

Toof Inc provides on-site dental hygiene and education services to Calgary and surrounding areas. Toof Inc brings registered dental hygienists of the College of Registered Dental Hygienists of Alberta (CRDHA) into local schools, nursing homes, businesses, and community centers, providing quality dental care and education for our patients. The main objectives of Toof Inc are to educate, assess, plan, implement and evaluate each patient. Toof Inc has a special long-term goal of making oral hygiene care accessible to all. By increasing convenience, availability, knowledge, and starting a bursary that will fund those who cannot afford services, we hope to reach this goal. The need for on-site dental services is growing in our convenience driven society. According to Stats Canada statistics from 2009 show that over 2 million school days and over 4 million workdays a year are missed for dental appointments.

Toof Inc recognizes the importance of patient privacy and the importance of handling the information we obtain from patients in a professional way that is in compliance with the Alberta Personal Information Protection Act (PIPA) and Health Information Act. (HIA) Privacy protocols and policies being followed are essential in Toof Inc's organizational structure. It is the responsibility of all employees and contractors of Toof Inc to follow these protocols. It is the responsibility of the Director of operations to keep the protocols up to date, supervise employees and contractors, respond and investigate privacy complaints, maintain information security, and review and update the protocol manual yearly. Toof Inc has a legal and ethical commitment to protect: confidentiality, collect use and disclose health information in a limited manner, maintain accuracy of health information, provide privacy training and awareness to employees, maintain technical and administrative safeguards to protect health information, and maintain patient's right of access to health information and right to request corrections.

Open Dental will be used by hygienists and office administration of Toof Inc. Information collected includes; personal (birthday, address, contact info, work place), health (medical conditions, medications, previous dental treatments, dental/systemic concerns, etc.), business contact info (school name, grade, nursing home, guardians contact info, etc), credit card information (to pay remaining balance), dental charting (restorations, periodontal health), and insurance information. This policy does not apply to information that is publicly available.

Uses of information will be as follows:

- 1) Assess, treat and evaluate each client to the best of the hygienist's ability with the given information.
- 2) Look up medications in Drug handbooks for contraindications, oral and systemic side effects, and general drug information.
- 3) Send patient information to Dentists, specialists or other health specialists with patient consent for referral of treatment.
- 4) Make changes in dental charting and health history with each appointment.
- 5) Make notes of appointment details.
- 6) Send needed patient information and completed treatment codes to patient's insurance company.
- 7) Contact client with invoices, appointment dates.
- 8) Send evaluation of appointment including recommended referrals, to patient or patient guardian.

- 9) Credit card information will only be used if invoices are not paid by due date, or verbal consent given to use card information to pay invoice.
- 10) Search who is due for their next appointment and contact in regard to booking appointments.

Health Information Listing that is collected, used or disclosed

- Medical conditions (ex. Heart problems, asthma, chronic illness/disease, etc.)
- Known allergies (ex. Penicillin, pet, dust allergies, etc)
- Patient medications (ex. Prescription and non-prescription, supplements, etc.)
- Patient's Dentist and Doctor of choice
- Medical alerts (ex. Needs premedication, Hepatitis C, orthostatic hypotension, etc.)
- Vitals when taken in clinic (ex. Blood pressure, pulse, etc.)
- Any medical or dental concerns the patient may have (ex. tooth pain, concerns with being over weight, etc.)
- Previous dental treatment (ex. Fillings, crowns, implants, etc.)
- Recommended treatment (ex. Fillings, root canal treatments, blood tests, etc.)
- Referrals for treatment (ex. To dentists or doctor)

Unique identifiers are data elements that uniquely identify a single individual; Toof Inc will identify each patient in Open Dental with their first and last name and a chart number will be assigned to them.

