

Workplace Health & Safety: Disability Plan Performance & Occupational Health & Rehabilitation - Records, Control and Access

This document provides information about Workplace Health Services (includes Disability Plan Performance and Occupational Health & Rehabilitation) records/documents and their access for labour relations matters.

Record OPR	Collection of Information	Release	Comments
Occupational Health Record (OHR clinical file)	Record consists of medical records, patient encounter notes, Doctor's Certificates (long portion only), communications with physicians/care providers/Canada Life, IME's. Occupational Health Referral form and related referral records, pre-employment medical exams and follow-up. *files can contain spouse/family medical information; non-disability related sensitive information.	-A completed RHC application form releases further relevant medical information to members of the Rehab committee for consistent purpose. -Employee has rights to access. -Released with employee consent or court/arbitrator order in cases of 'case management', arbitration or human rights complaint cases. (Use 'Senior Labour Relations for Arbitration authorization')	-Practice defined by corporate mandate. -Physicians and nurses professional conduct guided by the respective professional colleges- consistent with mandate. -Annual practice assessment with license renewal. -Complaints, investigations and discipline managed under the Health Professions Act. -OHR clinician must judge if based on primary information, an immediate safety concern warrants limited release without consent.
Disability Case Specialists and Corporate Advisors	Electronic case activity notes of case progress, employee and manager interactions, Article 13 all-parties notes, letters/e-mails to the employee and/or union. May contain medical information from employee or RHC.	- Released directly to LR, ER or legal counsel representing the employer in arbitration cases, human rights or other legal challenges related to the disability benefit or return to work management. - Released to ER, LR for investigations; confined to scope of related information on file. -Obtain a copy of the document to support release of file if needed (i.e.: copy of Step 2 response, or grievance form)	-Represents ministry at RHC and members are required to protect the confidentiality of the RHC records. Appendix 4, Part 3, 1 (g). However, records can be released as indicated in this document provided that: -the purpose of the release (i.e.: arbitration) and to whom it was made is documented on WHS' file. -no access to information for grievances, arbitrations, or other challenges that are not directly related to the benefit or return to work planning.
Corporate Health Programs & Disability Plan Performance	CRC decision*, LTD file, RHC minutes, Application to RHC, case activity notes.	-Copies released directly to LR, ER or legal counsel representing the employer in arbitrations, human rights or other legal challenges related to the benefit. -Released unredacted to ER, LR for investigations; confined to scope of related information on file. -Contact CA for approval to release in accordance with this document.	-Represents ministry at RHC and members are required to protect the confidentiality of the RHC records. Appendix 4, Part 3, 1 (g). However, records can be released as indicated in this document provided that: -the purpose of the release (i.e.: grievance), investigation, and to whom it was made is documented on file. -CRC decision only* unredacted access is provided to ER / LR staff when managing a related issue (capacity or fitness for work, workplace issues, benefit entitlement, employability).
WorkSafe BC Employer Correspondence	Appeal hearing decisions (WCAT, Review Division), and letters to the employer regarding claim management and return-to-work planning are maintained in WorkSafe BC's Employer Connect system.	Released directly to LR, ER or legal counsel as needed for labour relations issues related to the benefit. Contact Corporate Advisor to review and discuss release of information.	This information is not maintained by WHS. It is stored in WorkSafe BC's Employer Connect system which Corporate Advisors have access to as the designated employer representatives. The purpose of the release and to whom it was made will be documented on file (case activity note).

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WorkSafeBC Claims Disclosure	CHP's WorkSafeBC claim disclosure contains information for the purpose of representing the employer at an appeal or tribunal hearing	Contact WorkSafeBC to determine how to access the information.	WorkSafeBC claim information is disclosed to CHP for the <u>sole</u> purpose of appealing a decision and representing the employer at a tribunal. By law, this information cannot be used for any other purpose. Upon conclusion of an appeal, the information is destroyed by the CA and no one in WHS has a duplicate record.
Canada Life	Canada Life correspondence with employee	Released by CA or DCS to LR, ER or legal counsel representing the employer in arbitrations, human rights or other legal challenges related to the benefit.	Information necessary to initiate filing an employer grievance related to subrogation is sent directly from Canada Life to the employer.
	LTD file: Application, IME's, doctor's reports, clinic notes, medical consultations, case notes, correspondence with employee, subrogation/integration claims.	Released by LTD Plan Administrator to LR, ER or legal counsel representing the employer in arbitrations, human rights or other legal challenges related to the benefit if consistent purpose met.	Plan Administrator must evaluate and document that consistent purpose exists in considering release of the Canada Life decision record and medical file.

