

### Privacy and Confidentiality

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The information that you provide to your intake counsellor will inform your services within the Student Affairs and Outreach and Student Wellness Departments. Your information is stored on the Electronic Medical Record (EMR). The EMR is secure and accessed by the professionals within both Student Affairs & Outreach and the Student Wellness Centre. In accordance with professional responsibilities and ethical guidelines, members of the professional teams will access your record only if they are involved in your care. If your intake counsellor refers you to other professionals within Student Affairs and Outreach and/or the Student Wellness Centre, those professionals will have access to your record.

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 Outreach and the Student Wellness Centre.

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;

#### Releasing Confidential Information:

For additional information visit [www.oipc.sk.ca](http://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.

#### Exceptions to Confidentiality:

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 reasonable judgment of the staff of Student Affairs and Outreach and the Student Wellness Centre, 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), either departments 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 Outreach and the Student Wellness Centre will be required to comply.
4. As otherwise permitted or required by law.

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

If you would like the opportunity to discuss the information explained on this form further or have any questions, please indicate this to our front staff and they will find a health professional to assist you.

**I have read and understand the above information.**

Student name	Date (dd/mm/yyyy)
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## Consent to Communication

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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 Outreach; 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 record on the EMR. 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.**

Student's Name	Student Number
Student's Signature	Date (dd/mm/yyyy)