

LAFHT - STATEMENT of POLICY and PROCEDURE			
Manual:	Policy Manual	SPP No.	NP 1.01
Section:	Corporate Administration	Issued:	Oct 22, 2014
Subject:	Registering the Organization	Effective:	Nov 1, 2014
Issue to:	All Manual Holders	Page:	1 of 2
		Replaces:	New
Issued by:	Board of Directors	Dated:	

1 POLICY

1.01 The organization will register for:

- (a) HST/GST;
- (b) Canada Revenue Agency reporting;
- (c) Corporate (provincial) reporting requirements;
- (d) Municipal realty tax reductions; and
- (e) Licences required for operations.

1.02 The organization has registered for:

- (a) Domain names with an Internet domain name registrar; and
- (b) Letters of Patent.

2 PURPOSE

2.01 The purpose of this Statement of Policy and Procedure is to ensure that the organization registers as required by statute and regulation so as to protect its identity, mission, tax status and assets.

3 SCOPE

3.01 This policy applies to all employees and Board Members.

4 RESPONSIBILITY

4.01 It is the responsibility of the Executive Director to ensure that all registrations are in place.

4.02 It is the responsibility of the Executive Director to register the organization, its trademarks and copyrights (if any) and domain names.

5 DEFINITIONS

None

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6 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

[Provincial or federal Act under which the organization is incorporated, for example:]

Ontario Not-for-Profit Corporations Act/Corporations Act

Canada Revenue Agency requirements

SPP NP 1.02 – Incorporation and Bylaws

SPP NP 1.04 – Records Retention

SPP NP 1.05 – Legal and Regulatory

SPP NP 1.06 – Taxes and Charitable Returns

7 PROCEDURES

Completed

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1 POLICY
Not Applicable – Already Incorporated

2 DEFINITIONS

2.01 “**Articles of Incorporation**” refers to the statutory document under which the organization is incorporated. For the purpose of this policy, this includes corporate bylaws that specify the number and nature of the directors of the company as well as any standing committees, and provisions for accession to the board. Under some older statutes, “letters patent” may take the place of the articles of incorporation.

3 REFERENCES:

Leamington and Area Family Health Team Bylaws
 Leamington and Area Family Health Team “Letters of Patent”

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1 POLICY

1.01 The annual General Meeting (AGM) shall be held within eight months of the end of each fiscal year.

1.02 A minimum notice of 21 days shall be given in writing to each member in good standing at the end of the fiscal period under report. The notice shall not be sent out more than 50 days in advance of the meeting.

1.03 All proposed resolutions will be provided to members along with their notice and the organization's annual report and financial statements.

1.04 All members will be provided with voting proxies in the event that they cannot attend the meeting.

1.05 The Secretary of the board will record minutes of members meetings and ensure that they are filed as part of the permanent corporate records.

1.06 In addition to AGMs, the Board of Directors may decide at any time to call a special meeting of the members. Notice of the meeting shall be sent to all such members with a minimum of 30 days notice unless circumstances prevent this.

1.07 Members meetings are the private business of the organization and its members. The Board of Directors reserves the right to invite non-members into the meeting. However, non-members will be allowed into the meeting only upon invitation.

2 PURPOSE

2.01 This Statement of Policy and Procedure sets out the requirements for annual meetings.

3 SCOPE

3.01 This policy applies to members, the Board of Directors and all staff working on member relations.

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4 RESPONSIBILITY

4.01 It is the responsibility of the Secretary to arrange for appropriate notice of meetings to be given and related materials to be provided to all members in good standing.

4.02 It is the responsibility of the Chair of the Board to chair the AGM and any special general meetings of members.

4.03 It is the responsibility of the Chair of the Board and the Executive Director to make a full report on the activities of the organization to the members.

5 DEFINITIONS

5.01 A “**Resolution**” is a direction or decision that will be put before the members as a motion at the shareholders meeting.

5.02 “**Robert’s Rules of Order**” are standard parliamentary procedures outlining a generally accepted protocol to be followed in formal meetings for dealing with motions that are put forward.

5.03 “**Proxy**” or “**voting proxy**” is a legal document signed by a member assigning his or her vote to another individual.

6 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

Robert’s Rules of Order

SPP NP 1.02 – Incorporation and Bylaws
 SPP NP 2.01 – Board of Directors
 SPP NP 2.02 – Board Processes

7 PROCEDURES

7.01 Pre-Annual General Meeting Procedures

(a) At a meeting following the end of the fiscal period, the Board of Directors will set a date and location for the annual general meeting (AGM).