Definitions

RHC – Rehabilitation Committee
 DCS – Disability Case Specialist
 CA – Corporate Advisor
 IME – Independent Medical Exam
 LTD – Long Term Disability Plan
 CRC – Claims Review Committee
 CHP – Corporate Health Programs

The release of information detailed above is in compliance with the *Freedom of Information and Protection of Privacy Act* (FOIPPA), and specifically Part 3, Division 2 — Use and Disclosure of Personal Information by Public Bodies http://www.bclaws.ca/civix/document/id/complete/statreg/96165_03

Documents released to ER, LR or legal counsel are managed in compliance with FOIPPA and arbitration findings specific to the release of medical information. Documents released to ER, LR and legal counsel are not shared with the ministry.

Consents and Sharing of Information Reference Document

<u>Forms</u>	<u>Authorization</u>	<u>Context of Use</u>
<p>Doctor's Certificate (STO2) form</p> <p>Valid for 6 months</p>	<ul style="list-style-type: none"> • Authorizes exchange of confidential info regarding current illness with OHR Health Care team and employee's health care providers • Authorizes for further release of pertinent non-diagnostic info to assist with rehabilitation and RTW planning (not specified who the non-diagnostic info can be released to) <ul style="list-style-type: none"> • Under the FOI act, can answer if an STO2 was or was not received and its date, but no release of information contained on the form can be answered when the consent is not signed. This can only occur for a consistent purpose • Referring to BCCNP Nursing Standard; Privacy and Confidentiality; Principle #7 (copied below) – without consent, but with a substantial risk of harm to others identified on the form, limited consent can occur per the standard if necessary to communicate the risk. 	<p>Appendix 4 of the BCGEU Master Agreement ; Part I - Short Term Illness and Injury Plan; 1.4 Doctor's Certificate of Inability to Work</p> <p>*Can be used to report that there is a need for Early Referral to RHC; pertinent non-diagnostic communication to employer, employer's rep (DCS, CA), Union Benefits Rep</p> <p>*Can be used to initiate OHR Referral: pertinent non-diagnostic communication to employer, employer's rep (DCS, CA)</p>
<p>OHR consent forms</p> <p>Valid for 6 months</p>	<ul style="list-style-type: none"> • Authorizes exchange of confidential medical info with OHR Health Care team and employee's healthcare provider(s) to assess medical condition, assist in rehabilitation, and evaluate fitness for work • Authorizes further release of pertinent non-diagnostic info to assist with rehabilitation and RTW planning (not specified who the non-diagnostic info can be released to) • Acknowledges that OHR is obligated to inform employer of any medical limitations/restrictions that may have an effect on ability to do occupation 	<p>*Required to be signed as part of OHR Referral process</p> <p>*As offered on the form, the employee may choose to not sign until they have spoken to the OHN/IRS to clarify purpose and process.</p> <p>* Currently required for IRS to case manage until new STO2 forms being used by employers/employees</p>
<p>OHR Recovery Management consent form</p> <p>Valid for the duration of the Relapse Prevention program/after care arrangement including case management discussions about program outcomes once program ended</p>	<ul style="list-style-type: none"> • Authorizes exchange of confidential medical info between OHR Health Care Team and employee's health care providers to assist in assessing medical condition and impact on occupation • Authorizes further release of pertinent non-diagnostic info regarding recovery progress and rehabilitation treatment status, medical fitness to safely and consistently perform work duties, and is provided to employee's manager or representative and BCPSA • Acknowledges OHR is obligated to inform employer of any limitations/restrictions that have an effect on employee's ability to do their occupation 	<p>*Required following employee signing Recovery Management Agreement with medical monitor</p>

