acpnews

September / October 2013

IN THIS ISSUE...

Quality Pharmacy Practice

2 ■ Small town or big city: *Chat, Check, and Chart* is working

4 ■ Practice Profile: Taking off with travel medicine

Partners in Practice

5 ■ Preceptors: Thank you!

6 ■ ACP and CPSA partner to identify high risk patients

■ Technician bridging program delivery to go national

■ In memory

Health information: Handle with care

7 ■ How is privacy protected in Alberta?

8 ■ What ACP Standards apply?

9 ■ The 3 HIA concepts you must understand

16 ■ HIA in a nutshell

Health information: Handle with care

How to protect patient privacy and yourself

If a husband asks for his wife's prescription receipts, can you give them to him? What can you tell the police when they investigate a forgery? Can you email drug information to a patient? Read on to find out.

The *Health Information Act* (HIA) sets out the rules for the collection, use and disclosure of health information by custodians.

The Act is designed to enable, not restrict, the flow of health information among health providers within a patient's circle of care. However, it must balance the need for privacy against the need for use and disclosure, so it is a complex document. This can make it challenging to put into practice. We're here to help clear things up.

What it all boils down to is this:

> **PRIME DIRECTIVE**
>
> **Collect, use, and disclose the least amount of information necessary and preserve the highest degree of patient anonymity possible to carry out the intended purpose.[1]**

The special section starting on page 7 has the essentials you need to practice safely, effectively, and responsibly. We'll look at:

- Best practices for collecting information,
- When and to whom you can disclose information without consent, and
- Resources and references to put the answers at your fingertips.

1. Office of the Information and Privacy Commissioner of Alberta, *Health Information – A Personal Matter: A Practical Guide to the* Health Information Act, p. 16

acp Alberta College of Pharmacists

Healthy Albertans through excellence in pharmacy practice

acpnews

acpnews is published six times per year by the Alberta College of Pharmacists. Send submissions for publication to communications@pharmacists.ab.ca.

The deadline for submissions for the November/December 2013 issue is Oct. 10.

Alberta College of Pharmacists
1100, 8215 - 112 Street NW
Edmonton AB T6G 2C8
780-990-0321 / 1-877-227-3838
Fax: 780-990-0328

President: Kelly Olstad
President Elect: Brad Willsey
Executive Member at Large: Clayton Braun
Past President: Kaye Moran

Councillors:
Brad Willsey, District 1
Clayton Braun, District 2
Rick Hackman, District 3
Taciana Pereira, District 3
Krystal Wynnyk, District 3
Kelly Olstad, District 4
Kamal Dullat, District 5
Kaye Moran, District 5
Kelly Boparai, Pharmacy Technician

Public members:
Vi Becker
Bob Kruchten
Pat Matusko

Pharmacy technician observer:
Robin Burns

You can contact council members by email via our website under *About ACP/ Council*, or by using the search feature to locate them by name.

Staff Directory
All staff are available at 780-990-0321 or 1-877-227-3838 or by fax at 780-990-0328.

Their email addresses are available on our website at pharmacists.ab.ca under *Contact Us*.

Registrar: Greg Eberhart
Deputy Registrar: Dale Cooney
Complaints Director: James Krempien
Practice Development Director: Debbie Lee
Professional Practice Director: Shao Lee
Pharmacy Practice Consultants: Tom Curr, Monty Stanowich, Jennifer Voice
Operations and Finance Director: Lynn Paulitsch
Registration and Competence Director: Heather Baker
Registration Manager: Linda Hagen
Communications Director: Karen Mills

acp Alberta College of Pharmacists

Small town or big city: *Chat, Check, and Chart* is working

Digging deeper in the small town

When you walk into Thorhild's lone pharmacy, you will meet Darrel Coma, a well-spoken, knowledgeable member of Alberta's pharmacy community for over 27 years.

Chat, Check, and Chart was introduced to Darrel as a method to encourage documentation and assessment within community practice. Darrel embraced it and has integrated the method into his practice.

This tool allows Darrel to dig deeper into patient history and make sure prescriptions are appropriate, effective, and safe. It also allows for a personalized way of assessing patients.

By using *Chat, Check, and Chart*, Darrel can get to know his patients and make them feel at ease talking about health concerns or potential side effects. "*Chat, Check, and Chart* uses open ended questions that get patients talking.

"*Chat, Check, and Chart* has given me the confidence to chart and document every patient, complete medication reviews, as well as unearth new challenges. It is making me a better health care provider." He is now aiming to further his education and obtain his additional prescribing authorization.

Darrel believes *Chat, Check, and Chart* is a tool every pharmacist should use. "Pharmacists have a lot to offer and this increase in dialogue will create a relationship between the public and their pharmacists that is vital in a changing health system. This will also aid in bridging patient therapy between doctors and pharmacists, allowing for continuous care."

Building confidence in the big city

Approximately 90 km south of Darrel's drugstore, Salam Shartooh works in a bustling Edmonton pharmacy. With a revolving door of patients who have a multitude of needs and prescription types, she has found patient documentation and assessment a challenge.

To help with that, an ACP practice consultant recommended she try *Chat, Check, and Chart*. Salam began slowly by entering basic DAP notes, starting with one patient per day. It was not easy for Salam at first to embrace and apply *Chat, Check, and Chart*, but she persevered. She has now been using this method for over a year and has excelled in her practice.

Salam is a foreign trained pharmacist who has been practising in Alberta for three years. By implementing *Chat, Check, and Chart*, she has gained confidence as a pharmacist, and is now training her team members to use the method.

