



A POLICY FOR CONDUCTING THE BUSINESS OF THE COLLEGE

Policy category and number:	Administration
Developed by:	CTCMPANL Board
Approval:	CTCMPANL Board
Date:	October 13, 2016

Overview of policy:

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Newfoundland and Labrador (College) requires policies specific for the confidential management of documents and the recording of travel expenditures for its members who are required to travel for the business of the College. Policy is necessary for carrying out the College roles and responsibilities.

Policy:

The College adopts (with the permission of the NLCHP) the NLCHP policies (noted below) that will be followed by the College in conducting the business of the College:

- 1. Client File Management (May 2015)*
- 2. Confidentiality and Privacy (Sept 11, 2013)*
- 3. Managing office documents including personal Information (July 22, 2013)*
- 4. Registration Records management (Aug 22, 2012)*
- 5. Travel expenses (July 12, 2012)*
- 6. Conflict of Interest (January 14, 2014)*

See Schedule A items (1,2,3,4,5,6)

Employees, contractors, and individuals who are engaged in fulfilling the mandate of College must ensure compliance with

these policies for any interaction or activity within or on behalf of the College.

Procedure:

1. The CTCMPANL Board will check annually with NLCHP for any updates on the noted policies.

2. Persons engaged in activities of the College must sign an oath of confidentiality prior to engagement in College activities. Signed Oath of confidentiality forms will be maintained at the College office. *(See Schedule B)*

3. Persons engaged in activities of the College must read and sign a declaration of having read the NLCHP policies listed policies of the NLCHP. Signed declaration forms will be maintained at the College office. *(See Schedule C)*

References:

ATIPPA

NLCHP policies (with the permission of the NLCHP) that will be followed by the College in conducting the business of the College included:

Client File Management (May 2015)

Confidentiality and Privacy (Sept 11, 2103)

Managing office documents including personal Information (July 22, 2013)

Registration Records management (Aug 22, 2012)

Travel expenses (July 12, 2012)

Conflict of Interest (January 14, 2014)

Policy History: Original policy October 13, 2016

Schedule A (1,2,3,4,5,6)

Policies of NLCHP

Schedule A (1)

Title: Client File Management

Developed by: NLCHP QA Committee

Approval:

Date: May 2015

Overview: Documentation related to client treatment/services, including assessments, consent to treatments/services as well as treatment/service outcomes are integral to the provision of client care and are usually contained in a client file.

The recommended timelines for retaining client files depends on a number of factors including: legislative requirements; third party payer requirements; standards set by accrediting bodies; statute of limitations for bringing medical malpractice claims or other legal actions against a health care provider. Where there is no documented legal obligation and/or published practices, organizations generally develop guidelines and policies based upon these factors above. A search of legislative requirements including policies and guidelines in the Newfoundland and Labrador context does not identify definitive statements on timelines for retention of client health files. The documents state in a general sense, that the custodian is expected to maintain files for as long as is necessary to meet the identified purpose.¹

The responsibility to ensure policies and processes are in place and followed to with respect to access to information is the role of the

¹ Newfoundland and Labrador Centre for Health Information (NLCHI):emailed response from NLCHI representative March 5, 2015; *Reference IM00072105*

custodian* as identified in the *Personal Health Information Act*, NL, 2011 (PHIA).²

*A “custodian” by the PHIA legislation includes a list of entities accountable to personal health information in their care. These include but are not limited to health professionals, and health care providers, regional health authorities, government departments when engaged in health care, the public health laboratory, the Newfoundland and Labrador Centre for Health Information (NLCHI), Workplace Health and Safety Compensation Commission (WHSCC), as well as local schools and the university.

For health professionals working in publicly funded health care organizations or other publically funded organizations (i.e. school board) the organization, not the health professional is considered the custodian for the client file. For health professionals employed in the private sector, the employer is most often the custodian unless the health professional has entered into an arrangement where the health professional employee is the custodian. For health professionals who are self-employed, the health professional is the custodian of the client files.

Where the health professional is the custodian, the custodian may consider making arrangements **in advance** as to who will carry out their responsibility with respect to client file management in the event that the health professional becomes suddenly ill, incapacitated and or dies. This is called a “professional will” and names a professional executor and provides specific authorization to that person with respect to matters pertaining to storage, destruction and transfer of a health professionals client files. The

² *Personal Health Information Act*, Newfoundland and Labrador, 2008

professional executor **MUST** accept responsibility to carry out this duty on behalf of the health professional.