<p>LTD Application – Claimant’s Authorization</p> <p>Valid for the duration of the claim for benefits or until otherwise revoked by employee</p>	<p>1st Authorization on application includes:</p> <ul style="list-style-type: none"> • Authorizes GWL, any physician or practitioner, healthcare or rehab provider, plan administrator, other insurance companies, administrators of gov benefits or other benefits programs, other organizations, or service providers working with GWL to exchange personal info when relevant and necessary for the purpose of GWL’s claim assessment, administering the group benefit program, or performing independent medical assessments • Authorizes GWL and BCPSA OHR to exchange personal info when relevant for the purpose of GWL’s claim assessment or in rehabilitation and RTW support • Authorizes GWL and plan administrator to exchange info when relevant for the purpose of discussing rehab and RTW planning <p>2nd Claimant Authorization on application (last page):</p> <ul style="list-style-type: none"> • Authorizes release to GWL and DBA of the BCPSA as LTD plan administrator, any relevant info requested on the LTD Application form and the Psychological Physician’s statement, in respect of the claim 	<p>Appendix 4 of the BCGEU Master Agreement ; Short and Long Term Disability; Part II - Long Term Disability; 2.16 Administration; The Employer will be the administrator of the Plan.</p> <p>*OHR letter goes to GWL with completed OHR LTD Application report advising can release this information in the case of a Claims Review Committee appeal by a claimant or for application to Canada Pension Plan if the claimant so consents.</p>
<p>Application to Rehab Committee – RHC (P7) form</p> <p>Authorization is valid for the duration of return to work planning. The authorization is no longer valid when the case is TDAny accepted AND RHC concludes case.</p>	<p>Application - Employee portion:</p> <ul style="list-style-type: none"> • Authorizes employee’s physicians/specialists, OHR (doctors, nurses, injury recovery specialists, and other health care team members) and all rehab agencies to release any relevant info as requested by members of the RHC for the purpose of RTW planning <p>Application - Physician’s report:</p> <ul style="list-style-type: none"> • Authorizes employee’s physicians/specialists to release any relevant info as requested by members of the RHC for the purpose of RTW planning 	<p>Appendix 4 of the BCGEU Master Agreement ; Part III – Rehabilitation; Rehabilitation Committee</p> <p>*Can be used to provide more fulsome communication to all RHC members when relevant to the progress of the case/RTW planning</p>
<p>New “early referral” authorization</p>	<p>Being developed by Dr. Lakey</p>	<p>BCGEU Benefits Rep will get EE to sign prior to OHR referral process</p>
<p>OHR LTD Any Occupation Disability period form</p> <p>Valid for 6 months</p>	<ul style="list-style-type: none"> • Authorizes exchange of confidential medical information with the OHR Health Care team and employee’s healthcare provider(s) to assess medical condition, assist in rehabilitation, and evaluate fitness for work • Authorizes further release of relevant info to the Workplace Health Services case management team for the purpose of rehabilitation and RTW planning and may include limitations or restrictions impacting fitness for work. 	<p>*Does not allow for communication to the Union Benefits Rep but P7 consent may still be valid</p> <p>* Consent obtained if EE comes back to work and Health Care team required and/or if GWL has been doing medical investigations that need to be discussed with RHC members</p>

Labour Relations Specialist Release of Medical Information form	<ul style="list-style-type: none"> • Authorizes OHR to release specific medical information/documents contained in the employee's OHR file from a specific period of time, to the Labour Relations Branch of the BCPSA, naming the specific LR Representative, and to the BCGEU, naming the specific BCGEU Representative • The employee consents to the use of this information by the authorized recipients for the purposes of managing and resolving the current dispute(s) with the BCPS <ul style="list-style-type: none"> • If the records to be released contain medical history about named third parties (husband, parents) the OHN/IRS should advise the Senior LR the identity of the third party will need to be redacted to protect the third party. Any redacting should be reviewed with an OHR physician. 	<p>*Following release OHR clinical staff should answer questions about the nature and source of the various documents. Date received/author to clarify for the recipients.</p> <p>*The consent does not authorize new medical opinions or sharing of interpretation beyond what is charted and released.</p>
WHS Early Intervention Pilot Program - Rehab Consultant Consent Valid for 12 months	<ul style="list-style-type: none"> • Authorizes OHR to exchange confidential information regarding current musculoskeletal injury with WHS Rehab Consultant 	<p>*Used for Early Intervention Pilot Program with Corrections</p>
Human Rights complaint or other civil litigation when an OHR staff member is named as a respondent	<p>* Legal representation for OHR is arranged through the Senior LR specialist and provided through the legal services branch or a contracted external lawyer.</p> <p>* The <i>Freedom of Information and Protection of Privacy Act</i> ("FOIPPA") does not limit in any way the disclosure of information, so without receiving 'consent' all relevant OHR records are reproduced and provided to the Senior LR specialist and the Lawyer (internal or external)</p> <p>* If the records to be released contain medical history about named third parties (husband, parents) the OHN should advise the Senior LR the identity of the third party will need to be redacted to protect the third party. Any redacting should be reviewed with an OHR physician.</p>	<p>*When an employee advises that they believe there is a breach of privacy by the OHN/IRS in their case, bring to the attention of the Practice Lead</p>
Human Rights Complaint or other Civil Litigation when OHR is not named as a respondent	<p>*Employer records that can be accessed are DBA and EIRTWS journal entries, the records and proceedings of the RHC, and can include GWL information (if relevant). s.13</p>	<p>*Bring these to the attention of Dr. Yamanaka and Dr. Lakey</p>

BCCNP – BC College of Nursing Professionals

Privacy and Confidentiality Practice Standard quotes:

6. Nurses safeguard personal and health information learned in the context of the nurse-client relationship and disclose this information (outside of the health care team) only with client consent or when there is a specific ethical or legal obligation to do so.

7. Nurses have an ethical obligation to disclose in situations that involve a substantial risk of significant harm to the health or safety of the client or others. In these situations, nurses use a process of ethical decision-making before disclosing confidential information. Whenever possible, this process involves consulting with knowledgeable colleagues.

8. Nurses comply with any legal obligation to disclose confidential information that is imposed by legislation or required under a warrant, court order or subpoena.

