

CANADIAN MENTAL HEALTH ASSOCIATION PORT ALBERNI BRANCH

PRIVACY POLICY

Statement and Purpose

Canadian Mental Health Association, Port Alberni Branch, hereafter referred to as CMHA – PA Branch respects and upholds an individual's right to privacy and protection of his or her personal information. CMHA – PA Branch is committed to ensuring compliance with applicable privacy legislation.

Implementation

Accountability

CMHA – PA Branch is accountable for all personal information under its control. CMHA –PA Branch has appointed a Privacy Officer who is responsible for the organization's compliance with this Policy.

Purposes for Collection, Use and Disclosure

CMHA - PA Branch collects and uses personal information for the following purposes:

1. acceptance into program
2. rehabilitation
3. outreach
4. payroll
5. scheduling
6. issuing tax receipt
7. thank you

Disclosure of Information to Third Parties

The only circumstances under which personal information may be disclosed to third parties is for the fulfillment of any purposes identified above, or as required by law. If personal information is disclosed to third parties for the fulfillment of any purposes identified above, CMHA - PA Branch will ensure that appropriate security undertakings, such as consent forms, confidentiality, clauses in contractual agreements, are employed to protect the transfer and use of personal information. CMHA – PA Branch does not sell, trade, or rent information to third parties.

Limiting Collection

We collect personal information only for purposes identified above.

Limiting Use, Disclosure, and Retention

We do not use or disclose personal information for any purpose other than those for which it was collected, except with consent or as required by law.

Accuracy

CMHA - PA Branch will make all reasonable efforts to ensure that personal information is as accurate, complete, and current as required for the purposes for which it was collected.

Safeguards

CMHA- PA Branch protects information with appropriate security safeguards. Safeguards include physical, administrative, and electronic security measures.

Access

You have the right to access your personal information under the control of CMHA-PA Branch. The Privacy Officer will assist you with your access requests. In certain exceptional situations, CMHA-PA Branch may not allow you access to your personal information. If access cannot be provided, CMHA-PA Branch will notify you, in writing, within thirty days, of the reasons for the refusal.

Concerns or Questions Regarding Canadian Mental Health Association, Port Alberni Branch's Compliance

You may direct your questions or concerns regarding CMHA-PA Branch's compliance with this policy to the Privacy Officer, at 3178 2nd Ave. Port Alberni, B.C., V9Y 4C3. Telephone (250) 724-7199 or fax (250) 724-5635.

Canadian Mental Health Association, Port Alberni Branch Privacy Policy Manual

An Overview of the 10 Basic Legal Requirements of the Personal Information and Protection of Electronics Documents Act

- You must designate an employee who is accountable for your organization's compliance with the Act (Privacy Officer).
- When you collect personal information about an individual, you must explain to that person the purposes for which you are collecting the information, and you must obtain that person's consent before you can collect, use and disclose the information.
- You must not collect more information than is necessary to achieve your stated purposes.
- You must not use or disclose the information you collect for any other purposes without the individual's consent.
- You must destroy the personal information once you no longer need it to achieve your stated purposes.
- You must ensure the personal information is as accurate and complete as is required for your stated purposes.
- If an individual asks you to do so, you must tell them about the existence, use and disclosure of their personal information, and they must be given access to that information. You must also change any inaccurate and incomplete information.
- You must have security procedures in place to protect all personal information. The level of security required depends upon the sensitivity of the information.
- You must inform persons from whom you collect personal information that you have policies and practices regarding the management of personal information.
- You must have procedures in place for the investigation of complaints regarding your organization's personal information practices.

Statement and Purpose

CMHA-PA Branch respects and upholds an individual's right to privacy and to protection of his or her personal information. CMHA-PA Branch is committed to ensuring compliance with applicable privacy legislation.

Personal Information Holdings

CMHA-PA Branch, collects personal information from employees, members, volunteers, and donors. The type and purpose of information we collect are:

Group	Type	Purpose
Employees	Resume Evaluations Letters TD1 TD1 BC T4	Human Resources
Members	Application form Membership data Clinical reference Screening interview Personal reference	Acceptance, rehabilitation and outreach Rehabilitation and outreach Acceptance and rehabilitation Acceptance and rehabilitation Acceptance and rehabilitation
Volunteers	Volunteer form	Scheduling and thank you
Donors	Receipt	Thank you

An inventory of all personal information holdings is in the back of this manual. Personal information is held in the following areas:

- Employees: Executive Director, Clubhouse Manager, Bookkeeper and Auditor
- Members: Clubhouse Units and Transitional Employment Program
- Volunteers: Executive Director and Clubhouse Manager
- Donors: Executive Director, Bookkeeper and Auditor

The following individuals have access to and are able to provide personal information:

- Employees: Executive Director, Clubhouse Manager and Bookkeeper
- Members: All staff
- Volunteers: Executive Director and Clubhouse Manager
- Donors: Executive Director, Clubhouse Manager, Bookkeeper and Auditor

Accountability of Organization and Staff

The responsibility of the privacy officer is to handle all Privacy Policy complaints and to ensure all staff are trained to follow Privacy Policy procedures.

If any staff is asked for personal information by a third party, responses can only be given if a "Consent For Release Of Information Form" has been signed with the third party's name on it.

If anyone asks for access to their own personal information, they should receive it immediately and/or no later than 30 days after the receipt of the request.

All correction of personal information must be updated immediately.

When anyone fills out privacy forms for CMHA – PA Branch it is to be explained to them the purposes for the collection, and use and disclosure of personal information. If that person wishes to withdraw consent of information, they must be informed of what the consequences are, if any, of such a withdrawal.

