

PRIVACY AND FREEDOM OF INFORMATION

PURPOSE

To facilitate the Board of Health's (Board) compliance with governance accountabilities and legislative requirements with respect to privacy and freedom of information.

To outline the confidentiality obligations of Board members.

POLICY

The Board recognizes its legal and ethical obligation to protect the privacy of individuals with respect to their personal information (PI) and personal health information (PHI), and is committed to ensuring the confidentiality and security of the PI and PHI under the custody and control of the Middlesex-London Health Unit (MLHU), as set out in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act (PHIPA).

The Board further recognizes its obligation to provide a right of access to information under its control, as set out in MFIPPA, and is committed to openness, transparency and accountability.

Board members are further accountable for maintaining the confidentiality and security of PI, PHI and other confidential information that they gain access to for the purpose of discharging their duties and responsibilities as a member of the Board.

The Board shall be informed of all significant privacy risks and significant privacy breaches.

PROCEDURE

1. Board of Health Accountabilities Under MFIPPA

- 1.1. The Board designates from among its members the Board Chair to serve as the "head" of the institution for the purposes of meeting the requirements outlined in this Act (s. 3).
- 1.2. The Board Chair delegates the duties and responsibilities of the head to the Medical Officer of Health/Chief Executive Officer (MOH/CEO). Appendix A describes duties and powers of the head with respect to freedom of information and protection of individual privacy. The day-to-day administration and management of MLHU's privacy program will be operationalized by MLHU's Privacy Officer, who reports to the Director, Healthy Organization.

2. Board of Health Accountabilities Under PHIPA

- 2.1. The medical officer of health of a board of health within the meaning of the Health Protection and Promotion Act serves as the health information custodian (HIC) for the purposes of PHIPA (s. 3 (1)).
- 2.2. In accordance with the requirements set out in the Ontario Public Health Standards, the board of health shall ensure that the medical officer of health, as the designated HIC, maintains information systems and implements policies/procedures for privacy and security, data collection and records management. Appendix B describes required practices to protect PHI.

3. Board of Health Member Confidentiality Attestation

- 3.1. Board members shall confirm understanding of their confidentiality obligations under applicable privacy legislation and governance policies, and their agreement to honour these obligations, by signing an Annual Confidentiality Attestation (Appendix C).

New Board members shall provide initial attestation upon orientation to the Board and according to the annual schedule thereafter.

DEFINITIONS

“Agents”, in relation to a health information custodian, means a person that, with the authorization of the custodian, acts for or on behalf of the custodian in respect of personal health information for the purposes of the custodian, and not the agent’s own purposes, whether or not the agent has the authority to bind the custodian, whether or not the agent is employed by the custodian and whether or not the agent is being remunerated (PHIPA s. 2).

“Collection” means to gather, acquire, receive or obtain the information by any means from any source.

“Confidentiality” means the nondisclosure of PI or PHI except to another authorized person or where disclosure is permitted by law. Confidentiality also refers to the ethical and fiduciary duty and obligation of individual Board members to safeguard confidential information.

“Confidential Information” means personal information, personal health information and/or information regarding the organization which is not publicly disclosed by the organization, this information may include, but is not limited to:

- Matters including personal information and personal health information;
- Personnel matters relating to an employee of the health unit;
- The security of the property of the Board of Health;
- Proposed or pending acquisition of land, assets, or services for Board of Health purposes;
- Labour relations or employee negotiations;
- Litigation or potential litigation, including matters before administrative tribunals, affecting the Board;
- Advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- Matters related to other Acts that may be closed for discussion by the Board of Health;
- Matters that relate to requests under the Personal Health Information Protection Act or the Municipal Freedom of Information and Protection of Privacy Act.

“Disclosure” means to make the information available or to release it to another health information custodian or to another person, but does not include to use the information.

“Head” means the individual designated, in writing, by the Board from among themselves, to act as head of the institution for the purposes of MFIPPA.

“Health Information Custodian” means a person or organization as defined and described in PHIPA 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.

“Identifying Information” means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual (PHIPA s. 4 (2)).

“Institution” means a board of health (MFIPPA, s. 2 (1)).