9. In all cases where disclosure of confidential information is necessary, nurses restrict the amount of information disclosed and the number of people informed to the minimum necessary to fulfill the legal and ethical obligations.”

Applying the Principles to Practice

PRIVACY LEGISLATION, ORGANIZATION POLICY AND YOU

Identify which privacy legislation applies to you or your organization. Review the BCCNP Bylaws, Part 8.

Review your organization’s privacy policies. Policies address topics such as:

- ☐ *confidentiality,*
- ☐ *collection, use and disclosure of personal information and relevant consent,*
- ☐ *access to records,*
- ☐ *storage, retention and disposal of records.*

Canadian Nurses Protective Society (CNPS) infoLAW quotes:

What is privacy?

Privacy is “the right of the individual to determine for himself when, how and to what extent he will release personal information about himself.”

What is your professional obligation?

“Nurses have an ethical and legal obligation to protect the privacy of patients’ personal information. The legal obligation is found in legislation, case law, professional codes of ethics and standards, institutional policies, and publications produced by organizations such as the Canadian Health Record Association and the Canadian Council on Health Services Accreditation. The ethical obligation, codified in the Code of Ethics for Registered Nurses, requires nurses to “safeguard information learned in the context of a

*professional relationship and ensure it is shared outside the health care team only with the person's informed consent, or as may be legally required, or where the failure to disclose would cause significant harm."*²

"An OHN facing a request to disclose employee health records to someone other than the employee can require the request to be made in writing, describing the circumstances prompting the request for disclosure, the specific information requested and the legal authority upon which the request is based. Without legitimate legal authority for disclosure in the circumstances, or the employee's consent, the OHN should not disclose. It may be necessary to seek advice from the employer's legal counsel on the appropriate course of action."

"You may disclose information pursuant to a court order or during a legal proceeding. Otherwise, a patient must consent to disclosure of health information to a person outside the health care team."

BCAK – BC Association of Kinesiologists

Privacy Legislation Guidelines quotes:

Compliance with the four acts (PIPA-BC [Personal Information Protection Act of BC], FOIPPA, PIPEDA [Personal Information Protection and Electronic Documents Act - Federal], and CASL [Canadian Anti-Spam Legislation - Federal]) is a requirement for kinesiologists and necessitates ongoing commitment to ensure knowledge remains up to date.

Express consent, whether verbal or written is typically not required during the course of providing direct client care/service or for various administrative purposes, such as billing with respect to personal information, but is recommended for all issues related to the gathering or sharing of client information.....should be obtained when requesting client information (records) from other health care providers or external sources.

10 Key Privacy Principles related to the protection of personal information:

- 1) Accountability*
- 2) Identifying purposes*
- 3) Consent*
- 4) Limiting collection*
- 5) Limiting use, disclosure and retention*
- 6) Accuracy*
- 7) Safeguards*
- 8) Openness*
- 9) Individual Access*
- 10) Challenging Compliance*

Financial

Have you applied for, or are you receiving the following:	I have applied		I am receiving		Amount
	Yes	No	Yes	No	
Canada Pension Plan/Quebec Pension Plan Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ per mo.
Workers' Compensation Board Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ per wk.
Employment Insurance Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ per wk.
Automobile Insurance Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ per wk.
Any Other Disability Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ per wk.
Retirement/Pension Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ per wk.
Self Employment or any other Employment Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ per wk.
Any Other Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ per wk.

For the duration of your claim for benefits, you are required to notify Corporate Health Programs in the BC Public Service Agency of:

- any monies received from the above sources,
- any work performed, whether or not you have received a wage or remuneration, or
- any employment income paid to you or any other person or party as a result of work performed by you.

If you are receiving any of the above, please attach copies of all benefit statements.

Safeguarding Your Personal Information

This authorization must be submitted together with your application for Long Term Disability Benefits.

At the British Columbia Public Service Agency (BCPSA) and The Canada Life Assurance Company (Canada Life), we recognize and respect every individual's right to privacy. Personal information about you is kept in confidential files at the offices of BCPSA and Canada Life. This personal information may include medical and psychiatric information. We limit access to the information in your files to the appropriate BCPSA and Canada Life staff, to persons authorized who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by you. The information is used to investigate and assess your claim and to administer the Long Term Disability Plan.

I authorize Canada Life, any physician or practitioner, healthcare or rehabilitation provider, my plan administrator, other insurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life to exchange my personal information when relevant and necessary for the purpose of Canada Life's assessment of my claim, administering the group benefit plan, or performing independent medical assessments;

I authorize Canada Life and BCPSA Occupational Health Programs to exchange my personal information when relevant for the purpose of Canada Life's assessment of my claim or in my rehabilitation and return to work support;

I authorize Canada Life, my plan administrator and Workplace Health Services to exchange information when relevant for the purpose of discussing rehabilitation and return-to-work planning;

I authorize Canada Life and the Claims Review Committee to exchange my personal information for the purpose of resolving a dispute about my benefit entitlement;

I authorize Canada Life to release information about my claim to an auditor authorized by my employer, plan administrator or their agent and Canada Life at any time for the purpose of auditing the assessment of claims;

I authorize the use of my Social Insurance Number for income tax reporting purposes and as an identification number only where required in the administration of my claim.