Salam believes that by using the three questions to evaluate the appropriateness of therapy, she has been able to detect unknown or unlisted allergies, a patient's use of other medications, as well as health conditions.

Salam now easily integrates *Chat, Check, and Chart* into her daily practice. "This is fundamental to the practice and I recommend every pharmacy use it in every scenario. It improves quality practice and overall patient safety."

What is *Chat, Check, and Chart*?

Chat, Check, and Chart was designed to give pharmacists practical tools that could be incorporated into everyday practice. This three year old initiative, developed by ACP's Shao Lee and U of A Professor Lisa Guirguis, encourages pharmacists to ask the "right questions" when consulting with a patient.

Chat, Check, and Chart is made up of three key tools.

1. ***Chat*** asks a pharmacist to review a specific set of questions and document the responses in order to gain understanding of a patient's purpose for medication, the overall direction of the therapy, and the monitoring of the therapy.
2. ***Check*** has four key questions for a pharmacist to consider and evaluate in regards to the appropriateness of the therapy.
3. ***Chart*** allows for an efficient DAP.

Find *Chat, Check, and Chart* toolcards and worksheets on the ACP website under *Practice Resources > Info sheets & posters*.

practice *profile:* Taking off with travel medicine

Jason Kmet

Owner,
Polaris Travel Clinic and Pharmacy, Airdrie

Anticoagulation pharmacist,
Foothills Medical Centre, Calgary

Inpatient pharmacist,
Peter Lougheed Centre, Calgary

Twenty years in, Jason Kmet still shows the enthusiasm and energy of a new pharmacy graduate. He constantly seeks out ways to keep his own practice and the profession growing. This January, he brought many of his experiences and passions together when he opened his Polaris Travel Clinic and Pharmacy.

"Because of the new practice privileges that pharmacists have, I've set up a dedicated clinical practice primarily focused on travel health," explains Jason. "I received my additional prescribing and injection authorizations in 2008. I think I was one of the first to have both designations. Thanks to these changes and expansion of practice that ACP has enabled, I set up the clinical practice that I currently provide."

Jason's work in anticoagulation prompted him to participate in the 2007 pilot for additional prescribing authorization. "The anticoagulation clinic is basically an outpatient clinic, so we need to manage patients' INRs, change doses, and respond to refill requests all the time. I saw how useful prescribing would be."

At about the same time, he developed an interest in travel medicine. He went on to obtain his Certificate in Travel Health from the International Society of Travel Medicine in 2009. "It's so important to make sure you are confident in your knowledge, and can back up your decisions with evidence," Jason reasons. "Certification really helps with that."

He then worked at another travel clinic to hone his skills and in January, took over a former doctor's office and made the leap to clinic ownership. "It doesn't look like a typical pharmacy at all. I've kept all the patient interview rooms, so we can assess and counsel patients in a private, uninterrupted setting. It's also different from your typical pharmacy in that all the patients feel great when they come in. They're all excited about the trips they are planning."

The clinic is open four days a week, and Jason still works some shifts at the anticoagulation and inpatient pharmacy. "In fact," he laughs, "I used my prescribing authorization in all three clinics in one week!"

Jason is connecting with the physicians and other pharmacies in the area. "I've had really good response from the physicians. I make sure to fax each patient's physician, telling them what I injected or prescribed, including my reasons for treatment. Keeping them informed has helped build relationships."

Amidst juggling work in three clinics, pharmacy ownership, and relationship building, Jason keeps current by reading as much as possible, attending conferences, and connecting with colleagues. He observes that, "pharmacy is always dynamic, no matter what area you are interested in, so you have to keep up."

A new clinic, expanding skills, and an energetic approach to his career – what a great way for Jason to celebrate his 20th year in practice!

Jason's tip for success

"Open yourself up to possibilities and look around. Doors do open up. And keep current so that you're prepared for those opportunities."

Resources

International Society of Travel Medicine: www.istm.org

Alberta Association of Travel Health Professionals: www.aathp.com

Partners in Practice

Preceptors: Thank you!

I am exceptionally proud of how the pharmacy community in Alberta continued to contribute substantially to the experiential program of the Faculty of Pharmacy and Pharmaceutical Sciences during the past year despite the unprecedented economic challenges it faced. Over 220 community and institutional pharmacy practice sites volunteered to accept our first-, second- and fourth-year students. Over 500 pharmacists served as preceptors for one or more of these students. In addition, pharmacists across Alberta have embraced our PharmD program and we are pleased with the quality and quantity of sites that will be available to our students starting in the winter of 2014. Our preceptors are integral members of our Faculty and with their support and involvement, we continue to graduate the very best pharmacists in Canada. My sincere thanks to everyone who participated in our program. Your contributions are essential to what we do, and greatly appreciated.

James P. Kehrer, Dean

Preceptor of the Year recipients 2013

Congratulations to the winners of the Preceptor of the Year award for community and institutional preceptors for fourth year placements – Pharmacy 425.

From L to R: Pauline Yeung (Institutional Preceptor), Serena Westad (Student), Rachael Heisler (Institutional Preceptor), Stollery Children's Hospital, U of A; Jill Yates (Community Preceptor) Save-on-Foods #6678, Sherwood Park, Jasmine Mah (Student)

Preceptor recognition

The Faculty would like to recognize and thank all preceptors for their contribution to their program in 2012/13. Please visit the Faculty website (www.pharm.ualberta.ca/Experiential_Education.aspx) to view the list of preceptors who precepted students over the last academic year.

