

The Ontario Personal Health Information Protection Act: Implications for Pastoral Care

The Ontario Personal Health Care Information Protection Act was enacted November 1st, 2004. The Act has the following significant purpose:

- 1) to establish rules and procedures for the collection, use and disclosure of personal health information that protects the confidentiality of that information and the privacy of individuals, while facilitating the effective provision of health care
- 2) with a few limited and specific exceptions, to provide individuals with a right to access and correct their personal health information
- 3) to provide for independent review and resolution of complaints about personal health information
- 4) to provide effective remedies for contraventions of the Act

As regards Spiritual and Religious Care: Many hospitals consider the gathering of patient information pertaining to spiritual and/or religious care as either not necessary for admission to the facility, or as private personal information which health care personnel are prohibited from gathering.

There is no prohibition restricting the gathering of spiritual and/or religious information from patients upon admission. In fact, most health care professionals understand spiritual and religious care information as an integral part of compiling an accurate admissions profile or patient history.

In hospitals, when spiritual or religious care issues arise, health care providers will;

- collect information about their patients' religious or other organizational affiliations but *only with their consent*, or / and
- rely on their patients' *implied consent* to provide the information about their religious or other organizational affiliations, enabling the hospital to provide or disclose the patients' name and location in the hospital to a representative of the religious or other organizational body specified by the individual,

but only if the patient has been given the opportunity to opt out of this disclosure and has not done so. Therefore, ***it is permissible*** for a hospital to disclose patient information regarding the patients location to community clergy who have properly identified themselves to the hospital.

Often, if a hospital provides a spiritual and religious program (chaplain, visiting chaplain) to its patients, the staff chaplain who delivers the program may use personal health information about the hospital's patients for the purpose of this program, without first obtaining consent.

What does this mean for community clergy? In November 2005, the Anglican Provincial Synod of Ontario, working with other faith communities advocated for an amendment to the Act which clarified the process involved in sharing information to spiritual and religious care staff, volunteers or community clergy.

The amendment encourages hospitals to gather appropriate and necessary spiritual and religious care information upon admission of a patient. Such information, once gathered, can be shared with hospital identified staff, volunteers and community clergy with the implied consent of the patient. Expressed consent can also be obtained by hospital staff from patients which can then be shared with spiritual and religious care staff, volunteers and the patients community clergy.

It is important then that community clergy work directly with hospital representatives and community health boards to develop appropriate processes for the identification of volunteers and community clergy who can be recognized by the hospital as members of a patient's *circle of care*.

It can be understood that hospital's may collect appropriate spiritual and religious care patient information and share that information with community clergy. The Act does not specifically prohibit this.

For further information please contact the Reverend Canon Douglas Graydon,
Coordinator of Chaplaincy Services, Diocese of Toronto @ 416-363-6021 ext 236 or
dgraydon@toronto.anglican.ca