Except for audit purposes, this authorization shall remain valid for the duration of my claim for benefits or until otherwise revoked by me.

I confirm that a photocopy or electronic copy of this authorization shall be as valid as the original.

I declare that the statements provided in this Claimant's Statement and any statements provided in any personal or telephone interview concerning this claim for disability benefits will be true and complete. I agree that all such statements form the basis for any benefits approved as a result of a claim.

Name (please print)		Telephone Number	
Signature X		Date (yyyy-mm-dd)	
Employee Name		Employee Number	

Claimant's Authorization

I hereby authorize the release to Canada Life and Corporate Health Programs at the BC Public Service Agency, my LTD plan administrator of any relevant information requested on this form and the Psychological Physician's Statement in respect of this claim.

Signature

X

Date signed (yyyy-mm-dd)

For the Physician

An electronic version of the Attending Physician's Initial Statement (LTD Medical Form) is available at www2.gov.bc.ca/myhr: search for LTD Application which will provide the Guide, the Attending Physician's Statement and the Application Form.

Employee Name

Employee Number



TELEHEALTH DOCTOR'S CERTIFICATE For Medical Appointments during COVID-19

Freedom of Information and Protection of Privacy Act (FOIPPA)

This information is collected by the British Columbia Public Service under s. 26(c) of FOIPPA. Any questions about the collection and the use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request to AskMyHR and selecting My Team/Organization > Employee & Labour Relations > Other Issues & Inquiries, phoning: 1-877-277-0772 or writing to: Manager, Contact Centre Operations, BC Public Service Agency, 810 Blanshard Street, Victoria, BC V8W 2H2.

A. TO BE FULLY COMPLETED BY EMPLOYEE

EMPLOYEE'S LAST NAME	FIRST NAME AND MIDDLE INITIAL	EMPLOYEE ID	BIRTH DATE YYYY MM DD
EMPLOYEE'S HOME ADDRESS (house/apt #, street, city, province, postal code)		EMPLOYEE'S E-MAIL ADDRESS	HOME PHONE NO.
JOB TITLE	JOB CLASSIFICATION	START DATE OF CURRENT ABSENCE	YYYY MM DD
MINISTRY/BRANCH NAME	SUPERVISOR'S CONTACT NAME	SUPERVISOR'S CONTACT NO.	

B. EMPLOYEE AUTHORIZATION (Send to your physician upon completion of Section A and providing consent)

I authorize my health-care provider(s) to exchange confidential information regarding my current illness with Occupational Health and Rehabilitation (doctors, nurses, injury recovery specialists and other health care team members) to be maintained in a secure and confidential manner. I further authorize the release of pertinent non-diagnostic information to assist with my rehabilitation and return-to-work planning. This authorization is valid for six months.

DATE SIGNED
YYYY MM DD

Employee Signature (FILL AND SIGN) X

C. TO BE FULLY COMPLETED BY ATTENDING PHYSICIAN – provide objective medical information when responding below

EXAMINATION DATE YYYY MM DD	Has the same illness caused a previous absence in the last three weeks?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a: (TICK IF YES)	<input type="checkbox"/> WSBC CLAIM <input type="checkbox"/> IN-PERSON APPOINTMENT	
Have you recommended a treatment program for your patient?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Is your patient following this treatment program?		<input type="checkbox"/> YES <input type="checkbox"/> NO
A gradual return to work assists recovery and improves long term medical outcomes. What is the estimated earliest potential return to work (with modified duties/schedule if needed)?			Date cleared to perform full duties with no modifications	YYYY MM DD	
Indicate patient's limitations or restrictions arising from their medical condition(s), if any. Do NOT indicate diagnosis in this section				LIMITATIONS / RESTRICTIONS ARE: <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT	
PHYSICIAN'S NAME	PRACTITIONER NUMBER:	PHYSICIAN'S PHONE NO.	PHYSICIAN'S FAX NO.		
PHYSICIAN'S ADDRESS	PHYSICIAN'S SIGNATURE X, M.D.	DATE SIGNED YYYY MM DD			

Physician's Confidential Report – Completed form is to be sent to Occupational Health and Rehabilitation (OHR) via fax (1-877-340-3726) or mailing address below.

For assistance with occupational medical issues, contact our office at:

Occupational Health and Rehabilitation

707 – 808 NELSON STREET, BOX 12183, VANCOUVER, BC, V6Z 2H2

Phone: 604-660-2587 Fax: 1-877-340-3726 Email: OccupationalHealthPrograms@gov.bc.ca

Provide copy to your patient (contact information noted in Section A above).