Preceptor faculty position open

To acknowledge the important role of preceptors as part of the Faculty, a formal appointment structure within the University has been created. There are two positions: Clinical Preceptor and Clinical Academic Colleague (CAC).

The CAC position designates those preceptors who consistently precept students. The CAC is a three-year term appointment that provides preceptors with online access to the University library, access to the Faculty Club and recreational facilities, as well as LRT access in Edmonton between South Campus and Churchill stations when a ONEcard is obtained.

The preceptor homepage (www.pharm.ualberta.ca/en/Experiential_Education/Preceptors.aspx) outlines directions for requesting this appointment. The U of A welcomes all eligible preceptors to nominate themselves for this faculty appointment.

ACP and CPSA partner to identify high risk patients

ACP and the College of Physicians & Surgeons of Alberta (CPSA) are collaborating to identify potential high risk patients and notify involved pharmacists and physicians.

Patients who are:

- receiving daily OME (oral morphine equivalent) doses greater than 600 mg **and**
- seeing more than two physicians **and**
- attending more than two pharmacies in a three-month period

will be identified using Triplicate Prescription Program (TPP) data.

All the prescribing physicians and dispensing pharmacists will receive an advisory letter from their college.

The combination of high opioid doses and attending multiple physicians and pharmacists is worrisome and we will alert the health providers of this concern so that appropriate clinical decisions can be considered for these patients.

The prescribing may not be inappropriate, but in general CPSA would recommend that physicians have strategies to manage opioid prescribing with firm boundaries to minimize the risk of harm.

ACP recommends that if pharmacists identify or become aware of issues concerning these prescriptions, they collaborate with the physicians involved in their patients' care. Tools to help manage high risk patients will be included in the letter to the physicians and pharmacists of these patients.

Some of these patients identified will be struggling with an addiction disorder and getting appropriate treatment will be important to consider in their management. Further information on addiction services in Alberta can be found at: https://myhealth.alberta.ca/Pages/default.aspx

We began this process in mid-August and hope that this information will help physicians and pharmacists to manage these high risk patients collaboratively and with appropriate strategies in place.

Technician bridging program delivery going national

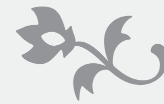
To ensure national consistency, NAPRA, the National Association of Pharmacy Regulatory Authorities, will take over the administration of the bridging program this fall.

National program is equivalent to the current program

All courses will be considered equivalent, regardless of when or where they were completed. Course names and learning objectives have not changed. There is no need to retake any courses.

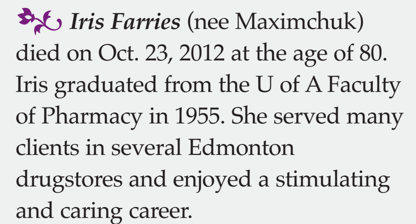
Candidates who have already taken some bridging courses may take the remaining course(s) in the national program without duplicating or missing any information.

For more information, visit the ACP website and go to *Registration & Licensure > Technicians > Bridging course availability*.

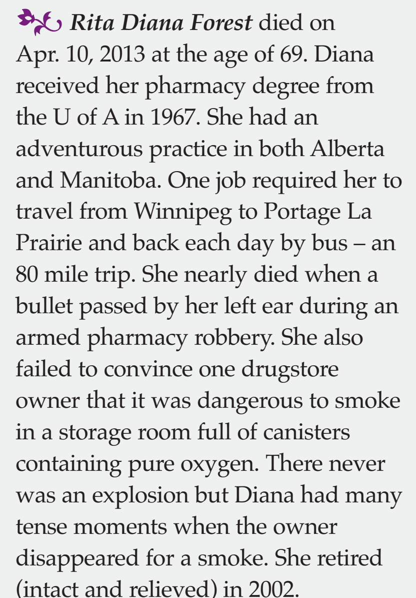


In memory…

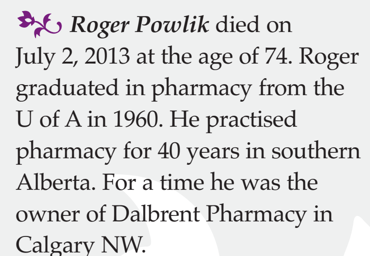
Violet May Cornett-Ching died on June 25, 2013 at the age of 89. She graduated from Pharmacy at the U of A in 1948 and got her start as a pharmacist in Turner Valley. She spent the majority of her career in Calgary.



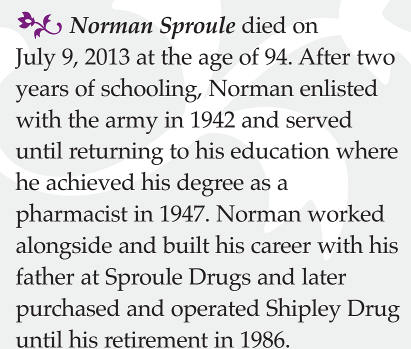
Iris Farries (nee Maximchuk) died on Oct. 23, 2012 at the age of 80. Iris graduated from the U of A Faculty of Pharmacy in 1955. She served many clients in several Edmonton drugstores and enjoyed a stimulating and caring career.



Rita Diana Forest died on Apr. 10, 2013 at the age of 69. Diana received her pharmacy degree from the U of A in 1967. She had an adventurous practice in both Alberta and Manitoba. One job required her to travel from Winnipeg to Portage La Prairie and back each day by bus – an 80 mile trip. She nearly died when a bullet passed by her left ear during an armed pharmacy robbery. She also failed to convince one drugstore owner that it was dangerous to smoke in a storage room full of canisters containing pure oxygen. There never was an explosion but Diana had many tense moments when the owner disappeared for a smoke. She retired (intact and relieved) in 2002.



