

CATHOLIC FAMILY SERVICES OF TORONTO

BOARD POLICY

THE PRIVACY COMPLIANCE PROGRAM

POLICY

It is the policy of Catholic Family Services of Toronto (“CFST” or “Agency”) to fully comply with appropriate legislation pertaining to the protection of personal health information through the implementation and maintenance of a Privacy Compliance Program.

STANDARD

The Privacy Compliance Program shall address the requirements for policies and practices regarding the collection, use and disclosure of personal information by CFST in conducting its business and for the handling of any complaints regarding privacy practices.

The Chief Privacy Officer will be the Executive Director, who will delegate responsibilities, as appropriate.

The Chief Privacy Officer will be responsible for overseeing the Agency’s Privacy Compliance Program and ensuring the Agency’s compliance with its privacy obligations in accordance with the *Personal Health and Information Privacy Act (PHIPA)*, 2000, and Part X of the *Child, Youth and Family Services Act (CYFSA)*, 2017.

GUIDELINES AND PROCEDURES

The Chief Privacy Officer will be the Executive Director or a designate and be responsible for:

- a. ensuring that CFST has policies and procedures which address the requirements as regulated in the *Act*
- b. conducting an audit at least every four years, or more often if required, of the personal information policies and practices of the Agency
- c. reviewing and analyzing the Agency’s policies and practices for collecting, using and disclosing personal information regarding staff, interns, volunteers, donors, clients and users of Family Life Education and Wellness services
- d. implementing procedures to safeguard personal information
- e. taking appropriate action in response to any breach of privacy, in accordance with the *Act*, as outlined in detail in the Board Policy on Secure Storage of Client Records
- f. ensuring individuals have the right to access and correct any personal information about themselves held by the Agency

- g. implementing a retention and destruction of information policy
- h. acting as a contact person for inquiries from the public, clients or wellness group participants and ensuring that public access obligations are met regarding privacy and confidentiality policies
- i. ensuring that there is an established process of handling complaints about the Agency's information practices and/or alleged violations
- j. training the Agency's staff, students on fieldwork placement, interns and volunteers
- k. ensuring that the annual statistical report to the Information and Privacy Commissioner on requests for access and correction to records of personal information, privacy breaches and other statistics during the previous calendar year, as set out under section 11 of Ontario Regulation 191/18 under the CYFSA. This statistical report will be submitted online (<https://statistics.ipc.on.ca>) on or before March 31 in each year.

RELATED DOCUMENTS

- 1.3.i Agency Guidelines and Procedures – Privacy Compliance Program - Complaints
- 5.15 Confidentiality of Client Information and Informed Consent for the Release of Information
- 5.26 Board Policy on Secure Storage of Client Records
- 6.2 Board Policy on Client Access to Records
- 6.2.i Agency Guidelines and Procedures – Client Access to Records
- 9.8 Agency Guidelines and Procedures – Protection of Personal Information (for Staff, Students and Volunteers)
- 9.9 Board Policy on Employee Access to their Confidential Personnel File
- 9.10 Board Policy on Retention and Destruction of Personnel File
- Ontario Regulation 191/18, Personal Information re: Child, Youth and Family Services Act, 2017

1.3 Privacy Compliance Program
Approved by the Board of Directors –2012; 2014; November 15, 2017

Reviewed by Management Team – March 17, 2021
Reviewed by Policy Review and Program Committee – May 4, 2021
Approved by the Board of Directors – June 16, 2021
Date of Next Review – 2025