Information Flow Analysis

The flow of information in Toof Inc will be as follows:

- 1) Client information/Consent forms sent home to patient or patient's guardian via email.
- 2) Personal and health information forms are filled out on secure online version of the form. The consent form however does need to be physically signed and sent back to Toof Inc. It is stated and recommended that consent forms be sent directly to Toof Inc or go from the patient/guardian's hand to Toof Inc's hand.
- 3) After receiving forms, information is entered into dental software, information sheets are scanned into images portion of client's profile, card information is shredded after entry, and the consent form hard copy is kept in labeled binder, one for each school/nursing home/business.
- 4) During appointment health and dental information gathered by the hygienist is entered into the patient chart.
- 5) Personal and Insurance information is used at the end of the appointment to send patient's claim to their insurance company.
- 6) If balance is known, patient asked to make payment, either by cash, cheque or credit card on file.
- 7) Invoices of outstanding balances will be emailed to patient for payment either by cash, cheque, or credit card on file.
- 8) Credit card on file will be charged if remaining balance is not paid by invoice date.
- 9) The software can generate lists based on who is due/overdue for an appointment. Patient recall date information will be used to generate the list and contact information used to make an appointment.

- 10) Patient health/dental information will be used to send a referral to a specialist with patient consent

Consent and Expressed Wishes

Under the HIA, consent is not required to collect or use health information to provide health services. However Toof Inc will have a consent form that every patient/guardian will sign. This helps the patient understand what their information is being used for and if they have any questions about it, an opportunity to ask. The consent form will also give authorization to disclose health information to third parties such as insurance companies, dentists or specialists with additional verbal consent required. The consent form is recorded on paper and scanned to electronically store in the patient's file. When a patient has particular wishes on how their health information is shared this must be documented and stored in their patient file. If their wishes impede on Toof Inc's ability to provide health services they must be explained the benefits and risks of consenting or refusing consent. Toof Inc will implement patient's expressed wishes, when appropriate and when wishes fall within Toof Inc's practice guidelines and the HIA. *See Appendix C for patient consent form every patient must sign before Toof Inc can deliver health services.*

Patient's Right to Access their Health Information and Disclosure of Patient information

Patients have the right to access their health information. Upon informal written request (Note with patient name and date of request, so we can scan into patient file) patient will be granted access as soon as possible, with no fee to process the request. The only instance Toof Inc has the right to deny access to records is if they feel access may either put a patient in danger or an employee of Toof Inc. See the following HIA policies of Part 2, section 7

- 1) An individual has a right of access to any record containing health information about the individual that is in the custody or under the control of a custodian.
- 2) The right of access to a record does not extend to information in respect of which a custodian is authorized or required to refuse access under section 11, but if that information can reasonably be severed from a record, an individual has a right of access to the remainder of the record.

Right to refuse access to health information, Section 11 of HIA

11(1) A custodian may refuse to disclose health information to an applicant

- (a) if the disclosure could reasonably be expected
 - (i) to result in immediate and grave harm to the applicant's mental or physical health or safety,
 - (ii) to threaten the mental or physical health or safety of another individual, or
 - (iii) to pose a threat to public safety,
- (b) if the disclosure could reasonably lead to the identification of a person who provided health information to the custodian explicitly or implicitly in confidence and in circumstances in which it was appropriate that the name of the person who provided the information be kept confidential,
- (c) if the disclosure could reasonably be expected to reveal
 - (i) advice, proposals, recommendations, analyses or policy options developed by or for a member of the Executive Council, or
 - (ii) consultations or deliberations involving a member of the Executive Council or the member's staff,
- (d) if the disclosure could reasonably be expected to reveal advice, proposals, recommendations, analyses or policy options developed by or for a custodian referred to in section 1(1)(f)(iii), (iv) or (vii), or
- (e) if the information relates to
 - (i) procedures or techniques relating to audits to be conducted or diagnostic tests or assessments to be given,
 - (ii) details of specific audits to be conducted or of specific tests or assessments to be given, or
 - (iii) standardized diagnostic tests or assessments used by a custodian, including intelligence tests,

and disclosure of the information could reasonably be expected to prejudice the use or results of particular audits, diagnostic tests or assessments.