Roger Powlik died on July 2, 2013 at the age of 74. Roger graduated in pharmacy from the U of A in 1960. He practised pharmacy for 40 years in southern Alberta. For a time he was the owner of Dalbrent Pharmacy in Calgary NW.



Norman Sproule died on July 9, 2013 at the age of 94. After two years of schooling, Norman enlisted with the army in 1942 and served until returning to his education where he achieved his degree as a pharmacist in 1947. Norman worked alongside and built his career with his father at Sproule Drugs and later purchased and operated Shipley Drug until his retirement in 1986.

Special Section

Health information: Handle with care

What is *health information*?

The HIA definition of health information (s.1(1)) covers any information about an individual that is collected and recorded when a health service is provided.

The Act defines two types of health information:

1. Diagnostic, treatment, and care information
2. Registration information

How is privacy protected in Alberta?

Alberta has three privacy laws:[2]

1. the *Freedom of Information and Protection of Privacy Act* for the public sector,
2. the *Health Information Act* for the health sector, and
3. the *Personal Information Protection Act* for the private sector.

All three Acts require that you limit any collection, use or disclosure of personal information or health information to only what you need to achieve the purpose of the collection, use or disclosure.

Health Information Act (HIA)

The HIA applies to health information in the custody or control of custodians. Custodians include pharmacists, pharmacy technicians, Alberta Health, Alberta Health Services, Covenant Health, nursing homes, ambulance operators, physicians, registered nurses and certain other health professionals. The HIA authorizes custodians to collect, use, and disclose health information for the purposes of providing health services.

Why do you need to know about the *Health Information Act*? So that you know…

- What the law expects you to do to adequately protect health information.
- How to deal with requests for health information from patients and third parties.
- When consent is required.
- When you may and when you must withhold information.
- What records *must* be created and stored.
- You are in no danger of an investigation by the Privacy Commissioner and disciplinary actions from your employer if you comply with the HIA requirements.

2. Excerpted from Office of the Information and Privacy Commissioner of Alberta, "Privacy Emergency Kit," http://www.oipc.ab.ca/pages/Resources/PrivacyEmergencyKit.aspx (July 23, 2013)

What ACP Standards apply?

Sections in the *Standards of Practice for Pharmacists and Pharmacy Technicians*, *Standards for the Operation of Licensed Pharmacies*, and *Code of Ethics* provide guidance for handling health information.

The ***Code of Ethics*** outlines the framework for your professional behaviour. Principle 4 states that when handling personal patient information, unless otherwise authorized by law, you must:

- Inform each patient about the use that will be made of the patient's personal information.
- Disclose a patient's personal information only pursuant to the patient's consent or for the purpose of providing care to the patient.
- Inform the patient to whom and for what purpose the patient's personal information will be disclosed.
- Use information obtained in the course of professional practice only for the purposes for which it was obtained.
- Seek only information that is necessary to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals.
- Protect each patient's privacy during any consultation.

Principle 2 gives direction for specific types of patients, and patient access to information:

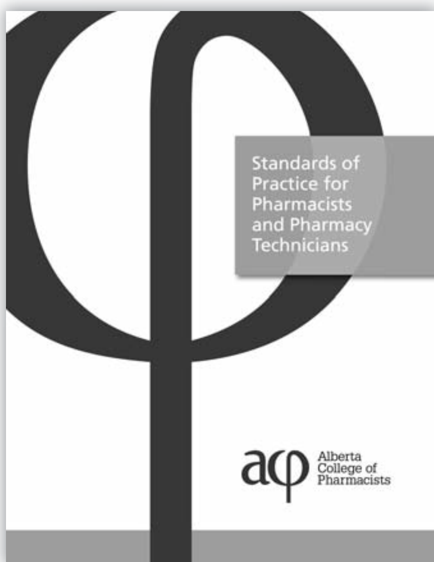
- Respect the autonomy of a patient who is a minor and who is able to make decisions about the patient's health and health care and is able to consent to care.
- Respect the intentions of a patient who is not competent where those intentions were expressed before the patient became incompetent (e.g., through directions provided in a personal directive or through the appointment of an agent under an advance directive).
- Give each patient access to information in that patient's record unless restricted by law or unless it is not in the patient's best interest.

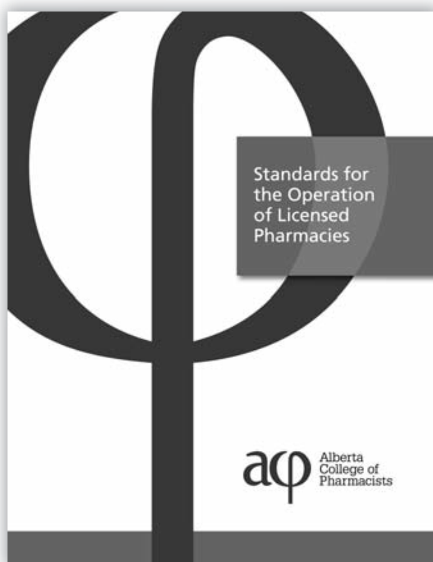
The ***Standards of Practice for Pharmacists and Pharmacy Technicians*** indicate:

