

Privacy, Confidentiality, Documentation and Information Management Guidelines

Introduction

Privacy, confidentiality, documentation, and information management are essential parts of a registrant's practice. Records provide the ability to track the client's course, determine future care needs, and give evidence of and rationale for the treatment provided. Records also serve as an important communication tool to allow others to understand the client's past and current status to facilitate the provision of safe, quality health care and to improve efficiency, consistency, and coordination.

Appropriate records demonstrate professional accountability by documenting assessments and analyses, discussions related to proposed interventions and consent, decisions and plans to implement treatment, and compliance with CASLPM Standards and other applicable legislation.

The essential principles of recordkeeping remain the same regardless of media and tools used. These guidelines describe the essential elements of appropriate record keeping.

General Information (See Appendix A)

- Adult client records must be maintained for a minimum of 10 years after the date of the last visit/last entry on record.
- Minor records must be maintained for 10 years after the client turns 18 years of age.
- Client records must be transferred within 30 days of the request to transfer. Reasonable transfer fees may be assessed to clients.
- Private practitioners must provide 30-day written notice when intending to close, relocate, or take a leave of absence from practice.
- Documentation should be free of bias and avoid language that perpetuates assumptions of prejudicial beliefs.

Client Records

Client records should contain:

- The client's name and contact information.
- The client's date of birth, if they are under 18 years of age.
- A reference system identifying the client or the client record.
- Date of every client interaction with the name of the person who made the entry.
- The name of the referring source, if applicable.
- Relevant history of the client or reference to where this information may be found.
- Information about screenings, assessments and treatments performed by the registrant and reasonable information about significant clinical findings, diagnosis, and recommendations made by the registrant.



- Information about significant recommendations made by the registrant for screenings, assessments, examinations, tests, consultations or treatments to be performed by any other person.
- Every written report received by the registrant with respect to examinations, tests, consultations, or treatments performed by other professionals or a reference to where the reports are available.
- Information about advice and every pre-treatment or post-treatment instruction given by the registrant.
- Information about every reserved act (Section 4 of the *Regulated Health Professions Act*), performed by the registrant.
- Information about every delegation of a reserved act (Section 4 of the *Regulated Health Professions Act*), by the registrant including the name of the person to whom the act was delegated.
- Information about every referral of the client by the registrant to another professional.
- Relevant correspondence with clients, families, and substitute decision-makers.
- Reasons a client gives for cancelling an appointment.
- Information about every relevant and material service activity that was commenced but not completed, including reasons for the non-completion.
- Adverse events during care.
- A copy of every written consent related to the registrant's service to the client.

Financial Records

Financial records for each client should contain:

- The recipient of the services.
- The provider of the services.
- The date the services were performed.
- The nature of the services performed.
- The unit fee for the services.
- The total charge for the services.
- Whether payment has been received for the services.
- The date and source of the payment.

Registrants Employed by a Company or Acting as a Consultant

Registrants employed by or providing professional services on behalf of a company, institution, agency or other organization, should take reasonable steps to ensure that the records maintained by that organization meet CASLPM's Standard of Practice and Guidelines.

Registrants are not required to keep duplicate records where the employer or contract is maintaining its

own client records.

Registrants should refer to governing legislations and Standards of Practice in other jurisdictions they serve.

Working as Part of a Multidisciplinary Team

Registrants are not required to retain separate client records for clients who are being seen as part of a multi-disciplinary team. The registrant should ensure that the section of the report regarding services they provide follows CASLPM's Standard of Practice and Guidelines.