Under the *Access to Information and Privacy Protection Act* (ATIPPA) and PHIA, client files must be kept confidential and only accessed for use within the circle of care**. Client files must be stored appropriately to avoid access by non-authorized parties.

**The “circle of care” refers to those individuals and authorities who may be involved in the provision of health care.

Guidelines

Custodians of client files must have policies including but not limited to:

- Security of client files contained in paper and electronic formats ;
- Access, retention, transfer and destruction of client health files.

Clients must be informed of the custodians’ policies including but not limited to:

- Security and safekeeping of client health files;
- Why information is collected;
- Who has access to the client health file;
- How long client health files will be kept;
- How to request a copy of their client health file;How to request a correction be made to their health file;
- Processes and safeguards used when client health files are transferred and /or destroyed.

Unless otherwise directed by the Regional Health Authority, another publicly funded organization, or specified in legislation, the <College> recommends that client files must be maintained for the minimum timeframes:

- For clients over 21 years old, a period of 10 years after the last treatment/service;

- For clients less than 21 years old, a period of 10 years after the age of 21;
- For clients who are deceased, a minimum of 5 years after a death.

Client health files maintained in a paper format may be transferred to an electronic format. Where client files are maintained in an electronic format they must be backed up on a regular basis. A backup must be maintained on an encrypted storage device.

Documentation regarding the scheduled destruction of a client file must be maintained by the custodian and /or designate.

Access to client files will be only by those individuals who are within the circle of care.

Procedure:

1. The custodian, or designate must inform the client of the office/organizational policies regarding access to, disclosure, retention and destruction of client files. Documentation of the discussion should be included in the client file. (To be developed).
2. The custodian and /or designate will ensure that files are appropriately stored and secured.
 - 2.1 Paper files must be stored in areas not accessible to the public, or unauthorized users, and locked when staff are not in the work area.
 - 2.2 Electronic files and computer work stations must be password protected and locked when staff are not at their work station. Electronic files must be backed up on a regular based using an encrypted storage device. The storage device must not be stored at the office location.
3. If client files are to be transferred to another custodian the client must be notified in writing to the last known address of the transfer, why the transfer is being conducted and the client must be provided the opportunity to have their file transferred to an alternate care provider.
4. If client files are destroyed, documentation including the name of the client file, the initial and last date recorded for client service/treatment and the date of destruction

including the method of destruction must be maintained by the custodian.

5. If destruction of records is carried out by an outside contractor, the contractor must be by a recognized and bondable professional file destruction firm,
6. Unauthorized access to client files by individuals not within the circle of care must be disclosed to the client unless disclosure to the client is contraindicated (PHIA: Section 37).

References:

Access to Information and Privacy Protection Act (Newfoundland and Labrador, 2002)

<http://assembly.nl.ca/Legislation/sr/statutes/a01-1.htm>

Personal Health Information Act (Newfoundland and Labrador, 2008)

<http://assembly.nl.ca/Legislation/sr/statutes/p07-01.htm>

Canadian Institute for Health Information (CIHI): *Privacy policy on the collection, use, disclosure and retention of personal health information and de-identified data*, 2010.

http://www.cihi.ca/CIHI-ext-portal/pdf/internet/PRIVACY_POLICY_201005_EN

Newfoundland and Labrador Center for Health Information (NLCHI); email with M. Butler, March 5, 2015 Ref. IM00072105

Policy History:

Original

Schedule A (2)

Policy name:	Privacy and Confidentiality
Policy category and number:	Administration
Developed by:	NLCHP Council
Approval by Council:	NLCHP Council
Date:	September 11, 2013

Overview of policy;

The Newfoundland and Labrador Council of Health Professionals (Council) will require individuals applying for registration in the province to provide personal information as part of the registration and renewal of registration process. Members of the Council as well as staff and individuals engaged in Council activities sign an oath of confidentiality. The Council develops policies for the collection, use, access, sharing and destruction of personal information. The information collected as part of the registration process is for Council use and will be utilized for several purposes inclusive of registration, renewal, discipline and quality assurance or other purposes as required by law.