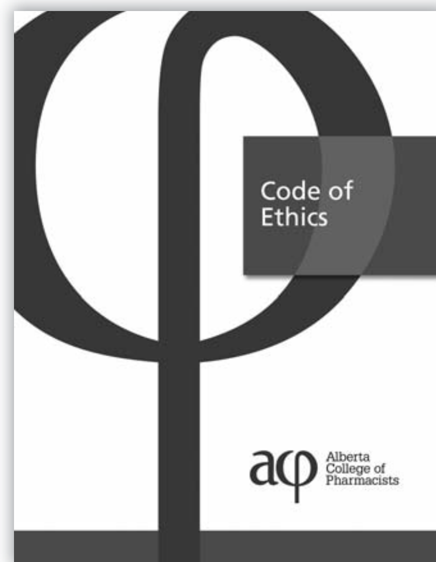
- The types of information the pharmacist needs to provide pharmaceutical care (s.3 and 6), and
- The information needed for the patient record. (s. 18 and Appendix A)

The ***Standards for the Operation of Licensed Pharmacies*** indicate:

- The required environments for safe record storage and patient services (s. 5), and
- Rules for record keeping (s. 8).







The 3 HIA concepts you must understand

1. Custodian vs. affiliate

Custodians are individuals or organizations in the health system that have custody of, or control over, health information. They are the "gatekeepers" of health information.

Custodians are authorized to use health information for:

- Providing health services.
- Determining or verifying a person's eligibility to obtain health services.
- Conducting investigations, discipline hearings, inspections, etc. relating to members of a health profession.
- Conducting ethically approved research or data matching.
- Providing health service provider education.
- Carrying out specific purposes identified in other legislation (e.g., *Hospitals Act*).
- Internal management, including planning, resource allocation, policy development, quality improvement, monitoring, auditing, reporting, and billing for health services.

Custodians are responsible for ensuring that health information is collected, protected, used and disclosed appropriately.

Affiliates are "individuals employed by the custodian." If you provide services on behalf of another designated custodian such as a community pharmacy licensee, Alberta Health Services, a nursing home, or another health professional, you are considered an affiliate of that custodian.

- Custodians are responsible for ensuring their affiliates handle health information appropriately.

Note: ACP is not a custodian (that is why we can't release individually identifying information in our forgery alerts).

Each registrant of the Alberta College of Pharmacists is a custodian under HIA, except when they are an employee / agent or affiliate of another custodian (e.g., a staff pharmacist or pharmacy technician at a community pharmacy or AHS is considered an affiliate).

continued on page 10

TEST YOURSELF: Custodian vs. affiliate

Jeff is a staff pharmacist at a Fort McMurray community pharmacy.

Is Jeff a **custodian** *or an* **affiliate** *at the pharmacy?*

When a pharmacist is employed by a licensed pharmacy, the pharmacist is considered an affiliate of the pharmacy licensee (the custodian).

Barry, a pharmacy licensee, is contracted by an oil company to come to their site and administer flu immunizations to their employees.

Is Barry the **custodian** *or an* **affiliate** *of the oil company?*

The oil company is not a custodian under the definition in the Act, so the oil company is not subject to the Act. Because the company is not a custodian, Barry could not be an affiliate under the Act despite being employed by the company.

This means Barry is the custodian and so is responsible for the privacy policies and procedures and the protection of all records related to the services he provides.

The head office manages the storage of records for the pharmacy where Serena works.

Is the head office of the pharmacy chain the **custodian***?*

No. The pharmacy licensee is the custodian of this health information. If the corporation provides information management, processing or storage services for the pharmacy practice, it would be providing services as an affiliate as well, and specifically as an information manager, which has a distinct status under HIA s.66.

What is a *health service*?

A service that is provided to an individual for any of the following purposes:

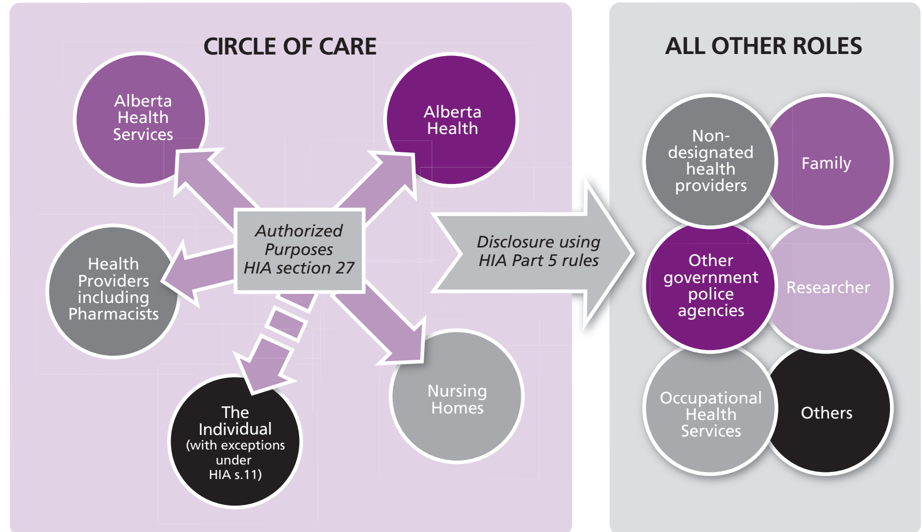
- Protecting, promoting or maintaining physical and mental health
- Preventing illness
- Diagnosing and treating illness
- Rehabilitation
- Caring for the health needs of the ill, disabled injured or dying

2. Collection

Consent of the individual is neither required nor adequate for you to collect health information from them for one of the authorized purposes. Remember though, only collect what is needed to do the job, no more.