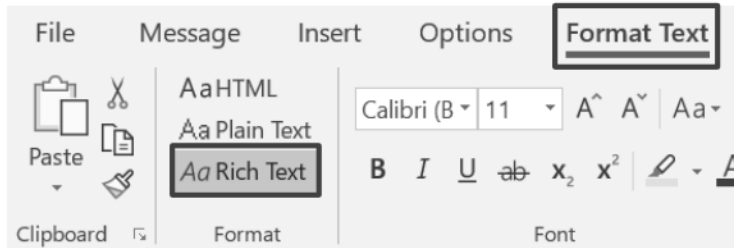
PRIMARY DIAGNOSIS AND DIAGNOSTIC CODE	SECONDARY DIAGNOSIS AND DIAGNOSTIC CODE
PROGRESS REPORT OR COMMENTS (If a previous report has been completed for this condition, describe progress and/or complications.)	

Describe any workplace health issues for the occupational health doctors or others to review.

I have discussed
the above
information with
my patient
☐ YES
☐ NO

Admin-Ops Template – Emailing Documents to Canada Life

This template is used when sending letters or medical to Canada Life. When sending documents, list the attachments at the bottom of the email, including dates if possible and the number of pages. This shows a clear record history of what was sent for FOI/records request purposes.



ATTENTION: [Insert CL Case Manager if OHN/IRS provided a name]

RE: [EE Name] - **DOB:** [EE DOB]

Please find attached [example: medical records] regarding the above mentioned employee.



Insert the non-editable PDF attachment(s). Selecting the Rich Text Format as shown above will move attachments into the body of the email.

Thank you in advance for your ongoing attention to preserving patient medical privacy. We are agreeable to you releasing this information in the case of a Claims Review Committee appeal by a claimant or for application to Canada Pension Plan if the claimant so consents. Any other requests for access to this information beyond Great West Life's practice of sharing information with their providers as deemed necessary for the administration of a claim should be directed to our office.

If you have any further questions, please do not hesitate to contact the Occupational Health & Rehabilitation office.

Regards,

[Your signature block]

Attachment(s): ST02 dated ----- (1 page)
Specialist Report dated ----- (11 pages)

RELEASE OF INFORMATION

Occupational Health and Rehabilitation Workplace Health and Safety

Employee Name: _____
(PLEASE PRINT)

Date of Birth: _____
(DD-MMM-YYYY)

I authorize my health care provider(s) to exchange confidential information with the Health Care Team at Occupational Health and Rehabilitation (OHR) in order to assess my medical condition, to assist in my rehabilitation and, if indicated, to evaluate fitness for work. This information will be collected and maintained in my occupational health medical record in a secure and confidential manner. I further authorize the release of pertinent non-diagnostic information to assist with my rehabilitation and return to work planning.

I acknowledge that I have been advised that OHR is under an obligation to inform my employer of any medical limitations or restrictions that may have an effect on my ability to do my occupation. **This consent is valid for a period of six months.**

Any questions regarding this authorization should be directed to an Occupational Health Nurse, Injury Recovery Specialist or Occupational Health Physician at OHR.

EMPLOYEE SIGNATURE

DATE

Please list your attending doctor(s) or other health care providers and their phone number(s):

Freedom of Information and Protection of Privacy (FOIPPA)

The personal information collected with this consent is under the authority of the FOIPPA s.26(c) and will be used to manage rehabilitation, return to work, and the Short Term Illness and Injury Plan. Questions regarding the collection or use of this information can be directed to AskMyHR at 1-877-277-0772 or writing to Manager, Contact Center Operations, BC Public Service Agency, 810 Blanshard St. Victoria, BC, V8W 2H2.

BC PUBLIC SERVICE AGENCY

☐ **VANCOUVER**
Box 12183, #707-808 Nelson Street
Vancouver BC V6Z 2H2
Phone: (604) 660-2587 Fax: (604) 775-0697

☐ **VICTORIA**
Box 9421, STN PROV GOVT
Victoria BC V8W 9V1
Phone: (250) 952-4228 Fax: (250) 952-4230

☐ **KAMLOOPS**
#700-235 First Avenue
Kamloops BC V2C 3J4
Phone: (250) 371-3831 Fax: (250) 371-3832

Occupational Health & Rehabilitation Workplace Health & Safety

LONG TERM DISABILITY – ANY OCCUPATION DISABILITY PERIOD RELEASE OF INFORMATION

Occupational Health and Rehabilitation Workplace Health and Safety

This consent is for the purpose of my ongoing rehabilitation management and benefit administration.

Employee Name: _____ Date of Birth: _____
(PLEASE PRINT) (DD-MMM-YYYY)

I authorize my health care provider(s) to exchange confidential medical information with the Health Care Team at Occupational Health and Rehabilitation (OHR) in order to assess my medical condition, to assist in my rehabilitation and, if indicated, to evaluate fitness for work.