As a regulatory body Council may be approached from time to time by the Canadian Institute for Health information (CIHI), federal or provincial government(s), researchers and others for de-identified aggregate data that could be used for workforce planning and research into the demographics of the professions regulated by the NLCHP.

Personal information is defined in the *Access to Information and Protection of Privacy Act* (ATIPPA). Council has developed policies with respect to record management that outline security practice to safeguard personal information.

Policy:

Personal information collected shall be limited to that which is necessary to carry out the Council roles and responsibilities. Personal information should be accurate and complete.

Employees, contractors, and individuals who are engaged in fulfilling the mandate of Council must ensure that information that they become aware of as a result of their interaction with or on behalf of Council is kept private and confidential.

Employees, contractors, Council and individuals who are engaged in fulfilling the mandate of Council must sign an oath of confidentiality.

Procedure:

1. The Council identifies the purpose for which information is to be used prior to request for personal information. The information collected shall be limited to that which is necessary for the identified purpose.

2. Consent is required of the individual for the collection, use or disclosure of personal information.

3. Personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law.

4. Personal information shall be accurate, complete and up to date as is necessary for the purpose for which it is to be used.

5. Individuals may access their personal file in accordance with the policy on records management. An individual can challenge the accuracy and completeness of the information in their personal file and have it amended as appropriate.

6. Persons engaged in activities of the Council must sign an oath of confidentiality prior to engagement in Council activities. See Schedule A. Signed Oath of confidentiality forms will be maintained at the Council office.

References:

ATIPPA

Policy History:

Original Policy August 23, 2012

Revised Policy:

September 11, 2013

Schedule A (3)

Policy Name: **Maintaining Office Documents, including Personal information**

Policy Category: NLCHP Office Administration

Developed by: NLCHP Office

Approved by: Finance and Human Resources (HR) Committee

Original Policy: July 22, 2013

Overview: Files for NLCHP staff and health professional members contain personal and confidential information. Measures are taken to protect personal information taken in confidence and restrict its use for matters pertaining to employment and registration.

Other documents related to the NLCHP administration are kept in confidence by the NLCHP staff for the purposes of NLCHP business. A process is established to ensure proper handling of business and banking information as a means of risk management.

This policy is directed to all NLCHP employees, Council membership including council committee members and quality assurance assessors.

Definitions: Employee/Personnel file is the file containing all the personal and relevant information regarding an individual's employment with the NLCHP;

Membership files are those of health professionals registered with the NLCHP and contain personal information relevant to the professional's registration application and processing.

Responsibilities: It is the responsibility of the NLCHP staff to:

- Ensure that only one official personal file exists for each employee or health professional member;
- Designate the location in which personal files will be held;

- Ensure that employees are aware of the location of personal files;
- Ensure that employees are notified when any document, which may adversely affect their employment or form the basis of disciplinary action, is placed in their file;
- Ensure that policies are kept up to date;
- Ensure that personal files are kept up to date;
- Ensure that employees have reasonable access to their own personal file;
- Maintain confidentiality and security of personal information, health professional membership files and NLCHP business documentation.

It is the responsibility of NLCHP employees to ensure that all information pertinent to their employment is included and up-to-date.

Policy:

Information contained in a personal file may include, but is not limited to, curriculum vitae or resume; birth certificate; social insurance number; record of employment; leave records; insurance records; current and previous position descriptions; performance appraisals; letters of appointment, commendation; layoff, recall, termination; disciplinary letters; and other correspondence relating to an individual's employment and performance.

Where documents that may adversely affect employment or form the basis of disciplinary action are placed in employees' personal files, employees will be provided the opportunity to acknowledge the addition of the documents. Employee refusal to acknowledge the documentation will not preclude its placement.

Employees can review their personal files any reasonable time that is convenient to do so agreeable to the Registrar and/or Chair of Finance/ HR Committee.

No original document can be removed or copied from a personal file without permission of the Registrar or Chair of Finance/HR Committee.

Employees can only review their own personal files.

Ex-employees may have access to their personal files as it relates to the preceding statements.

Upon an employee's death or termination the personal file remains the property of the NLCHP.