Authorized purposes for collecting, using and disclosing health information without consent within the circle of care (HIA s.27)

- Providing health services;
- Verifying eligibility to receive a health service;
- Investigations, practice reviews, or inspections of a health professional;
- Research that has been approved by a designated research ethics board;
- To facilitate health service provider education;
- For a purpose authorized by statute; or
- To support internal management, including planning, resource allocation, policy development, quality improvement, monitoring, audit, evaluation, reporting, processing payments, or human resource management.

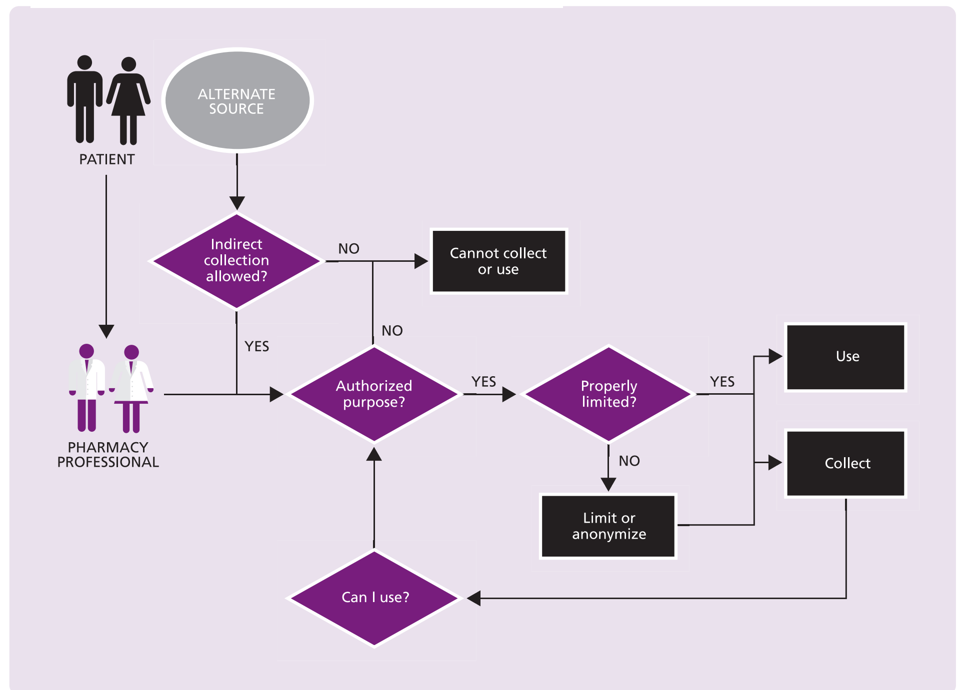


You can, without patient consent, share health information about patients with other custodians within the circle of care so long as it is connected to the delivery of healthcare for the patient.

Standards 3 and 6 indicate the types of information pharmacists need to provide pharmaceutical care. Appendix A of the standards indicates the information needed for the patient record.[3]

continued on page 12

Collection process flow



3. *Standards of Practice for Pharmacists and Pharmacy Technicians*

Once health information is collected, you are not free to use it for any purpose. You must only access information for patients to whom you are providing services; you can't just "check on" family, friends, or others. Also, pharmacies cannot repurpose information collected for health services for use in marketing campaigns.

TEST YOURSELF: Collection conundrums

True or False: I can collect health information about a patient from family members to fill a prescription.

It depends

This is an indirect collection and is allowable ***if***:

- The patient is incapacitated and not reasonably able to present and fill their prescriptions themselves, or
- The family member is an authorized representative (e.g., parent of a minor).

Otherwise, you will need some reasonable indication that the patient has authorized the family member to provide you with their health information.

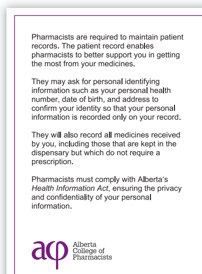
TIP *Get from the patient, the first time they are present, the names of others who might provide or receive information on their behalf. Otherwise, the fact that the patient is covered by the family member's health insurance may be a good indicator that the person is acting on the patient's behalf. If there are any doubts, contact the patient directly before completing the collection.*

True or False: The patient's personal health number is required as part of patient demographics.

True

- HIA s.21 specifically authorizes custodians to require collection of the PHN.
- HIA Regulation s.7.1 requires you to provide a patient's PHN to Alberta Health as part of a dispensing record.

In all cases, you need to notify patients of your authority to require their PHN. You can do this with ACP's *Patient Information Collection Poster* (available under *Practice Resources* on the ACP website.)



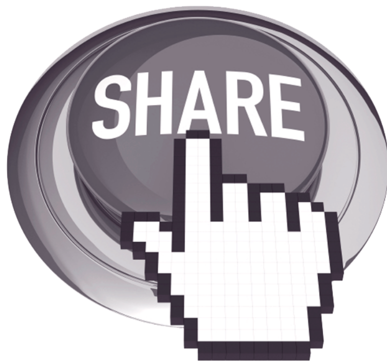
True or False: I should not serve patients who refuse to provide their personal health number.

False

If, after proper notification, an individual is still apprehensive about providing their PHN, explain to them that having their PHN is important to:

- Uniquely identify their record within the pharmacy and the health system;
- Ensure that their drug therapy information is entered only on their record;
- Ensure their drug therapy information is accessible to other healthcare professionals, through their EHR, if they become ill and cannot speak (e.g., stroke or unconscious from an auto accident); and
- Serve as one more step you are taking to keep them safe.