Communication of Privacy Policies and Procedures

All application forms, surveys, questionnaires must include CMHA-PA Branch's Privacy Policy Statement and Purpose. Our website and brochures will also include our Privacy Policy Statement and Purpose.

Limiting Collection, Use, Disclosure and Retention to Identified Purposes

All the purposes for which we collect use or disclose personal information is to be identified at or before the time the information is collected. All of the information we collect is to be used for acceptance into the program, rehabilitation, outreach, scheduling, payroll, issuing tax receipt and thank you. All of the "Consent Forms" and "Consent for Release of Information Forms" are to be signed, effective for a maximum of one year and kept in the individual's file. These forms will be shredded after the expiry date.

Third Party Transfers

Before any personal information is transferred to a third party, the individual must give consent. If consent to provide personal information to a third party is denied, the third party may file a complaint with the Privacy Officer.

Ensuring Accuracy

All personal information must be accurate, complete, and up to date to minimize the possibility of inappropriate information used to make a decision regarding an individual. Update of information must be documented.

Security

All personal information is stored in locked filing cabinets and password protected computers. Only individuals under the category of "Personal Information Holdings" can add, change, delete and have access to the personal information. All personal information cannot be left on computer screens or desktops in your absence.

Requests for Access to Personal Information

If anyone is asked Personal Information questions from a third party, responses can only be given if a "Consent For Release Of Information Form" has been signed with the third party's name on it.

If anyone asks for access to their own personal information, they should receive it immediately and/or no later than 30 days after receipt of the request. All personal information is provided at no cost.

Complaint Handling Procedures

If a complaint is made, the following procedures take place:

1. Record the date the complaint is received
2. Acknowledge receipt of the complaint in writing immediately
3. If necessary, contact the individual to clarify the complaint
4. The Privacy Officer will investigate the complaint, fairly and impartially
5. Notify the individual of the outcome of the investigation clearly and promptly, informing them of any relevant steps taken
6. Correct any inaccurate personal information or modify policies and procedures based on the outcome of the complaint

If the complainant is not satisfied at the conclusion of this process they may appeal through the CMHA-PA Branch Complaints and Appeal Process.

**CANADIAN MENTAL HEALTH ASSOCIATION
PORT ALBERNI BRANCH**

CONSENT FOR RELEASE OF INFORMATION FORM

CMHA-PA Branch respects and upholds an individual's right to privacy. Please refer to the copy of our Privacy Code attached to this form.

Your information will be maintained as a confidential, secure record. Please note that in order to determine eligibility for our program, or for the purpose of meeting your needs, it is necessary to contact the professional and discuss and/or receive information about you. For determining your eligibility to our program and for the purposes of meeting your needs, please indicate your consent to this process below.

For the purpose of determining eligibility and meeting my needs, I give consent to authorized representatives of CMHA-PA Branch, to contact:

Name

Address

Phone

Date: _____ Signature: _____
Member

Date: _____ Signature: _____
Witness

This consent form remains valid for the duration of the member's participation in the program up to one year from the date signed.

**CANADIAN MENTAL HEALTH ASSOCIATION
PORT ALBERNI BRANCH**

CONSENT FORM

CMHA-PA Branch respects and upholds an individual's right to privacy. Please refer to the copy of our Privacy Code attached to this form.

For the purpose of maintaining contact with me, I give consent to be contacted by phone by members and staff of New Horizon's Clubhouse, CMHA-PA Branch.

Yes ___ No ___

Signature

Date

For the purpose of maintaining contact with me, I give consent to be contacted by mail and email through letters, cards and newsletters by members and staff of New Horizon's Clubhouse, CMHA-PA Branch.

Yes ___ No ___

Signature

Date

For the purpose of celebrating my involvement and/or employment, I give consent to have my name, employment information, birthday, clubhouse involvement, picture published in the newsletters of New Horizon's Clubhouse, CMHA-PA Branch.

Yes ___ No ___

Signature

Date

For the purpose of celebrating my involvement and/or employment, I give consent to have my name, employment information, picture, birthday, housing information displayed at New Horizon's Clubhouse, CMHA-PA Branch.

Yes ___ No ___

Signature

Date

This consent form remains valid for the duration of the member's participation in the program up to one year from the date signed.

**CANADIAN MENTAL HEALTH ASSOCIATION
PORT ALBERNI BRANCH**

CONSENT FORM

CMHA-PA Branch respects and upholds an individual's right to privacy. Please refer to the copy of our Privacy Code attached to this form.

For the purpose of maintaining contact with me, I give consent to be contacted by phone by members and staff of New Horizon's Clubhouse, CMHA-PA Branch.

Yes ___ No ___

Signature

Date

For the purpose of maintaining contact with me, I give consent to be contacted by mail and email by members and staff of New Horizon's Clubhouse, CMHA-PA Branch through:

Letters Yes ___ No ___

Cards Yes ___ No ___

Newsletters Yes ___ No ___

Signature

Date

For the purpose of celebrating my involvement and/or employment, I give consent to have published in the newsletters of New Horizon's Clubhouse, CMHA-PA Branch my:

Name Yes ___ No ___

employment information Yes ___ No ___

birthday Yes ___ No ___

clubhouse involvement Yes ___ No ___

picture Yes ___ No ___

Signature

Date

For the purpose of celebrating my involvement and/or employment, I give consent to have the following information displayed at New Horizon's Clubhouse, CMHA-PA Branch:

Name Yes ___ No ___

employment information Yes ___ No ___

picture Yes ___ No ___

birthday Yes ___ No ___

housing Yes ___ No ___

Signature

Date

This consent form remains valid for the duration of the member's participation in the program up to one year from the date signed.