is used in making a decision that directly affects an individual for at least one year after its use.

Access to personal information is restricted to:

- The participant
- Any person authorized by the participant (i.e. primary health care provider)
- Breast Screening staff, professionals and volunteers on a “need to know” basis

3. PROCEDURE

Reports

Requests for screening reports by the screenee or person authorized by the screenee should only be provided upon completion of the Request for Access to Records form (form

here included) and photocopied verification of identification (e.g. B.C. care card (PHN), Driver's License). The form and photocopied ID are to be retained in the image bag.

Requests for copies of reports for patient care from physicians or diagnostic offices should be forwarded to the Client Services Centre and verified by obtaining the doctor's MSC number or obtaining a written or faxed request from a diagnostic/treatment facility.

Mammography reports must not be read over the telephone or faxed to the screenee. Verbal reports may be provided to the screenee's physician via a returned telephone call to the physician's office shown on the doctor's table on the program or CAIS database.

Images

Original images requested for patient care to a diagnostic/treatment facility or doctor may be sent directly to the facility by mail or courier. Only the images and a copy of the screening report(s) are sent. The image bag and original copies of reports are to be retained at the screening centre. Out of country requests must be accompanied by a signed patient consent.

If it is necessary to release original images to the patient to take to a diagnostic appointment, the Request for Access to Records form must be filled out, ID must be verified (take a photocopy of the ID presented) and the location of the diagnostic facility must be recorded in the program application. The Request for Access form must be retained in the image bag at the screening centre along with the original mammogram reports.

If images are being requested by the screenee for any reason other than a diagnostic appointment or if there is any indication that the images may not be returned, the screenee must fill out a Request for Access to Records form and the images must be copied (digitized). The original images should be retained by the Screening Program and copies on a CD given to the screenee. If the screening centre does not have the capability to make copies of the images, the Client Services Centre will make arrangements.

Unreported Images

Requests to view un-reported screening images should be referred to a breast screening radiologist.

Other Records

All other requests to access Breast Screening program records are to be forwarded to the Client Services Manager who will ensure the requirements of the Act are met.

4. RELATED POLICIES

5. RESPONSIBLE PARTY

Client Services Manager

CONFIDENTIALITY AGREEMENT

We wish to bring to your attention that all information concerning patients at BC Cancer is strictly confidential.

If you ever find yourself in the position of recognizing a patient or dealing with an employee's or friend's medical history file, we wish to stress the importance of respecting the confidentiality of these records. Information regarding patients is not to be discussed with anyone outside of BC Cancer or with any other staff member whose duties do not demand this knowledge. If you are unsure whether another staff member is entitled to patient information, check first with your supervisor.

Only medical staff are authorized to discuss the medical condition of a patient with the patient. Therefore, if you are faced with a situation where a patient requests information from you concerning their medical record, refer the patient to his/her physician.

In all cases "patients" refer to people who are in the Hospital Unit, are treated as out-patients, or whose records (such as pap smear results) are registered with BC Cancer.

If you experience any problems regarding confidentiality, you should discuss this matter with your Department Head.

Violation of confidentiality, in accordance with the BC Cancer policy concerning this matter, is grounds for immediate dismissal from employment or association with BC Cancer.

I acknowledge that I have read and understand the BC Cancer policy concerning confidentiality.

Relationship with BC Cancer:

☐ BC Cancer Employee

☐ Student

☐ Resident

☐ Volunteer

☒ Contracted service (please explain)

BREAST SCREENING STAFF
(Clerk or Technologist)

☐ Other (please explain)

Signature

Name (print)

Program

Centre/Facility

Date (Day/Month/Year)

Managers/Supervisors review:

Signature

Date (Day/Month/Year)

Instructions: Completed agreements should be submitted to Manager/Supervisor. Agreements for BC Cancer employees are forwarded to the Human Resources Employee File. Other agreements to be retained by appropriate Manager/Supervisor.

REQUEST FOR ACCESS TO RECORDS

General Information/Personal Information

Name of public body to which you are directing your request: <u>BC Cancer Breast Screening</u>		
Last Name	First Name	Middle Name
Date of Birth	PHN	
Mailing Address	City/Province	Postal Code
Daytime Phone Number	Alternative Phone Number	Day Fax
Details of Requested Information Information requested (please describe the records you are requesting, be as specific as possible, as this will assist in the request process. (Use the back to this form if the space below is not sufficient.)		
Please specify any References or File Number(s) if known: _____		
Information to be provided to: <input type="checkbox"/> Self <input type="checkbox"/> Name/Organization/Address _____ _____		
Are you requesting access to another person's personal information? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, attach as appropriate: a) that person's sign consent for disclosure, or b) proof of authority to act on the person's behalf.		
Preferred method of delivery: <input type="checkbox"/> Mailed <input type="checkbox"/> Patient to pickup (bring picture ID)		
Witness Signature	Patient Signature	
Witness Name (Print)	Substitute Signature	
Relationship to Patient	Substitute Name (Print)	
Date signed	Reason for Substitute	
Note: Requests will be processed within 14 – 21 days Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.		
Please complete this form and fax to 604.877.6115 or mail to: BC Cancer Screening Client Services Centre Suite 711, 750 West Broadway Vancouver, BC V5Z1H1		