“Personal Health Information” means identifying information about an individual in oral or recorded form, if the information:

- (a) Relates to the physical or mental health of the individual, including information that consists of the health history of the individual’s family;
- (b) Relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
- (c) Is a plan of service within the meaning of the Home Care and Community Services Act, 1994 for the individual;
- (d) Relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;
- (e) Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance;
- (f) Is the individual’s health number; and/or
- (g) Identifies an individual’s substitute decision-maker. (PHIPA, s. 4 (1))

“Personal Information” means recorded information about an identifiable individual, including:

- (a) Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual;
- (b) Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved;
- (c) Any identifying number, symbol or other particular assigned to the individual;
- (d) The address, telephone number, fingerprints or blood type of the individual;
- (e) The personal opinions or views of the individual except if they relate to another individual;
- (f) Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence;
- (g) The views or opinions of another individual about the individual; and/or
- (h) The individual’s name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual. (MFIPPA, s. 2(1))

“Privacy” means the qualified right of individuals to exercise control over the collection, use and disclosure of their personal information and personal health information, unless the collection, use and/or disclosure of the information is permitted or required by law.

“Privacy Breach” means the theft, loss unauthorized use or disclosure of personal information, personal health information or other confidential information.

“Privacy Officer” means the individual designated by the Medical Officer of Health/Chief Executive Officer to administer and manage MLHU’s privacy program.

“Records” means any record of information in any form or in any medium, whether in oral, written, printed, photographic or electronic form or otherwise, but does not include a computer program or other mechanism that can produce a record (MFIPPA s. 2 and PHIPA, s. 2).

“Security” means a system of safeguards and precautions established to preserve confidentiality. These means may be legislative, administrative/procedural and/or technical.

“Use” means to view, handle or otherwise deal with the information.

APPENDICES

Appendix A – MFIPPA: Duties and Powers of the Head Related to Freedom of Information and Protection of Individual Privacy

Appendix B – PHIPA: Practices to Protect Personal Health Information

Appendix C – Annual Confidentiality Attestation

APPLICABLE LEGISLATION AND STANDARDS

Municipal Freedom of Information and Protection of Privacy Act

Personal Health Information Protection Act

Regulated Health Professions Act

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018

**Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
Duties and Powers of the Head Related to Freedom of Information and Protection
of Individual Privacy**

MFIPPA Section	Summary of Duties and Powers
Part I – Freedom of Information	
Right of access 4 (1)	4 (1) Every person has a right of access to a record or a part of a record in the custody or under the control of an institution unless, <ul style="list-style-type: none"> a) the record or the part of the record falls within one of the exemptions under sections 6 to 15; or b) the head is of the opinion on reasonable grounds that the request for access is frivolous or vexatious.
Severability of the record 4 (2)	4 (2) If an institution receives a request for access to a record that contains information that falls within one of the exemptions under sections 6 to 15 and the head of the institution is not of the opinion that the request is frivolous or vexatious, the head shall disclose as much of the record as can reasonably be severed without disclosing the information that falls under one of the exemptions. 1996, c. 1, Sched. K, s. 13.
Measures to ensure preservation of records 4.1	4.1 Every head of an institution shall ensure that reasonable measures respecting the records in the custody or under the control of the institution are developed, documented and put into place to preserve the records in accordance with any recordkeeping or records retention requirements, rules or policies, whether established under an Act or otherwise, that apply to the institution. 2014, c. 13, Sched. 6, s. 3.
Obligation to disclose 5 (1)	5 (1) Despite any other provision of this Act, a head shall, as soon as practicable, disclose any record to the public or persons affected if the head has reasonable and probable grounds to believe that it is in the public interest to do so and that the record reveals a grave environmental, health or safety hazard to the public.
Notice 5 (2)	5 (2) Before disclosing a record under subsection (1), the head shall cause notice to be given to any person to whom the information in the record relates, if it is practicable to do so.
Part II – Protection of Individual Privacy	
Notice [of collection] to individual 29 (2) and (3)	29 (2) If personal information is collected on behalf of an institution, the head shall inform the individual to whom the information relates of, <ul style="list-style-type: none"> (a) the legal authority for the collection; (b) the principal purpose or purposes for which the personal information is intended to be used; and (c) the title, business address and business telephone number