I further authorize the release of relevant information to the Workplace Health Services case management team for the purpose of rehabilitation and return-to-work planning. This may include any limitations or restrictions impacting fitness for work. **This consent is valid for a period of six months.**

Any questions regarding this authorization should be directed to an Occupational Health Nurse, Injury Recovery Specialist or Occupational Health Physician at OHR.

EMPLOYEE SIGNATURE

DATE

Freedom of Information and Protection of Privacy (FOIPPA)

The personal information collected with this consent is under the authority of the FOIPPA s.26(c) and will be used to manage rehabilitation, return to work, and the Short Term Illness and Injury Plan. Questions regarding the collection or use of this information can be directed to AskMyHR at 1-877-277-0772 or writing to Manager, Contact Center Operations, BC Public Service Agency, 810 Blanshard St. Victoria, BC, V8W 2H2.

BC PUBLIC SERVICE AGENCY

☐ **VANCOUVER**

Box 12183, #707-808 Nelson Street
Vancouver BC V6Z 2H2
Phone: (604) 660-2587 Fax: (604) 775-0697

☐ **VICTORIA**

Box 9421, STN PROV GOVT
Victoria BC V8W 9V1
Phone: (250) 952-4228 Fax: (250) 952-4230

☐ **KAMLOOPS**

#700-235 First Avenue
Kamloops BC V2C 3J4
Phone: (250) 371-3831 Fax: (250) 371-3832

Occupational Health & Rehabilitation Workplace Health & Safety

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____ (EMPLOYEE NAME), **HEREBY AUTHORIZE** Occupational Health and Rehabilitation (OHR) of the BC Public Service Agency (BCPSA), to release the following medical information contained in my OHR Occupational Health file to the Labour Relations Branch of the BCPSA, currently represented by _____ (LR REPRESENTATIVE NAME), and to the advocacy staff of the BC Government and Service Employees' Union (BCGEU) as represented by _____ (UNION REPRESENTATIVE NAME) _____.

Documents to be released from the Occupational Health file:

- *Received medical certificates from community doctors (including ST02, notes, reports)*
- *Clinical chart notes created by OHR staff and contractors*
- *Any assessment reports or results stored in the OHR record*

For the period from (START DATE) until (END DATE) .

I consent to the use of this information by the authorized recipients for the purposes of managing and resolving the current dispute(s) with the British Columbia Public Service.

I have been advised that any questions regarding this consent should be directed to the nurses or doctors on the Occupational Health Team: (604) 660-2587.

I HEREBY RELEASE Occupational Health and Rehabilitation employees and agents, from any and all claims whatsoever which may arise as a result of the release of the above information.

Signature: **X**

Print Name: (EMPLOYEE NAME)

Date Signed: _____

Witness Signature: X

Witness Name: _____

Date: _____

PRINT

RESET

RECOVERY MANAGEMENT AND AFTERCARE PROGRAM AUTHORIZATION FOR INFORMATION EXCHANGE

Occupational Health and Rehabilitation Workplace Health and Safety

Employee Name: _____

(PLEASE PRINT)

Date of Birth: _____

(DD-MMM-YYYY)

I authorize my health care provider(s) to exchange confidential medical information that will assist in assessing my medical condition and its impact on my occupation with the Health Care Team at Occupational Health and Rehabilitation (OHR). I further authorize the release of pertinent non-diagnostic information regarding my recovery progress and rehabilitation treatment status, and my medical fitness to safely and consistently perform work duties. This information is provided to my manager (or their representative) and to the BC Public Service Agency.

I acknowledge that I have been advised that OHR is under an obligation to inform my employer of any limitations or restrictions that may have an effect on my ability to do my occupation.

This consent is valid for the duration of the Relapse Prevention Program/aftercare arrangement and for case management discussions about the program outcome once the program has ended.

Any questions regarding this authorization should be directed to an Occupational Health Nurse or Occupational Health Physician at OHR.

EMPLOYEE SIGNATURE

DATE

Please list your attending doctor(s) or other health care providers and their phone number(s):

Freedom of Information and Protection of Privacy (FOIPPA)

The personal information collected with this consent is under the authority of the FOIPPA s.26(c) and will be used to manage rehabilitation, return to work, and the Short Term Illness and Injury Plan. Questions regarding the collection or use of this information can be directed to AskMyHR at 1-877-277-0772 or writing to Manager, Contact Center Operations, BC Public Service Agency, 810 Blanshard St. Victoria, BC, V8W 2H2.