(2) A custodian must refuse to disclose health information to an applicant

(a) if the health information is about an individual other than the applicant, unless the health information was originally provided by the applicant in the context of a health service being provided to the applicant,

(b) if the health information sets out procedures or contains results of an investigation, a discipline proceeding, a practice review or an inspection relating to a health services provider,

(c) if the health information would reveal the substance of deliberations of the Executive Council or any of its committees or of the Treasury Board or any of its committees, including any advice, recommendation, policy considerations or draft legislation or regulations submitted or prepared for submission to the Executive Council or any of its committees or to the Treasury Board or any of its committees, unless the health information

(i) has been in existence for 15 years or more,

(ii) is part of a record of a decision made by the Executive Council or any of its committees on an appeal under an Act, or

(iii) is part of a record the purpose of which is to present background facts to the Executive Council or any of its committees or to the Treasury Board or any of its committees for consideration in making a decision where

(A) the decision has been made public,

(B) the decision has been implemented, or

(C) 5 years or more have passed since the decision was made or considered,

or

(D) if the disclosure is prohibited by another enactment of Alberta.

©Alberta Queen's Printer, 1999

For more information on Disclosure see HIA, Part 5

Third party disclosure

Toof Inc also has the right give information to a third party or other custodian (dentist, doctor or specialist) for the intention of referring that patient for recommended treatment or second opinion. Toof Inc does need to obtain an oral or written consent however that the patient would like to be referred. If referral is consented or refused, this must be documented in patient notes. A secure email domain will be used to send all information. Disclosures to other custodians can include non-identifying information for any reason. If the disclosure is to a third party that is not a custodian that party must notify the commissioner of their intended use of the information. Disclosure without consent can only occur if it is for reasons of preventing or limiting fraud or abuse of health services and police services are involved.

It is important that third parties, other custodians and contractors protect Toof Inc's health information files. Third parties are required to follow the HIA and in doing so can only use the given information for reasons given. If compliance of third party is reviewed or found not compliant a notice of compliance will be given to third party and if failure to comply occurs again, Toof Inc will no longer be affiliated with third party.

Correction Requests

Patients have a right to access their own health information and have a right to ask to have corrections made. If a patient wants access to their chart, a written request with date and reason must be acquired and scanned into their chart for record. When a patient makes a request for a change it is that employee's responsibility to respond and make that change as soon as possible. (Ex. Administration or hygienist) If the change is more then contact, insurance, personal, or health history information changes the patient will need to request the change in

writing, which will then be scanned into their chart for record, and assessed. Changes cannot be made to diagnosis or recorded oral or systemic health findings. The employee has a right to decline changes to the patient's information if it is information gathered by a hygienist/doctor, signs/symptoms recorded in the chart, or diagnosis. The refusal to change information must then be explained to the patient. The conversation must be recorded and dated in the patient's chart.

Training and Awareness

All new Toof Inc affiliates must read the Privacy Manual upon being hired. After reading new affiliates will go over privacy policies one on one with either the Director of Operations, or by a long-standing employee selected by the Director of Operations. Together they will go through the Privacy Manual answering any questions the new affiliate may have. The Director of Operations or long-standing employee will ask questions pertaining to the manual to ensure the new affiliate has indeed read it and understands Toof Inc privacy policies. Once the new affiliate feels confident in knowing the policies they will sign a Toof Inc Privacy Manual Agreement form stating they have read, understood, agree and will adhere to all Toof Inc privacy policies, with witness (either Director of Operations or assigned employee) signature as well. If more than one new affiliate needs to be trained, information and policy orientation will be held, lead by the Director of Operations, as well as a yearly refresher and review at the end of June each year.

Affiliates will not have access to Open Dental software or any patient information until Privacy Manual form is signed. Failure to comply with privacy protocols and policies will result in a warning, refresher training, followed by employee probation or termination of employment with Toof Inc if problem cannot be solved.

Appendix C: Consent Form

Acknowledgment

I (please print guardian name(s)) _____, give Toof Inc. consent for (child's name) _____'s dental hygiene treatment, understand the limited associated risks of the dental treatment, and agree to pay any outstanding costs associated with such treatment.

I hereby give consent to Toof Inc, and their dental hygienists to evaluate and provide treatment for the below services (please circle);

Oral examination: Yes / No

Scaling: Yes / No

Polish: Yes / No

Fluoride: Yes / No

Permanent molar sealants: Yes / No

I agree to receive my child's dental appointment updates via personal email: Yes / No

If any additional treatments are recommended and or required the dental hygienist will gain parental consent prior to performing any additional services.

The privacy of your personal information is an important part of our company providing you with quality dental care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly and with your consent only. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information. Do not hesitate to discuss our policies with any member of our staff.

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Signature: _____

Date: _____