MFIPPA Section	Summary of Duties and Powers
	<p>of an officer or employee of the institution who can answer the individual's questions about the collection. R.S.O. 1990, c. M.56, s. 29 (2).</p> <p>Exception (3) Subsection (2) does not apply if, a) the head may refuse to disclose the personal information under subsection 8 (1) or (2) (law enforcement), section 8.1 (Civil Remedies Act, 2001) or section 8.2 (Prohibiting Profiting from Recounting Crimes Act, 2002); b) the Minister waives the notice; or c) the regulations provide that the notice is not required. R.S.O. 1990, c. M.56, s. 29 (3); 2001, c. 28, s. 23 (3); 2002, c. 2, ss. 16 (3), 19 (10); 2007, c. 13, s. 45 (3).</p>
<p>Right of access to personal information 36 (1) and 38</p>	<p>36 (1) Every individual has a right of access to, (a) any personal information about the individual contained in a personal information bank in the custody or under the control of an institution; and (b) any other personal information about the individual in the custody or under the control of an institution with respect to which the individual is able to provide sufficiently specific information to render it reasonably retrievable by the institution.</p> <p>38 A head may refuse to disclose to the individual to whom the information relates personal information, if the record or the part of the record falls within one of the exemptions under section 38.</p>

**Personal Health Information Protection Act (PHIPA)
Health Information Custodian Practices to Protect Personal Health Information**

PHIPA Section	Requirement
<p>Information practices 10 (1), (2) and (3)</p>	<p>10 (1) A health information custodian that has custody or control of personal health information shall have in place information practices that comply with the requirements of this Act and its regulations. 2004, c. 3, Sched. A, s. 10 (1).</p> <p>(2) A health information custodian shall comply with its information practices. 2004, c. 3, Sched. A, s. 10 (2).</p> <p>(3) A health information custodian that uses electronic means to collect, use, modify, disclose, retain or dispose of personal health information shall comply with the prescribed requirements, if any. 2004, c. 3, Sched. A, s. 10 (3).</p>
<p>Collection 11.1</p>	<p>11.1 A health information custodian shall take steps that are reasonable in the circumstances to ensure that personal health information is not collected without authority. 2016, c. 6, Sched. 1, s. 1 (3).</p>
<p>Security 12 (1)</p>	<p>12 (1) A health information custodian shall take steps that are reasonable in the circumstances to ensure that personal health information in the custodian's custody or control is protected against theft, loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification or disposal. 2004, c. 3, Sched. A, s. 12 (1).</p>
<p>Notice of theft, loss, etc. 12 (2) and (3)</p>	<p>Notice to individual 12 (2) Subject to subsection (4) and to the exceptions and additional requirements, if any, that are prescribed, if personal health information about an individual that is in the custody or control of a health information custodian is stolen or lost or if it is used or disclosed without authority, the health information custodian shall,</p> <ul style="list-style-type: none"> (a) notify the individual at the first reasonable opportunity of the theft or loss or of the unauthorized use or disclosure; and (b) include in the notice a statement that the individual is entitled to make a complaint to the Commissioner under Part VI. 2016, c. 6, Sched. 1, s. 1 (4). <p>Notice to Commissioner (3) If the circumstances surrounding a theft, loss or unauthorized use or disclosure referred to in subsection (2) meet the prescribed requirements, the health information custodian shall notify the Commissioner of the theft or loss or of the unauthorized use or disclosure. 2016, c. 6, Sched. 1, s. 1 (4).</p>

<p>Handling of records 13 (1)</p>	<p>13 (1) A health information custodian shall ensure that the records of personal health information that it has in its custody or under its control are retained, transferred and disposed of in a secure manner and in accordance with the prescribed requirements, if any. 2004, c. 3, Sched. A, s. 13 (1).</p>
<p>Contact person 15 (1) and (3)</p>	<p>15 (1) A health information custodian that is a natural person may designate a contact person described in subsection (3). 2004, c. 3, Sched. A, s. 15 (1).</p> <p>(3) A contact person is an agent of the health information custodian and is authorized on behalf of the custodian to,</p> <ul style="list-style-type: none"> (a) facilitate the custodian's compliance with this Act; (b) ensure that all agents of the custodian are appropriately informed of their duties under this Act; (c) respond to inquiries from the public about the custodian's information practices; (d) respond to requests of an individual for access to or correction of a record of personal health information about the individual that is in the custody or under the control of the custodian; and (e) receive complaints from the public about the custodian's alleged contravention of this Act or its regulations. 2004, c. 3, Sched. A, s. 15 (3).
<p>Written public statement 16 (1) and (2)</p>	<p>16 (1) A health information custodian shall, in a manner that is practical in the circumstances, make available to the public a written statement that,</p> <ul style="list-style-type: none"> (a) provides a general description of the custodian's information practices; (b) describes how to contact, <ul style="list-style-type: none"> i. the contact person described in subsection 15 (3), if the custodian has one, or ii. the custodian, if the custodian does not have that contact person; (c) describes how an individual may obtain access to or request correction of a record of personal health information about the individual that is in the custody or control of the custodian; and (d) describes how to make a complaint to the custodian and to the Commissioner under this Act. 2004, c. 3, Sched. A, s. 16 (1). <p>(2) If a health information custodian uses or discloses personal health information about an individual, without the individual's consent, in a manner that is outside the scope of the custodian's description of its information practices under clause (1) (a), the custodian shall,</p> <ul style="list-style-type: none"> (a) inform the individual of the uses and disclosures at the first reasonable opportunity unless, under section 52, the individual does not have a right of access to a record of the information;

