ADVISORY STATEMENT

REVISED: January 2024



Remedying a Breach of Security/Privacy COTBC Reporting Requirements

Occupational therapists safeguard the confidentiality of information acquired in the context of professional relationships, to protect their clients' right to privacy.

COTBC Code of Ethics

This advisory statement focuses on what information a registrant must provide COTBC and to a "public body" employer when there has been a breach of privacy or security.

As a regular part of service provision, occupational therapists collect, record, use, and disclose client information. With this collection comes the professional and statutory responsibility to protect the confidentiality of the information and the privacy of the client. In doing so, occupational therapists protect the client's right to determine how, when, to whom, and for what purposes their confidential personal information is used and disclosed.

A breach of privacy or security occurs when there has been unauthorized access, collection, use, and/or disclosure of a client's personal information including theft and loss of that information. A breach can occur via any form of communication including written, face-to-face, facsimile (fax), email, and text messaging (texting).

What To Do

Remediation involves taking steps to recover the confidential information, notifying anyone affected by the breach (including the College), and, if necessary, law enforcement officials. It also requires that the occupational therapist evaluate what transpired and modify existing practices to minimize the risk for or prevent a re-occurrence of the breach.

Occupational therapists who are employed by a "public body" are also subject to mandatory privacy breach notification requirements under the *Freedom of Information and Protection of Privacy Act* ("FOIPPA") that must be followed in the event of a privacy breach. In addition, the occupational therapist must report to the head of the public body responsible for privacy to ensure that necessary steps are taken to comply with the privacy breach notification provisions contained in s. 36.3 of FOIPPA.

In addition to the above, all occupational therapists need to comply with Section 85 of the *COTBC Bylaws (Part 7: Registrant Management of Patient Records)* that outlines occupational therapists' responsibilities regarding a breach of privacy or security:

- 85. A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure, or disposal of personal information under this part as soon as possible after the breach is discovered, including:
 - taking steps to recover the personal information or to ensure its disposal if it cannot be recovered,



- b) taking steps to ensure that any remaining personal information is secured,
- c) notifying:
 - i. anyone affected by the unauthorized access including patients and other health care providers,
 - ii. the college, and
 - iii. law enforcement officials, where criminal action may have contributed to the unauthorized action, and
- d) modifying existing security arrangements to prevent a re-occurrence of the breach of security (COTBC, 2017, p. 42).

Once the above steps have been taken, complete the Breach of Security Report Form (Appendix A) and remit to info@cotbc.org. It is the registrant's responsibility to ensure the form is received by COTBC.

References/Resources

COTBC. (2017, October 2). *College of Occupational Therapists of British Columbia Bylaws* (p. 42). Victoria, BC: Author.

COTBC. (2023). Practice standards for managing client information (Rev. ed.). Victoria, BC: Author.

Freedom of Information and Protection of Privacy Act, RSBC 1996, c. 165, s. 36.3

Websites

College of Occupational Therapists of British Columbia www.cotbc.org

Office of the Information and Privacy Commissioner for British Columbia www.oipc.bc.ca

Tel: (250) 386.6822 Toll free: (866) 386.6822 Fax: (250) 386.6824 Email: info@cotbc.org www.cotbc.org

Remedying a Breach of Security Appendix A

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Please complete and return this form by email to: info@cotbc.org

CONTACT INFORMATION			
Name	Registration Number		
Address			
Phone	Email		
Employer name	Phone		
DETAILS OF BREACH OF SECURITY			
Date of Occurrence	Date Discovered		
Location			
Type of Information Disclosed			
Information Disclosed Belongs To:	Disclosed To:		
☐ Patient/Client ☐ Employee ☐ Other:	☐ Wrong Patient/Client ☐ Employer ☐ Public ☐ Healthcare Provider ☐ Other:		
Description of Events: Attach additional page if needed.			



REMEDIATION STEPS

Notification:				
Individual(s) notif	fied:		Method (email / phone / in-person):	
STEPS TAKEN TO REMEDIATE BREACH:				
LESSONS LEARNED	O & FUTURE PR	RACTICE CHAN	GE	
Signature			Date of Submission:	
*For Office Use	Only			
Follow Up:			Received On	
Registrant_			Date	
Method:	□phone	email	phone & email	
COTBC Staf	_		Date	
Method:	⊓phone	□email	phone & email	
			phone & chian	
Motion	□Yes	☐ No		