Approved:

July 22, 2013

Schedule A (4)

Policy name:	Policy-Registration Records Management
Policy category and number:	Registration
Developed by:	Registration Committee
Approval by Council:	NLCHP Council
Date:	August 23, 2012

Overview of policy: The Newfoundland and Labrador Council of Health Professionals (Council) will require individuals applying for registration in the province to provide personal information as part of the registration and renewal of registration process. Personal information will be maintained in both an electronic and paper format. The information collected as part of the registration process is for Council use and will be utilized for several purposes inclusive of registration, renewal, discipline and quality assurance or other purposes as required by law. Personal information is defined in the *Access to Information and Protection of Privacy Act (ATIPPA)*

Policy: Information collected as part of the registration, renewal of registration must be secured and must only be accessed by authorized users. Registrants may request access to their personal file.

Authorized users must sign an oath of confidentiality.

Information requested on the initial registration application will be maintained in an electronic registration database and/or maintained in the applicant's personal paper file.

The following will be maintained indefinitely in the permanent paper file: photo ID; proof of completion of an approved education program; proof of passing a registration exam; proof of completion of a refresher course, letters of good standing; Certificate of Good Conduct; vulnerable sector check; proof of English language proficiency, proof of ability to work in Canada;

consent to release of information; date of initial registration. Paper files will be maintained in a locked file in a secure environment.

Information maintained in the paper file will be recorded in the electronic database. In addition to the information contained in the paper file the following will be maintained in the electronic database: worked hours; place of employment; professional liability insurance. Information in the electronic database will be maintained indefinitely. The electronic database will be maintained at the office location. Access to the database will be password protected and only available for use by authorized users. The database will be backed up on a daily basis. Backup will be maintained on an encrypted storage device.

Council approved modes of transporting/communicating personal information are:

Postal mail

Secure electronic mail

Fax in limited circumstances

Hand delivered

View of personal file by registrant or other authorized third party at office location only

Procedure:

1. The Registrar or other authorized person will review the personal file with the registrant or authorized third party.

2. The Registrar or other authorized person will make available for view the personal file. Where requested, copies of the documentation contained in the personal file will be provided to the individual or authorized third party at the cost identified in the posted fee schedule.

References:

ATIPPA

Policy History:

Original Policy

Schedule A (5)

Policy name:	Travel Expenses
Policy category and number:	Finance
Developed by:	Finance Committee
Approval by Council:	NLCHP Council Meeting
Date:	July 12,2012

Overview of policy: The HPA section 8 (8) and 9 (5)and the Newfoundland and Labrador Council of Health professionals (“ NLCHP” or the “Council”) by-law section 10 make provision for reimbursement for public and elected members of the NLCHP for travel and other expenses associated with performing their duties as members of the Council. Public members are to be reimbursed in accordance with guidelines established by the Lieutenant-Governor in Council. Elected members are to be reimbursed based upon the recommendation of the Finance Committee. The by-laws also make provision for members of adjudication tribunals to be paid according to scales set by the finance Committee.

Policy: Council members, council employees and any other individual who is required to travel and incurs expenses as related to their duties on behalf of Council will be reimbursed for their expenses. Reimbursement will be consistent with the published guidelines of the Government of Newfoundland and Labrador.

Procedure: Individuals must complete and sign a travel expense form (see attachment).

1. Travel expense claims should be submitted within 30 days of incurring costs. Receipts are required for hotel accommodations, transportation and other incidental expenses.
2. Rates for meals, private accommodations and incidentals will be reviewed on an annual basis and will correspond to the rates posted for government employees of Newfoundland and Labrador.
3. Rates for mileage will be adjusted quarterly based upon rates posted for government employees of Newfoundland and Labrador.

4. Expenses must be approved by the Registrar and or the Chair of the Finance Committee.
5. A copy of all travel expense claims will be maintained in the office of NLCHP for a minimum of six years from the end of the latest year to which they relate unless written permission is given by the Canada Revenue Agency.