	<ul style="list-style-type: none"> (b) make a note of the uses and disclosures; and (c) keep the note as part of the records of personal health information about the individual that it has in its custody or under its control or in a form that is linked to those records. 2004, c. 3, Sched. A, s. 16 (2).
<p>Agents and information 17 (1) and (3)</p>	<p>17 (1) A health information custodian is responsible for personal health information in the custody or control of the health information custodian and may permit the custodian’s agents to collect, use, disclose, retain or dispose of personal health information on the custodian’s behalf only if,</p> <ul style="list-style-type: none"> (a) the custodian is permitted or required to collect, use, disclose, retain or dispose of the information, as the case may be; (b) the collection, use, disclosure, retention or disposal of the information, as the case may be, is necessary in the course of the agent’s duties and is not contrary to this Act or another law; and (c) the prescribed requirements, if any, are met. 2004, c. 3, Sched. A, s. 17 (1); 2016, c. 6, Sched. 1, s. 1 (5). <p>(3) A health information custodian shall,</p> <ul style="list-style-type: none"> (a) take steps that are reasonable in the circumstances to ensure that no agent of the custodian collects, uses, discloses, retains or disposes of personal health information unless it is in accordance with subsection (2); and (b) remain responsible for any personal health information that is collected, used, disclosed, retained or disposed of by the custodian’s agents, regardless of whether or not the collection, use, disclosure, retention or disposal was carried out in accordance with subsection (2). 2016, c. 6, Sched. 1, s. 1 (7).
<p>Notice to governing College 17.1 (2)</p>	<p>17.1 (2) Subject to any exceptions and additional requirements, if any, that are prescribed, if a health information custodian employs a health care practitioner who is a member of a College, the health information custodian shall give written notice of any of the following events to the College within 30 days of the event occurring:</p> <ol style="list-style-type: none"> 1. The employee is terminated, suspended or subject to disciplinary action as a result of the unauthorized collection, use, disclosure, retention or disposal of personal health information by the employee. 2. The employee resigns and the health information custodian has reasonable grounds to believe that the resignation is related to an investigation or other action by the custodian with respect to an alleged unauthorized collection, use, disclosure, retention or disposal of personal health information by the employee. 2016, c. 6, Sched. 1, s. 1 (8)

ANNUAL CONFIDENTIALITY ATTESTATION BOARD OF HEALTH MEMBERS

I, _____,
Printed Name of Board Member

understand that as a member of the Board of Health for the Middlesex-London Health Unit (MLHU), I may have access to:

- Confidential information (as defined within Policy G-100)
- Personal information (PI) (as defined by MFIPPA)
- Personal health information (PHI) (as defined by PHIPA)

This information could be related to MLHU clients and their families; MLHU employees, students and volunteers; members of my own family, friends or associates; and/or MLHU business, financial and management matters.

I understand that I will only be provided access to such information for the purpose of discharging my duties and responsibilities as a member of the Board of Health. Therefore, due to the highly sensitive nature of this information, I will:

1. Safeguard all confidential information including, but not limited to, PI and PHI, from unauthorized access, use or disclosure in accordance with Policy G-100.
2. Not collect, use or disclose any confidential information including, but not limited to, PI and PHI, without authorization; nor will I discuss, divulge, or disclose such information to others, unless it is necessary to fulfill my duties and responsibilities. Specifically, I will not:
 - a) Reveal to anyone the name or identity of a client, employee, student or volunteer that is disclosed through information provided to me in the course of my duties.
 - b) Repeat to anyone any statements or communications made by or about confidential MLHU business, financial or management matters, or about an MLHU client, client's family or associates.
 - c) Reveal to anyone any information that I learn about an MLHU client, client's family or associates as a result of discussions with others providing care to the client, client's family or associates.
 - d) Write, publish, or contribute to any articles, papers, stories or other written materials, or speak with members of the media with respect to information disclosed to me in the course of my duties as a member of the Board of Health, which has been deemed confidential by the Board of Health or Medical Officer of Health/Chief Executive Officer, or would be reasonable to consider confidential or sensitive given the type of information disclosed and the context in which such disclosure is made to the Board of Health, including without limitation, the names or identities of any client, client's family or associates who can be discerned, unless such disclosure is authorized by the Board of Health.
3. Obtain authorization from the Board Chair and/or the Secretary-Treasurer prior to disclosing any confidential information including, but not limited to, PI and PHI.

