ClinicalConnect™

Hamilton Health Sciences

ClinicalConnect Participant Organization – Supplemental Assessment – Additional Site(s) or Program(s)/Service(s)

This Supplemental Assessment provides the ClinicalConnect Program Office information about your organization's new or modified Site(s) or Program(s)/Service(s) to help determine if it/they meet the criteria for access to ClinicalConnect. The information provided here is considered in conjunction with your organization's previous submission of the Participation Agreement when applying for access to ClinicalConnect.

Please complete this form and return it to privacy@clinicalconnect.ca. If you require assistance, please contact the ClinicalConnect Program Office's Privacy Service at privacy@clinicalconnect.ca or by phone 905-577-8270 ext. 9.

General Information

1. Provide the legal name of your organization. This is the name documented on your previously-submitted Participation Agreement.

2. What type of modification or addition are you making? *If updating information about more than three existing and approved Sites or Programs/Services, you are required to email the same details about each additional Site, Program or Service to privacy@clinicalconnect.ca along with this completed form.*

☐ Re-locating existing Site(s) or Program(s)/Service(s) (i.e. new address) previously approved in my organization's Participation Agreement:

1) Name of the Existing, approved Site or Program/Service:
   Current address of the Site or Program/Service:
   New address of the Site or Program/Service (including street address, city, postal code and phone number)

2) Name of the Existing, approved Site or Program/Service:
   Current address of the Site or Program/Service:
   New address of the Site or Program/Service (including street address, city, postal code and phone number)

3) Name of the Existing, approved Site or Program/Service:
   Current address of the Site or Program/Service:
   New address of the Site or Program/Service (including street address, city, postal code and phone number)

IMPORTANT: Skip to Question #12 if submitting this Supplemental Assessment **only** for the purposes of relocating an existing, approved Site(s) or Program(s)/Service(s).

☐ Adding new Site(s) or Program(s)/Service(s) to my organization's Participation Agreement, and/or changing the name of existing Site(s) or Program(s)/Service(s) approved in my organization's Participation Agreement. **Continue to Question #3.**

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3. a) If adding new Site(s) or Program(s)/Service(s) being requested (up to three), enter details as required in the following table. *If requesting access for more than three new Site(s) or Program(s)/Service(s), you are required to email the same details about each additional Site, Program or Service to privacy@clinicalconnect.ca for approval.*

Site Name			
Program/Service Name (*if applicable*):			
HIC Type:			
Street Address:			
City:			
Postal Code (e.g. K1A0B1):			
Phone (e.g. 1234567890):			
LHIN (where the site or Program/Service is located)			

3. b) If changing the name of existing Site(s) or Program(s)/Service(s) approved in my organization's Participation Agreement, enter the existing and new name of the affected Site(s) or Programs(s)/Services(s). *If requesting name changes to more than three Site(s) or Program(s)/Service(s), you are required to email the same details about the affected Site, Program or Service to privacy@clinicalconnect.ca for approval.*

1) Existing, approved name of the Site or Program/Service:
   New name of the Site or Program/Service:

2) Existing, approved name of the Site or Program/Service
   New name of the Site or Program/Service:

3) Existing, approved name of the Site or Program/Service:
   New name of the Site or Program/Service:

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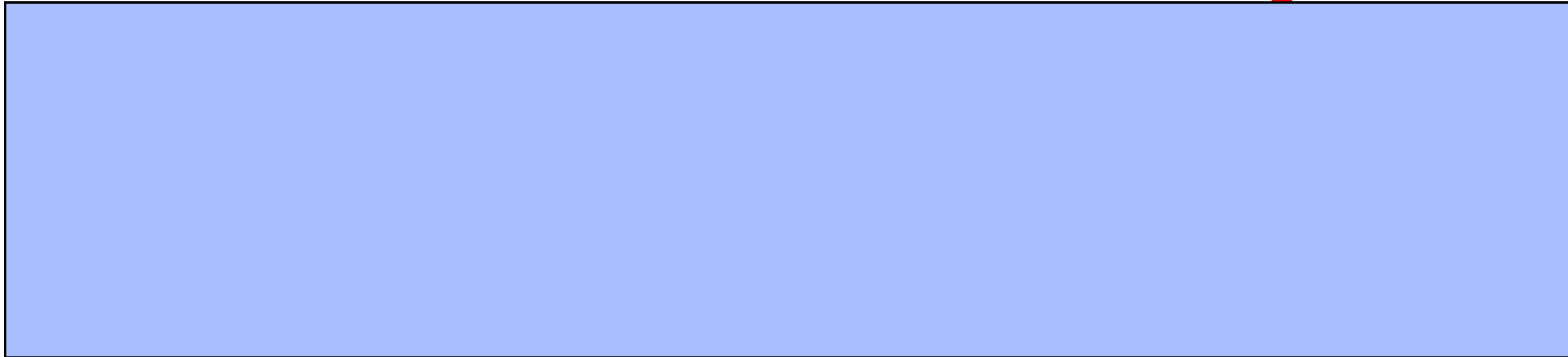
4. Provide a high-level description that outlines the primary purpose of your organization and specifically the additional or renamed Site(s) or Program(s)/Service(s).



