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Membership Advisory

Utilizing Electronic Health Records

Increasingly organizations are moving toward the use of electronic health records. For example, in 2012 the Saskatchewan Government established **eHealth** which is a Crown Corporation that “collects, combines, stores and manages the electronic health records of Saskatchewan people” with the goal of enabling health service providers to access all of the health information of those they serve regardless of where the service was received or how many different providers were seen within the public health system. Many school divisions and private clinics in the province are also moving toward the use of electronic records, which includes the records of Psychologists. As an employee working for an organization you may not have the option to opt out of utilizing electronic health records. As a private practitioner you may choose to store your files electronically.

With any record keeping system whether it is electronic or paper-based, there are ethical and professional responsibilities that members of the profession need to keep in mind and in particular:

- a) As Psychologists we are trustees under HIPA and have a responsibility to the best of our ability to protect the confidentiality of client personal health information.
- b) That the Code of Ethics for Psychologists (Code) and the SCP Professional Practice Guidelines (Guidelines) direct that we have a responsibility to protect client confidentiality, and to seek informed consent. Thus, it is important to ensure that in the informed consent process there is a discussion about how the records are maintained, who has access, what will be in the record etc.
- c) The Code and Guidelines direct that we have a responsibility to protect the integrity of tests. In general, test protocols should not be shared with non-Psychologists unless required by law or the Courts.
- d) The Code and Guidelines direct that we have a responsibility to ensure to the best of our ability that the information we collect is not open to misinterpretation, abuse or misuse.

The use of electronic records presents new and unique challenges for members of the profession in terms of our ethical and professional responsibilities. In working within systems that utilize electronic health records members are reminded that they need to ensure that:

- a) only authorized users are able to access identifiable information;
- b) appropriate password and encryption controls are used;
- c) users are uniquely identified;
- d) users have documented access levels based on their role;
- e) audit login is enabled and meets the requirements of applicable legislation;
- f) information is securely transmitted;
- g) data integrity is protected and secure back-up and access protocols are in place;
- h) users can be authenticated where electronic signatures are permitted;
- i) electronic data is disposed of in a secure manner which does not allow for reconstruction;

- j) if members place information into an electronic record that is not under their direct custody and control, they should have a written information management agreement and a written information-sharing agreement that addresses access, secondary use, and disclosure of client information; and
- k) that there is clear written policy and procedure about how a breach of the system will be handled congruent with privacy legislation.

HIPA: <http://www.publications.gov.sk.ca/freelaw/documents/english/Statutes/Statutes/H0-021.pdf>