I have read this statement and understand my obligation to maintain confidentiality. I agree to honour that obligation during my term as a member of the Board of Health and thereafter. I understand that any contravention of the Board of Health/MLHU privacy and confidentiality policies could result in financial penalties, legal liability and other consequences and assessments as deemed appropriate or relevant which could be initiated by the MLHU, another governing body or otherwise.

 Signature

 Signature of Witness

 Name (Please PRINT)

 Name of Witness (Please PRINT)

 Date

 Date

DEFINITIONS

Confidential Information means personal information, personal health information and/or information regarding the organization which is not publicly disclosed by the organization, this information may include, but is not limited to:

- Matters including personal information and personal health information;
- Personnel matters relating to an employee of the health unit;
- The security of the property of the Board of Health
- Proposed or pending acquisition of land, assets, or services for Board of Health purposes;
- Labour relations or employee negotiations;
- Litigation or potential litigation, including matters before administrative tribunals, affecting the Board;
- Advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- Matters related to other Acts that may be closed for discussion by the Board of Health
- Matters that relate to requests under the Personal Health Information Protection Act or the Municipal Freedom of Information and Protection of Privacy Act.

Personal Health Information means identifying information about an individual in oral or recorded form, if the information:

- (a) Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family;
- (b) Relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
- (c) Is a plan of service within the meaning of the Home Care and Community Services Act, 1994 for the individual;
- (d) Relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;
- (e) Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance;
- (f) Is the individual's health number; and/or
- (g) Identifies an individual's substitute decision-maker. (PHIPA, s. 4 (1))

Personal Information means recorded information about an identifiable individual, including:

- (a) Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual;
- (b) Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved;
- (c) Any identifying number, symbol or other particular assigned to the individual;
- (d) The address, telephone number, fingerprints or blood type of the individual;
- (e) The personal opinions or views of the individual except if they relate to another individual;
- (f) Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence;
- (g) The views or opinions of another individual about the individual; and/or
- (h) The individual's name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual. (MFIPPA, s. 2(1))

CONFLICTS OF INTEREST AND DECLARATION

PURPOSE

This policy is intended to ensure the highest business and ethical standards and the protection of the integrity of the Board of Health. The policies contained herein are subject to the requirements of the Health Protection and Promotion Act and the Municipal Conflict of Interest Act. The Municipal Conflict of Interest Act S. 5(1) and S. 5(2) imposes Disclosure requirements on all Board of Health members.

This policy guides Board of Health members, with a real, potential or perceived conflict of interest, on how to declare their conflict and the process for dealing with conflict situations.

POLICY

Board members owe a fiduciary duty to the Board of Health. Included in that duty is the requirement to avoid conflicts of interest. The term “conflict of interest” refers to situations where financial, professional or other personal considerations may compromise, or have the appearance of compromising, a Board member’s judgment in carrying out his/her fiduciary duties as a Board of Health member.

Board members have the responsibility to determine whether a conflict of interest exists. Board members are expected to consult Ontario’s Municipal conflict of Interest Act – A Handbook 2017 and consult independent legal counsel if necessary.

All Board members must understand their duties (see Policy G-270 Roles and Responsibilities of Individual Board Members) when a conflict of interest arises. The principles set out in this policy are to be regarded as illustrative. Board members are required to meet both the letter and spirit of this policy.

Examples of Conflict of Interest

Situations where a conflict of interest might arise cannot be set out exhaustively. Conflicts of interest generally arise in the following circumstances:

1. When a Board member is directly or indirectly interested in a contract or proposed contract with the Board of Health. For example: Board members are bidding on or doing contract work for the Board of Health.
2. When a Board member acts in self-interest or for a collateral purpose. When a Board member diverts to his/her own personal benefit an opportunity in which the Board of Health has an interest.