5. a) Describe the various clinical service(s) offered **directly** to your patients/residents via the additional or renamed Site(s) or Program(s)/Service(s).

b) If adding or renaming Site(s) or Program(s)/Service(s), complete the table below, listing one role per line. Include those roles within your organization that will use ClinicalConnect most often. If additional rows are required, contact the ClinicalConnect Program Office.

Identify the role(s) at the site/service/ program that would use ClinicalConnect.	Provide the number of individuals in each role who could perform the service described.	Identify if the role is a Regulated Health Service Provider (Yes or No).	What information from ClinicalConnect do you envision being used by the role to perform service?	How frequently do you envision these individuals accessing this information in ClinicalConnect?	How do these individuals currently obtain this information?	Do you obtain patients' express consent to gain access to this information for provision of their care (Yes or No).
Example: RPN	***2***	***Yes***	***Microbiology results***	***Weekly***	***Faxed from outpatient lab***	***No***
Example: Physician	***1***	***Yes***	***Discharge Meds***	***Daily***	***Faxed from hospital***	***No***

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c) Are all of the staff/roles identified above employed by your organization?

☐ Yes, all of the above staff/roles are employed by our organization.

☐ No, all of the above staff/roles aren't employed by our organization. If no, indicate in the box below whether there is a contract in place with those who are not employed by your organization. Explain their relationship to your organization and what processes are in place to ensure:

i. Privacy training is conducted annually.
ii. Good standing with Regulated Health Professions' Colleges.
iii. Use of the ClinicalConnect Portal will be restricted to work within your organization and not for other work assignments.

6. Do the additional or renamed Site(s) or Program(s)/Service(s) rely on implied (assumed) consent, based on your information management practices, or express (written) consent to access, use, and disclose personal health information for the purpose of providing health care or assisting in the provision of health care?

Access to Personal Health Information in ClinicalConnect

7. According to the following definition of healthcare, indicate which activities you are planning to use ClinicalConnect for. Healthcare means "any observation, examination, assessment, care service or procedure that is done for a health-related purpose" and that: *(Select all that apply to the services you provide to your patients)*

☐ Is carried out or provided to diagnose, treat or maintain an individual's physical or mental condition,

☐ Is carried out or provided to prevent disease or injury or to promote health, or

☐ Is carried out or provided as part of palliative care,

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and includes:

☐ The compounding, dispensing or selling of a drug, a device, equipment or any other item to an individual, or for the use of an individual, pursuant to a prescription, and

☐ A community service that is described in subsection 2(3) of the Home Care and Community Services Act, 1994 and provided by a service provider within the meaning of that Act; ("soins de santé")

For questions 8-11, refer to the information below that describes the various Health Information Custodian (HIC) types as outlined in the *Personal Health Information Protection Act*, 2004.

3.(1) *In this Act,*

"health information custodian", subject to subsections (3) to (11), means a person or organization described among others, in one of the following paragraphs who has custody or control of personal health information as a result of or in connection with performing the person's or organization's powers or duties or the work described in the paragraph, if any:

1. *A health care practitioner or a person who operates a group practice of health care practitioners.*
2. *A service provider within the meaning of the Home Care and Community Services Act, 1994 who provides a community service to which that Act applies.*
3. *A person who operates one of the following facilities, programs or services:*
    - i. *A hospital within the meaning of the Public Hospitals Act, a private hospital within the meaning of the Private Hospitals Act, a psychiatric facility within the meaning of the Mental Health Act or an independent health facility within the meaning of the Independent Health Facilities Act.*
    - ii. *A long-term care home within the meaning of the Long-Term Care Homes Act, 2007.*
    - iii. *A retirement home within the meaning of the Retirement Homes Act, 2010.*
    - iv. *A pharmacy within the meaning of Part VI of the Drug and Pharmacies Regulation Act.*
    - v. *A laboratory or a specimen collection centre as defined in section 5 of the Laboratory and Specimen Collection Centre Licensing Act.*
    - vi. *A home for special care within the meaning of the Homes for Special Care Act.*
    - vii. *A centre, program or service for community health or mental health whose primary purpose is the provision of health care.*
4. *A medical officer of health of a board of health within the meaning of the Health Protection and Promotion Act.*

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8. Describe the processes your organization has in place to ensure that the Regulated Health Professionals remain in good standing with the respective Regulated Health Professions' Colleges.