If the individual refuses to provide their PHN, despite your explanation, DO NOT refuse professional services unless not having the PHN prevents you from having information that you need to provide the health service. Proceed to provide the services as you normally would, and do your best to ensure that their drug therapy information is entered on the correct record.



3. Disclosure

Pharmacists and pharmacy technicians can disclose to other custodians within the circle of care the least amount of health information required for the specific authorized health care purposes listed in HIA. Patient consent is not required.

The same disclosure rules apply regardless of how you disclose the information (e.g., fax, email, written report).

Custodians may disclose health information with the consent of the individual, or without consent in specific circumstances (HIA, Part 5), including:

- To another custodian for the provision of health services (s.35(1)(a))
- To a person responsible for continuing treatment and care for the individual (s.35(1)(b))
- To notify family members or another individual in a close relationship with the individual that the individual is ill, injured or deceased, providing the disclosure is not contrary to the expressed wishes of the individual (s.35(1)(d))
- To avert or minimize an imminent danger to the health or safety of any person (s.35(1)(m))
- To the medical examiner (s.35(1)(p))
- To law enforcement officials where the custodian reasonably believes the information relates to a possible offence and the disclosure will protect the system or the health and safety of the individual (s.37.3(1) and (3)

continued on page 14

Logging disclosures

When you disclose a record (*within OR outside the circle of care*) that contains individually identifying diagnostic, treatment and care information, without consent, you must log that disclosure. The log must contain:

- The name of the person to whom information was disclosed;
- The date and purpose of the disclosure; and
- A description of the information disclosed.

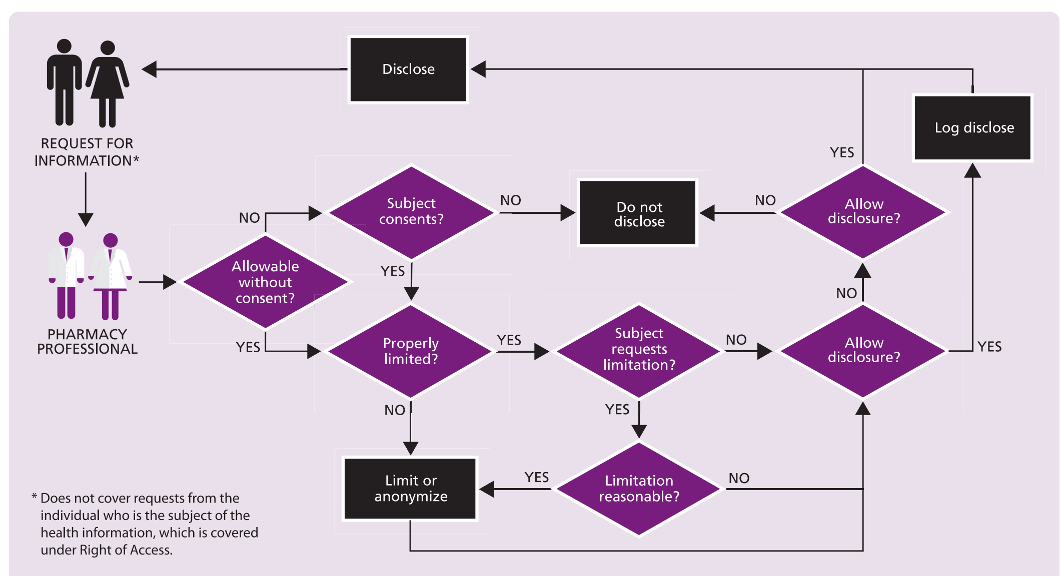
You may keep this information as a separate disclosure log (paper-based or electronic) or document it in a record that provides the same data whenever it is subsequently requested.

Note: You do not have to log the disclosure if you upload the information onto Netcare. (The requirement to make a note does not apply to custodians that permit other custodian electronic access when the electronic system (e.g., Netcare) automatically keeps an electronic log of the information listed.)

The notation or electronic log must be retained for at least 10 years (HIA s.41(2)).

In addition, if you are disclosing to anyone other than another custodian, the police, or the patient, you must inform the recipient in writing of the purpose of the disclosure and the authority under HIA you are using to allow the disclosure.

Disclosure process flow



TEST YOURSELF: Disclosure scenarios

Scenario 1: Request for copies of prescriptions

How does HIA apply to this scenario?

Mary Smith comes into your pharmacy to request copies of prescription receipts for income tax purposes for her entire family (husband John, daughter Cathy (16 years old), son Robert (7 years old) and her mother Rose (87 years old and living with the family).

Prescription receipts for income tax purposes contain individually identifying diagnostic, treatment and care information and registration information. This information may be disclosed on the tax receipt if:

- Each family member has consented to the disclosure (s.34), or
- The authorized representative of a family member has authorized Mary to act on their behalf to access the information (s.33 and 104).

So, in this scenario, the following disclosure decisions would apply:

Robert (7 years old) - You may disclose because, as the parent, Mary is his authorized representative (s.104(1)(c)).

John (husband) - You would have to obtain John's consent for Mary to access his health information (s.104(1)(i)).

Cathy (16 years old) - You would use your discretion since Cathy probably understands the nature of consenting and the consequences of exercising that right or power (s.104(1)(b)). An example of such a situation would be if Cathy was taking oral contraceptives and her mother was not aware of this. Providing the information to her mother would be a judgment call and you should document your rationale for your decision.