3. When a Board member has a conflict of “duty and duty”. This might arise when:
 - the Board member serves as a board member or officer of another corporation that is related to; has a contractual relationship with; has the ability to influence the Board of Health policy; or has any dealings whatsoever with the Board of Health; or
 - the Board member is also a Board member or officer of another corporation related or otherwise, and possesses confidential information received in one boardroom that is of importance to a decision being made in the other boardroom. The Board member cannot discharge the duty to maintain such information in confidence as a Board member of one corporation while at the same time discharging the duty to make disclosure as a Board member of the other.
4. When a Board member uses for personal gain information (for example related to human resources, financial aspects of the Board of Health, or related to services provided) received in confidence only for the Board of Health’s purposes.
5. When a Board member or a member of the Board member’s immediate family accepts gifts, payments, services or anything else of more than token or nominal value from a party that hopes to transact business with the Board of Health (including a supplier of goods and services) for the purposes or perceived purpose of influencing an act or decision of the Board.
6. When a Board member and his/her family will gain or be affected by the decision of the Board. For example, a Board member or member of the Board member’s family may benefit from a specific health care service or program that the Board of Health is considering.

Special Considerations for the Board of Health

The Board of Health’s unique governance structure creates automatic potential conflicts. These structural conflicts need not be a bar to participation in most aspects of the Board’s deliberations. In these circumstances, the Board members are aware of the potential for conflict of interest and as a practical matter it should not be necessary to make note of the potential conflict in regular Board proceedings. Where the potential for conflict might not be obvious, the potential conflict of interest should be declared and recorded in the minutes so that all Board members are aware of the situation. This places an extra burden on Board members to be acutely aware of when their actions and/or other responsibilities might create a conflict and follow the procedures in this policy to protect themselves and the best interests of the Board of Health.

PROCEDURE

Conflict of Interest Process

Each Board member of the Board of Health is made aware of how to access the most recent version of the *Municipal Conflict of Interest Act*. This conflict of interest policy also applies to Committees of the Board of Health.

At the beginning of each Board of Health meeting or Committee meeting, the Chairperson asks Board members if they have any conflicts of interest to declare.

Board members must declare any conflict of interest as soon as it has been identified. The declaration should be made to the Board Chair. The declaration shall disclose the nature and extent of the Board member's interest. Disclosure shall be made at the earliest possible time and prior to any discussion, vote or decision-making on the matter (unless such discussion, vote or decision making has occurred before the conflict was discovered). The Board member shall not attempt in any way to influence and such vote or decision.

Public Meeting

Once a conflict of interest has been identified, the Board member(s) with the conflict of interest cannot participate in the discussion or vote. The Board member(s) is not to attempt, in any way, to influence the voting on the issue under consideration.

In Camera Meeting

Where the meeting is not open to the public, the Board member shall forthwith leave the meeting or the part of the meeting during which the matter is under consideration.

Disclosure to Be Recorded in Minutes

Where the meeting is open to the public, the declaration of interest and the general nature is to be recorded in the minutes of the meeting.

Where the meeting is not open to the public, every declaration, but not the general nature of that interest, is to be recorded in the minutes of the next meeting that is open to the public.

When Absent from Meeting at Which Matter Considered

Where the interest of a Board member has not been disclosed by reason of the Board member's absence from the meeting, the member shall disclose the interest at the first meeting of the Board/Committee, as the case may be, attended by the Board member after the meeting where the matter was considered.

Financial Endorsements

Board members of the Board of Health/Committees shall not accept any financial or other endorsements for fulfilling their duties and obligations as members of the Board of Health other than provided for by Legislation and Board of Health policy.

Annual Responsibilities

In addition to complying with the ongoing responsibilities set forth above, the Board members are required to complete an Annual Declaration Form (Appendix A).

APPLICABLE LEGISLATION AND STANDARDS

Municipal Conflict of Interest Act, R.S.O. 1990, c. M.50

RELATED POLICIES

G-270 Roles and Responsibilities of Individual Board Members

**ANNUAL CONFLICTS OF INTEREST DECLARATION
BOARD OF HEALTH MEMBERS**

Introduction:

Members of the Board of Health are required to complete, sign and deliver this annual declaration form to the Chair of the Board. Any questions concerning this form or the Conflicts of Interest Policy (G-380) should be directed to the Board Chair or the Medical Officer of Health/Chief Executive Officer.

Declaration:

I declare that:

- a) I have read Policy G-380 Conflicts of Interest.
- b) I acknowledge that I am bound by Policy G-380 Conflicts of Interest, including the disclosure requirements that apply to me.
- c) I understand and acknowledge that my failure to comply with Policy G-380 Conflicts of Interest will be considered a breach of my obligations to the Health Unit and may result in my removal from the Board.

Name

Signature

Date (YYYY/MM/DD)