Note: If you are a HIC under section 3. (1) 2., Service Provider within the meaning of the *Home Care and Community Services Act, 1994),* provide a copy of Section 5 of your Service Agreement with the LHIN.

9. If your HIC type for the additional or renamed Site(s) or Program(s)/Service(s) is a **Centre, Program or Service for Community Health or Mental Health under Section 3(1) of PHIPA** whose primary purpose is the provision of health care, indicate which types of community services your organization provides. *(Select all that apply)*

- ☐ Community Support Services: e.g. meal and transportation services and adult day programs
- ☐ Homemaking Services: e.g. housekeeping and shopping.
- ☐ Personal Support Services: e.g. personal hygiene activities.
- ☐ Professional Services: e.g. Nursing, Occupational Therapy, Physiotherapy, Social Work, Speech Language Pathology, and Dietetic Services.

10. If your HIC type for the additional or renamed Site(s) or Program(s)/Service(s) is a **Retirement Home under PHIPA,** provide the following information:

a) License number:

b) License status (e.g. Issued, Issued with conditions, Terminated):

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c) Describe the care services provided to your residents:

d) Describe any nursing services provided to your residents:

e) Are there charges to your residents for nursing services that are provided on a regular basis?

f) Specify how your organization obtains advice on matters of care:

☐ Medical Director on site

☐ General Practitioners in the community

11. If the HIC type for the additional or renamed Site(s) or Program(s)/Service(s) is a **Group Practice under PHIPA**, please identify if you have a PHIPA Agency Agreement in place.

☐ No ☐ N/A - Practice consists of a single, non-physician health care practitioner.

☐ Yes. If yes, please list all legal entities included in the PHIPA Agency Agreement.

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Privacy

12. Does your staff have access to any internal systems that hold personal health information?

☐ No

☐ Yes. If yes, please describe the type of personal health information that staff have access to via your internal systems.

13. As required under Section 16 of PHIPA, an organization must make available a written public statement (Privacy Notice) that provides a general description of the organization's information practices, such as uses of personal health information (e.g. to provide health care or assist in the provision of health care, how to contact the Privacy Contact, etc.). **Forward a copy of your organization's posted Privacy Notice for the additional, renamed or relocated Site(s) or Program(s)/Service(s) to us along with this completed Supplemental Assessment.**

14. Does the organization's **previously submitted and approved** ClinicalConnect Privacy & Security Attestation (formerly known as the ClinicalConnect Privacy & Security Self-Assessment) remain accurate and valid based on the additional, renamed or relocated Site(s) or Program(s)/Service(s) that are being submitted in this Supplemental Assessment?

☐ No (changes to the previously submitted Privacy & Security Attestation (formerly Self-Assessment) will be required)

☐ Yes

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Insurance

15. As outlined in Section 13 of the ClinicalConnect Terms & Conditions, all Participant Organizations must maintain insurance against such risks and in such amounts that could reasonably be expected by persons acting prudently and engaged in similar activities. Without limiting the generality of the preceding, the coverage required shall include at a minimum:

    a. general liability insurance with a minimum of five million dollars ($5,000,000) coverage for any one occurrence;
    b. coverage for damages for breach of privacy, in relation to Personal Health Information;
    c. personal injury;
    d. cross liability; and
    e. contractual liability.

Each Participant Organization must be able to provide, upon request, proof it has the coverage detailed above.

Please select the most appropriate answer:

☐ Our previously submitted Certificate of Insurance includes all of the above for the additional, renamed or relocated Site(s) or Program(s)/Service(s).

☐ Our previously submitted Certificate of Insurance does not currently include all of the above for the additional, renamed or relocated Site(s) or Program(s)/Service(s), but the organization's insurance coverage will be updated to be compliant pending approval of the requests contained in this Supplemental Assessment.

☐ Our Certificate of Insurance does not include all of the above for the additional, renamed or relocated Site(s) or Program(s)/Service(s) and our organization is unable to comply with the requirements.

Attestation:

I, ______________________, on behalf of ______________________
(Name of Privacy Contact) **(Name of Organization)**

have provided the information above, in consideration of specified additional, renamed or relocated Site(s) or Program(s)/Service(s) being authorized for access to ClinicalConnect.

Signature	
Date	

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