Rose (her mother) - Mary states that she has a power of attorney for Rose. You could disclose to Mary if she presented evidence of the power of attorney to you.

If all of the disclosures are to the individual or their authorized representative, a disclosure notation and notice to recipient is not required. If a disclosure is done with the individual's consent, a notice to recipient (s.42) would be required.

As always, document the disclosure unless it was to an authorized representative, and keep it for at least 10 years.

Consent note: *Verbal consent, or other alternatives such as implied or opt-out consent, is not valid under HIA; consent must be written.*

Consent must also be informed. For example, before asking patients to sign consent forms, you must ensure you provide them with enough information about the disclosure consent request so that they can understand the request.

Scenario 2: A forgery

How does HIA apply to this scenario?

You suspect a forged prescription. What information can you disclose to the police?

You may disclose health information to a police service without the individual's consent if you reasonably believe that the information disclosed relates to the possible commission of an offence under a statute of Alberta or Canada and will either:

- Detect, limit or prevent fraudulent use or abuse of the health system (HIA s.37.1), or
- Protect the health or safety of an individual (HIA s.37.3).

You may disclose the following individually identifiable information:

- The individual's name, birth date, and personal health number;
- The nature of any injury or illness of the individual;
- The date on which a health service was sought or received;
- The locations where the health service was sought or received; and
- The name of any drug provided or prescribed to the individual, and the date the drug was provided or prescribed.

Log the disclosure and keep on the patient's record for at least 10 years.

Scenario 3: Request to not disclose to another health provider

How does HIA apply to this scenario?

One of your patients explicitly requests that some or all of their health information not be disclosed to another health provider under any circumstances.

What do you do?

You must consider any expressed wishes of the patient when deciding whether and what to disclose, even as part of the Alberta EHR, together with any factors that you think are important.

For instance, a patient might ask to ensure that her ex-husband, who is a physician, does not know that she is taking medications and therefore does not want you to submit her information to PIN (even though the physician would be prohibited from accessing the file). If the physician is still practising, and considering the circumstances described by the patient, this might seem reasonable.

In other circumstances, it may be your judgment that not disclosing health information to other health providers is too much of a risk to the safety of the patient or the ability of a healthcare professional to provide appropriate health services, including circumstances of a medical emergency.

In the end, the decision to disclose is still yours to make in spite of the objections of the patients, and you should document the rationale for your decision. (NOTE: You must still upload ALL prescription transaction data to PIN, even if you and the patient agree that it should not be disclosed.)

Alberta Netcare has developed procedures, criteria and scripts for masking information. Health providers may still "lift the mask" or can apply to rescind masking applied to records of their patients as required for specific reasons documented in the system.

To prevent disclosure through careless actions:

- Remove all labelling before dispensing medication that was previously prepared for, but not picked up by, another patient.
  - Simply blacking out the original label with marker often does not render the information unreadable. It can also heighten the receiving patient's curiousity, raise doubts about the safety of the medication, and diminish confidence in your pharmacy's handling of patient information.
- Remember that disclosure of just basic facts such as the location of the patient or some detail about their clinical condition, may be sufficient to identify them to a family member or acquaintance.

Privacy resources

Available on the ACP website, under *Practice Resources*:

- Patient information collection poster
- Patient privacy poster
- Health Information – A Personal Matter: A Practical Guide to the *Health Information Act*

Helping pharmacists and pharmacy technicians understand the Health Information Act: Privacy and confidentiality guidelines

This is the "go to" resource for understanding how the HIA applies to pharmacy.

The easy-to-read explanations, examples, and real-life scenarios will help you confidently deal with health information in transactions with patients, third parties, and other healthcare professionals.

HIA in a nutshell[4]

Controlling the sharing of health information can seem daunting. But if you follow the Prime Directive (see the front cover) and keep the following concepts in mind, you'll be on solid footing.

General rules

- Only collect, use or disclose what is needed to do the job, no more.
- Collect directly from the individual whenever possible.
- Only provide information to those with a need to know.
- Provide anonymous information whenever possible.
- Safeguard the health information you hold.

Use of health information without consent

Custodians can use health information without consent for:

- Providing and determining eligibility for health services;
- Conducting formal investigations or authorized research;
- Providing health service provider education;
- Managing internal operations such as planning and allocating resources, quality improvement, evaluation, and obtaining payment for services.

Disclosure of health information without consent

Custodians can disclose without consent to:

- Another custodian or successor of a custodian;
- Continuing treatment and care providers;
- Family members in certain circumstances;
- Authorized representatives of individuals;
- Health professional bodies, auditors, and quality assurance committees;
- Researchers subject to ethics review;

- Entities authorized to obtain information required by other legislation, e.g., courts and subpoenas;
- Police when investigating a life threatening injury to the individual; and
- Another custodian or police to prevent fraud or detect abuse of health services;
- Any person to avert or minimize an imminent danger.

4. Adapted from *The Health Information Act At a Glance For Custodians,* produced by the Office of the Information and Privacy Commissioner of Alberta, 2012

ACP emails and newsletters are official methods of notification to pharmacists and pharmacy technicians licensed by the college. In addition to providing you with timely information that could affect your practice, college emails serve in administrative hearings as proof of notification. Make sure you get the information you need to practice legally and safely by reading college newsletters and ensuring ACP emails are not blocked by your system.

acpnews

Return undeliverable Canadian addresses to:
Alberta College of Pharmacists
1100, 8215 - 112 Street NW, Edmonton, AB T6G 2C8

Canadian Publication Agreement Number: 40008642