



Privacy & Confidentiality

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 the Student Wellness Centre (SWC).

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 <http://www.oipc.sk.ca/>.

Releasing Confidential Information:

When it is helpful and appropriate to release information about you or your care to someone outside of the Student Wellness Centre (ie. another department in the University of Saskatchewan, the person who referred you, your family physician, other 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 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), the Student Wellness Centre 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, 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.

The Student Wellness Centre utilizes an Electronic Medical Record (EMR) system which keeps your information secure.

OPTIONS FOR CONSENT FOR THE SHARING OF THERAPY INFORMATION

Therapy Services, Student Wellness Centre

Therapy Services includes clinical social workers, psychologists, other therapists, and practicum students. We are part of the larger SWC team which includes nurses, nurse practitioners, a dietitian, physicians and psychiatrists. These other professional staff will not access the therapy records of students with whom they are not working, but your therapist may consult with other professionals within the Student Wellness Centre.

I consent to my therapist accessing documentation regarding my contact with other professionals within the Student Wellness Centre. yes no

I consent to my therapy notes being accessible to other professionals involved in my care within the Student Wellness Centre and to my therapist consulting within the Student Wellness Centre. yes no

If you answer no to the question above, your therapy notes will be locked so that they are not accessible to other service providers unless an exception to confidentiality or an administrative need applies. Please understand that your therapist may, at times, need to consult with colleagues to maximize the quality of service provision. In these circumstances, your therapist will not share identifying information.

If you select to have your notes locked, but wish to provide consent to the sharing and obtaining of information specifically with one or more professionals, please indicate their names below:

Outreach Coordinator Services

I consent to the sharing of information with Outreach Coordinator Services, Student Affairs and Outreach Department. yes no

If you answer no, information regarding your contact with the Student Wellness Centre will not be shared with Outreach Coordinator Services unless an exception to confidentiality applies and there is a need for the involvement of Outreach Coordinator Services in your care.

- I have read and understand the above information
- I have been provided an opportunity to ask questions
- I understand that I may alter or withdraw my consent at any time by making written notice to one of my care providers, who will update my electronic medical record to reflect the change.

Student Name: _____ (please print) Student Number: _____

Signature: _____ Date: _____

Provider signature: _____ Date: _____