BC PUBLIC SERVICE AGENCY



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Box 12183, #707-808 Nelson Street
Vancouver BC V6Z 2H2
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Occupational Health & Rehabilitation Workplace Health & Safety

<August 17, 2017>

<WORKER's full name here>

Collection Notice and Consent Form

Your personal information (e.g. name, telephone number, photo, email address, etc) is being collected by the medical monitor (community provider) in order to utilize a medical device (SOBERLINK) to assist with your recovery. The information is being collected pursuant to Section 26(C) of the FOIPP Act. Your personal information may be stored by Soberlink on servers located outside of Canada (in the United States), while you are being medically monitored by the community provider. Please note that the use of the Soberlink device has been recommended for you to assist with your recovery. It is your choice to use the device and your choice to consent to your personal information being stored or accessed outside of Canada.

By using the Soberlink device, you are consenting to your personal information being stored or potentially accessed outside of Canada. Your consent is effective the date you agree or use the Soberlink device.

If you have any questions about this information collection, please contact your Monitor (community provider). The use of the Soberlink device is your choice. The monitor can review your options for monitoring.

Please acknowledge that you have read the above information by signing and dating below. Return this letter to Occupational Health & Rehabilitation.

_____, Date _____

Consent for Exchange of Information for Early Intervention Pilot Program

You have agreed to participate in the Early Intervention Pilot Program for Corrections Staff. As such there is information that will need to be collected and exchanged. Ensuring the protection of your personal or personal health information is important to all those involved in the program in the BC Public Service. Our organization is committed to collecting, using and disclosing personal or personal health information responsibly and **ONLY to the extent required** for the purposes of the pilot program.

I authorize the Rehabilitation Consultant to **CONTACT** any of the individuals/organizations named below for the purpose of exchanging confidential information regarding my injury, functional abilities or vocational needs and **SEND COPIES** (by mail, e-mail or fax) of the assessment results, treatment plan, interim progress report(s), return-to-work plan and follow-up as needed, to the individuals/organization) named below.

I authorize the Rehabilitation Consultant to exchange confidential information regarding my current musculoskeletal injury with CBI Health practitioners, my treating physicians or community health care provider as indicated below, WorkSafe BC (if a workplace injury), and with the Workplace Health & Safety team including but not limited to Occupational Health Nurses, Occupational Health Physicians, and Early Intervention Return to Work Specialists.

My authorization for exchange of information is indicated by my signature below and is **VALID for twelve (12) months** from this date or until I withdraw my consent, whichever comes first. I understand that I may withdraw my consent at any time by advising the Rehabilitation Consultant.

Names of individuals/organizations (for exchange of information)

Physician(s) _____

Other treatment providers (ie. kinesiologist, chiropractor) _____

Client Signature

Date

Witness Signature

Date

Please contact the BCPSA Rehabilitation Consultant if you have any questions or concerns regarding your consent during business hours via email: Sukhman.Sandhu@gov.bc.ca or phone: 250.217.1288.

GUIDELINES
For providing records responsive to a
Freedom of Information and Protection of Privacy Act (FOIPPA) Request



Please note that the first 3 working days of a request are crucial. It is vital for program areas to be aware of the location of records, and the estimated volumes of records by establishing best practices for privacy and records management. Fees may be attached to the request. If you anticipate that search and retrieval time to produce records responsive to the request will exceed 3 hours and/or there is significant volume of records **STOP** and advise the Information & Privacy Analyst immediately. To ensure the Privacy and Records Management Branch (PRMB) on your behalf is able to meet legislated timelines, it is important that areas responsible for providing responsive record searches make every reasonable effort to:

1. **Respond** within 3 working days to let us know if you do hold responsive records or if you are aware of any other locations that these records may be located or whom else we should be contacting.
2. **Review** responsive records for any concerns with respect to disclosure and identify. Please do not write directly on copies of submitted responsive records.
3. Have department head sign-off confirming that the records have been **reviewed** and that **concerns** regarding disclosure have been **identified**.
4. **Forward** all responsive records to the Information & Privacy Analyst requesting the records at PRMB as; single and/or double sided copies or electronically (scanned to my e-mail address and/or sent as attachments) or scanned and sent as CD.

For your information:

A. Duty to Assist- Section 6 (1) of the FOIPPA requires:

The head of the public body to make every reasonable effort to assist applicants and to respond to formal requests without delay

Implications of contravening Section 6 (1):

- Loss of credibility of the public body
- Risk of legal actions against the public body
- Complaints to the Information and Privacy Commissioner.

B. Legislated Time Lines- Section 7 (1) of the FOIPPA states:

the head of a public body must respond not later than 30 days business days after receiving a request...

Implications of contravening Section 7 (1):

- Loss of credibility of the public body
- Complaints to the Information and Privacy Commissioner
- Fines

C. Definition of a “record” includes books, documents, e-mails, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means including Blackberrys.

Thank you for your cooperation in assisting us in meeting the requirements under the *Freedom of Information and Protection of Privacy Act*.

Please let us know if you would like PRMB training staff to provide your office with a refresher FOI or Records Management Session.