References:

Health Professional Act and the discipline specific regulations associated with the Act

Policy History:

original policy

Date July 13,2012

Schedule A (6)

Policy name:	Conflict of Interest
Policy Category:	Administration
Developed by:	Finance and Human Resources Committee
Approved by:	Finance and Human Resources Committee
Date:	January 14, 2014
Policy Overview:	<p>Decisions impacting an organization can be influenced by other decisions or individuals whose work and activity are not mandated by the organization. It is generally accepted that in public and not-for-profit organizations those who will be directly impacted by a decision not participate in the specific decision making process. It is also generally accepted that if a decision maker has intimate knowledge of an individual/organization and/or links to an individual/organization that will be unduly impacted by a decision , then the affected member is expected to declare this position as a conflict of interest prior to any discussion of the issue in question.</p> <p>Individuals associated with organizations (employees, committee members, Board members) are expected to not accept gifts from individuals or organizations given the understanding that these gifts may potentially attribute to undue influence in decision making processes.</p>
Policy:	<p>The NLCHP, it member's, committees and employees will abide by the NLCHP code of conduct in carrying out the business of the organization.</p> <p>Council members, committee members and employees must represent the interests of the NLCHP in fulfilment of the duties and objects of the <i>Health Professions Council (HPA)</i>.</p> <p>The NLCHP requires that council members, committee members, and employees be provided with the opportunity to declare and to avoid situations in which they are, or are perceived to be in conflict with the interests of the NLCHP.</p> <p>Council members, committee members, employees shall identify and disclose prior to any discussion, any possible or actual conflict of</p>

interest, regardless of whether the individuals derives financial or other benefits from the activity of interest.

Where a council member, committee member or employee has an unavoidable declared conflict of interest the individual MUST abstain from the discussion and the vote. Individuals in conflict may be requested to exit the meeting until the matter has been addressed.

Where a council member, committee member and or employee identifies a real or perceived conflict of interest, the Council or Committee MUST vote as to whether a conflict is present and the vote of the Council or Committee is final. The individuals with the potential conflict of interest will not vote.

Council members, committee members and employees may accept gifts of appreciation/recognition but these gifts must not be cash and should be of nominal value.

Procedure:

1. Prior to Council and or committee meeting the chairperson will request members to declare any conflicts or potential conflict of interest with the agenda.
2. Individuals who declare a potential conflict of interest will disclose the nature of the conflict. The Council and or committee will vote to determine if a potential conflict is perceived. Where a staff member declares a potential conflict of interest to their supervisor, the supervisor will determine if a potential conflict is perceived.
3. Individuals who declare conflict of interest must not participate in the discussion and or decision making regarding the issue.
4. Council and or committee members who recognize a potential conflict of interest after a decision has been made must notify the chair of the respective committee. The chair of the committee or the chair of the Council will have such conflicts documented at the next meeting of the respective committee. The committee will determine what if any follow-up is required.
5. Where a staff member recognizes a potential conflict of interest after a decision has been made the staff member will bring this to the attention of their supervisor. The supervisor will determine what if any follow-up is required.

References:

Eastern Health Conflict of Interest Policy

Canadian Foundation for Health Care Improvement Governance Policies
Subject: Conflict of Interest

National Dental Hygiene Certification Board Governance Policies

Policy History: original policy

Date: January 14, 2014

Schedule B



Oath of Confidentiality

I affirm that I will faithfully, truly and impartially to the best of my knowledge, skill and ability and in the best interest of the public execute and perform my duties as an member of the College of Traditional Chinese Medicine Practitioners and Acupuncturists (College) executive and or a member of a College appointed committee and or as an appointed representative of the College and that I will not, except in the discharge of my duties as member of executive of the College, member of a college appointed committee or the appointed representative of the College and as required by law, disclose to a person any information or any other matter that I become aware of in carrying out my duties and responsibilities.

Name _____

(Please print)

Signed _____

Witness _____

Date _____

Schedule C



Declaration

I declare that I have read and understand the following NLCHP policies that will be followed by the College in conducting the business of the College:

Client File Management (May 2015)

Confidentiality and Privacy (Sept 11, 2013)

Managing office documents including personal Information (July 22, 2013)

Registration Records management (Aug 22, 2012)

Travel expenses (July 12, 2012)

Conflict of Interest (January 14, 2014)

I declare that I will follow these policies in the discharge of my duties as member of executive of the College, member of a College appointed committee or the appointed representative of the College.

Name _____

(Please print)

Signed _____

Witness _____

Date _____