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- (b) The Executive Director will arrange for:
 - (i) A list of the members in good standing at the end of the fiscal year to be produced.
 - (ii) Bookings for the AGM venue including A/V equipment, refreshments, etc.
- (c) The Executive Director will arrange for:
 - (i) The review of financial statements and other materials by the external auditors.
 - (ii) The development and production of the annual report, in consultation with the Board of Directors, the audit committee of the board and the president.
- (d) The finance committee of the board will meet with the external auditors to review any findings and recommend appropriate action to the Board of Directors.
- (e) The Board of Directors will review and approve the financial statements and annual report.
- (f) A members' package will be produced and distributed containing:
 - (i) Notice of the AGM, including date, time and location.
 - (ii) Agenda for the AGM.
 - (iii) Compilation and explanation of any proposed resolutions by the board.
 - (iv) Compilation and explanation of any proposed resolutions by members.
 - (v) A voting proxy providing voting indications for each resolution including standard resolutions, election of directors and appointment of external auditors.
- (g) The Chair of the Board and the Executive Director will prepare a presentation for the members outlining the significant activities of the organization and its financial results.
- (h) The Secretary will arrange for the validation of returning voting proxies and produce a tally of votes by individual resolution plus a tally of votes assigned to the board.

7.02 Annual General Meeting Procedures

- (a) Staff will register members by validating their identities and proxies, if any.
- (b) The Chair will preside over the meeting, beginning by calling the meeting to order.

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- (c) The Secretary of the board will record the minutes of the meeting.
- (d) The Chair will adjourn the meeting.

7.03 Post Annual General Meeting Procedures

- (a) The Board of Directors will ensure that action is taken on all passed resolutions arising from the AGM.
- (b) The Secretary of the board will certify the minutes of the meeting by his/her signature and add the minutes to the permanent corporate record.

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1 POLICY

1.01 Records shall be retained for the retention periods specified below:

- (a) General corporate records, including all records of incorporation, bylaws, amendments to the bylaws, corporate seal, minutes from the meetings of the Board of Directors and all board committees, annual reports, debenture records, shareholder records — permanently
- (b) Legal files and papers:
 - (i) Customer and supplier contracts and correspondence related to the terms of the contracts — seven years beyond the life of the contract
 - (ii) Papers relating to major litigation — five years after the expiration of the legal appeal period or as specified by legal counsel
 - (iii) Papers relating to minor litigation — one year after the expiration of the legal appeal period
 - (iv) Insurance policies including product liability, directors and officers liability, general liability and third party liability, property and crime coverage — seven years after the policy has been superseded
 - (v) Documents pertaining to the purchase, sale or lease of real property — permanently
 - (vi) Documents pertaining to the purchase, sale or lease of fixed assets — four years longer than accounting life of the asset
- (c) Human resources documents:
 - (i) Original signed union contracts or personnel manuals — permanently
 - (ii) Where there is a pension plan (excluding RRSP plans):
 - Original plan documents
 - Records of pensionable employee service and eligibility
 - Associated personal information including name, address, social insurance number, pay history, pension rate

Seven years after death of the employee or employee's spouse in the case of spousal eligibility
 - (iii) Letters of offer, individual contracts of employment, attendance records, payroll history including RRSP contributions, commission and bonus history, medical information — three years after termination of the employee
 - (iv) Job descriptions and performance assessments — three years beyond the period to which they apply unless otherwise specified

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- (v) Applications, resumes and correspondence related to individuals not hired — no retention required
- (d) Financial records:
 - (i) Signed, audited financial statements and external auditors' reports — permanently
 - (ii) Internal auditors' reports — ten years
 - (iii) General ledgers, general journals, monthly financial statements, bank statements, cash register tapes, cancelled cheques, invoices — eight years
 - (iv) Tax returns, tax working papers, summary payroll records for tax purposes — eight years
 - (v) Charitable donations records — eight years
- (e) Operations records:
 - (i) Original patents, trademarks, copyrights — seven years after the expiration of the right
 - (ii) Customs documents — seven years
 - (iii) Annual physical inventories — permanently
 - (iv) Safety committee minutes, inspection reports and related action reports — 10 years
 - (v) Material deemed to be of historical importance to the organization — permanently
- (e) Patient records:
 - (i) Patient records are the responsibility of the physician and fall under the College of Physicians and Surgeons of Ontario / Ontario Medical Association guidelines.

1.02 Notwithstanding the foregoing, records and information that have a documented organizational purpose to be retained or to be retained for a longer period should be kept for that longer period along with the documented reason for their retention.

1.03 Records shall be destroyed at the end of their retention period as set out in paragraphs 1.01 and 1.02. Records containing personal information of clients, suppliers or employees which are not required by law, regulation or documented organizational need must be destroyed within one year of their acquisition.