Storage of Paper, Electronic, and Optic Records

- Notations, reports, records, orders, entries, signatures, or transcription may be done by paper, electronic, or optical means or combination thereof in accordance with these guidelines.
- All records should be designed and accessed to ensure they are secure from loss, tampering, interference or unauthorized use or access.
- The record storage system chosen by a registrant uses should:
 - Provide a means of access to the client and financial record(s) of each client by the client's name.
 - Be capable of printing the recorded information without unreasonable delay and of visually displaying and printing the recorded information for each client and financial record in chronological order.
 - Maintain an audit trail that indicates any material changes in the recorded information while preserving the original content including the date of each entry.
 - Include a password or otherwise provides reasonable protection against unauthorized access.
 - Back up files and allows the recovery of backed up files or otherwise provides reasonable protection against loss of, damage to, and inaccessibility of, information.
- Registrants will ensure that the method of keeping the records provides:
 - The means to readily comply with the laws governing access by a client or their substitute decision maker to their client record.
 - Access to an authorized investigator, assessor, or representative of the College, for the inspection of records.
 - Equipment that is available for making hard copies of the record at no expense to an authorized investigator, assessor, or representative of the College.
- Records must be secured and stored in such a way that only those who need to obtain the information contained within the records will have access to it by:
 - Establishing administrative, technical, and physical safeguards to ensure the security, confidentiality, and accuracy of records.
 - Ensuring the procedures include safeguards to limit access to authorized people only and that the electronic transmission of records are not intercepted.



- Disposing records in a manner that preserves the confidentiality of the information contained.

Appendix A

Legislative Requirements

CASLPM General Regulation, Part 5: Standards of Practice

Client Records

5.9(1) A registrant must appropriately document the provision of client care in a record specific to each client.

5.9(2) A client's record must be retained by the regulated registrant having last custody of it for at least 10 years after the date of the last entry on the record, and client records of minors must be retained for at least 10 years after the date the minor becomes 18 years old.

5.9(3) If a client or his or her authorized representative requests that a copy of the client's records be transferred to another regulated registrant or to a health care professional, the registrant must ensure that the request is complied with as promptly as required in the circumstances but no later than 30 days after the registrant receives the request.

5.9(4) A reasonable transfer fee may be approved by the council. A registrant may charge that fee in respect of approved transfers.

5.9(5) The obligations under this section are in addition to any other requirements relating to client records under the Act, The Personal Health Information Act, and any other enactment, by – law, standard of practice, code of ethics, and practice direction with which a registrant must comply.

Notice When Closing or Leaving Practice

5.10(1) A registrant must give to his or her clients and the college at least 30 days written notice of the registrant's intention to close or change the location of his or her practice, cease to engage in or take a leave of absence from his or her professional practice.

5.10(2) The notice must include information about where client records are to be located and how copies of the records can be obtained from or transferred to another regulated registrant, health care professional or trustee under The Personal Health Information Act in Manitoba.

5.10(3) The registrar may waive or vary the requirements under this section in exceptional or extenuating circumstances.

5.10(4) This section does not apply if the client records are maintained by a trustee who employed or engaged the regulated registrant in his or her professional practice.

5.10(5) This section does not apply if the registrant engages in professional practice as an employee or independent contractor and the client records are transferred to a regulated registrant, or another health care professional, who is either an employee of the same employer, or engaged by the same person, at the same practice location and with the same telephone number as that registrant.

Storing, Accessing, and Disposing of Client Records

5.11(1) A registrant who closes or changes the location of his or her practice or ceases to engage in or takes leave of absence from professional practice must:

- a. ensure the secure storage of any client records for the remainder of the retention period required by subsection 5.9(2) and, as required, ensure the destruction of the information in accordance with The Personal*



Health Information Act;

b. either

- i. ensure that clients will have a reasonable opportunity to obtain copies of their records as required under The Personal Health Information Act, or*
- ii. transfer the records to another regulated registrant, health care professional or a trustee; and*

c. give the college

- i. a copy of the notice provided to clients, according to The Personal Health Information Act requirements;*
- ii. information about how the notice was provided to clients, and*
- iii. a description of the arrangements that have been made for protecting, securely storing or disposing, or accessing client records.*

5.11(2) The obligations under this section are in addition to any other requirements relating to client records under the Act, The Personal Health Information Act, and any other enactment, by – law, standard of practice, code of ethics, and practice direction with which a registrant must comply.