

Confidentiality and Sharing of Information

The staff members within each unit of Student Affairs and Services consult with one another about students and their care in order to ensure the provision of quality care. If you are seen by a number of staff members across Student Support Services (Student Wellness Centre, Access and Equity (Disability Support Services), Student Affairs and Support Services), it will be important for the professionals you see to share relevant information about you so that they can provide the best possible service in a timely manner. By providing your signature below, you are voluntarily providing consent to allow for this sharing of information across Student Affairs and Services. Should information be shared, only the minimum amount of information necessary to provide appropriate services or care would be communicated.

Saskatchewan's Health Information Protection Act (HIPA) and Local Authority Freedom of Information and Protection of Privacy Act (LA FOIP) describe the rights you have with respect to your personal health information throughout your care at Student Affairs and Services.

You have the right:

- to decide whether to consent to the use and disclosure of your personal information. It should be noted that there are exceptional circumstances in which consent is not required;
- to revoke consent to the use or disclosure of your information;
- to "mask" or lock your electronic medical record, or portions thereof, and make it inaccessible to care providers other than your own;
- to be informed about anticipated uses and disclosures of your information;
- to be informed of disclosures without consent;
- to access personal health information about yourself;
- to request amendments to your record;
- to request a review by the Information and Privacy Commissioner or appeal to a court;
- to designate another person to make decisions about your health information;

For additional information visit www.oipc.sk.ca.

When it is helpful and appropriate to release information about you or your care to someone outside of Student Affairs and Services (ie the person who referred you, your family physician, another professional) we will obtain your written permission to release that information.

Although rare in their occurrence, there are situations in which it may be necessary to share your information without your consent. These situations are described below:

1. Where, in the judgment of the staff of Student Affairs and Services, there is a serious risk to the health and safety of yourself, other members of the University community or the community at large, some of your personal information may be shared with appropriate parties (such as Campus Protective Services, Students of Concern Advisory Team, the Police, etc.) in order to ensure your safety or that of others. In such instances, the nature and detail of the information shared would depend on the specific circumstances.
2. If there is suspected neglect or harm to a child (physical, sexual, verbal and/or emotional), Student Affairs and Services may be legally obligated to share such information with relevant authorities (e.g., Child Protection Services, Crisis Intervention Services) in order to protect the child(ren) involved. In some instances, release of information about past neglect of or harm to a child may also be required when there is the possibility of current or future risk to another child.
3. In the event of a court order to release student information, Student Affairs and Services will be required to comply.
4. As otherwise permitted or required by law.

OVER ➞

Should one of the above situations arise, only the minimum amount of information necessary to resolve the situation would be communicated.

I have read and understand the above information.

I have been provided an opportunity to ask questions.

I understand that my consent for sharing of information between members of Student Affairs and Services will be valid and in effect during the course of my studies at the University of Saskatchewan.

I understand that I may withdraw this consent at any time by making written notice to one of my care providers, who will inform their Manager within Student Services. That Manager will then inform all involved members of this withdrawal of consent.

I would like to mask portions of my electronic file as follows:

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I hereby consent to the sharing of my personal information as explained in this form.

Name	Date (dd/mm/yyyy)
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Consent to Communication

As the privacy and security of email and text message communication cannot be guaranteed, such messages sent to you shall contain administrative or non-sensitive information only. Email or text messaging may be used to send you: information about booked or cancelled appointments; immunization forms (as requested by you); requests for you to contact Student Affairs and Services; invoices for non-insured services; health promotion material; and other educational resources deemed relevant by your care providers.

Email or text messages may become part of your confidential records within Student Affairs and Services. It is your responsibility to ensure we have your correct email address and phone number.

I understand and accept that the privacy and security of email and text message communication cannot be guaranteed. I hereby consent to receiving administrative and non-sensitive information by email and text.

Name (please print)	Student Number
Signature	Date (dd/mm/yyyy)