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1.04 Records shall be stored securely and access limited to those with a valid reason for requiring access.

2 PURPOSE

2.01 This Statement of Policy and Procedure provides guidance to all employees on policies for records protection, retention and destruction.

3 SCOPE

3.01 This policy applies to all employees, officers and directors.

4 RESPONSIBILITY

4.01 The Executive Director is responsible for the appropriate retention, protection and destruction of corporate records, legal records and human resources records according to the specifications of the policy.

4.02 The Executive Director is responsible for the appropriate retention, protection and destruction of financial records.

4.03 The Executive Director is responsible for the appropriate retention, protection and destruction of operations records.

5 DEFINITIONS

None

6 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

SPP NP 1.05 – Legal and Regulatory

SPP NP 1.08 – Confidentiality and Privacy

SPP NP 2.05 – Risk Management

SPP NP 4.03 – Expenses

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7 PROCEDURES

7.01 Daily Record Back-up

- (a) The Executive Director shall ensure that all electronic records are backed up daily and a copy kept off-site.

7.01.1 Annual Retention Cycle

- (a) Annually, the Executive Director will review the company's retention policies and operations retention systems.
- (b) All employees will submit for archiving those records and documents requiring archiving to the Executive Director for each of legal, financial and operations:
 - (i) Electronic records may be submitted by filing in unique, password-protected electronic folders on a shared server
 - (ii) Paper records must be submitted physically

7.02 Record Keeping

- (a) The individuals responsible for retention of records will keep separate records of archived materials. For each annual retention cycle, both electronic files and storage boxes will be established. Files or boxes will be organized by retention period, and labelled with (in the case of electronic files, associated with):
 - (i) Box number or electronic file identifier
 - (ii) Type of records (legal, financial, HR or operations)
 - (iii) Executive Director - name and contact information
 - (iv) Retention date
 - (v) Retention period
 - (vi) Date by which the material should be returned from archives
- (b) In some cases, retained records will not be archived. These records must nevertheless be recorded on the retention register and the location of the records documented.

7.03 Annual Archiving Cycle

- (a) Retained records, both electronic and physical, shall be kept in a secure location, preferably offsite.

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- (b) Access to retained records shall be restricted to:
 - (i) Executive Director
 - (ii) Chair of the Board of Directors
- (c) Originators of the archived records may apply to the Executive Director in writing for access to, or return of, the archived records documenting the business requirement and the expected return of the records to the archives.
- (d) Originators may also identify in writing to the Executive Director a requirement to extend the retention on certain records stating the reason for the requirement. The Executive Director will then adjust the storage location and the retention register according to the need identified.

7.04 **Annual Review and Destruction Cycle**

- (a) Annually, individuals responsible for legal, financial, HR and operations records retention will review the records whose retention period has expired.
- (b) In most cases, these records should systematically be destroyed with due attention to the confidentiality level of the information, usually shredding.
- (c) In cases where there is some reason to believe that the records should be retained for longer, the Executive Director will correspond with the originator of the records requesting clarification or questioning the retention period. The Executive Director holds the final accountability in the decision to retain or destroy records beyond the expiry date.

1 **POLICY**

1.01 Records shall be retained for the retention periods specified below:

- (a) General corporate records, including all records of incorporation, bylaws, amendments to the bylaws, corporate seal, minutes from the meetings of the Board of Directors and all board committees, annual reports, debenture records, shareholder records — permanently
- (b) Legal files and papers:
 - (i) Customer and supplier contracts and correspondence related to the terms of the contracts — seven years beyond the life of the contract
 - (ii) Papers relating to major litigation — five years after the expiration of the legal appeal period or as specified by legal counsel
 - (iii) Papers relating to minor litigation — one year after the expiration of

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the legal appeal period

- (iv) Insurance policies including product liability, directors and officers liability, general liability and third party liability, property and crime coverage — seven years after the policy has been superseded
- (v) Documents pertaining to the purchase, sale or lease of real property — permanently
- (vi) Documents pertaining to the purchase, sale or lease of fixed assets — four years longer than accounting life of the asset

(c) Human resources documents:

- (i) Original signed union contracts or personnel manuals — permanently
- (ii) Where there is a pension plan (excluding RRSP plans):
 - Original plan documents
 - Records of pensionable employee service and eligibility
 - Associated personal information including name, address, social insurance number, pay history, pension rate

Seven years after death of the employee or employee's spouse in the case of spousal eligibility
- (iii) Letters of offer, individual contracts of employment, attendance records, payroll history including RRSP contributions, commission and bonus history, medical information — three years after termination of the employee
- (iv) Job descriptions and performance assessments — three years beyond the period to which they apply unless otherwise specified
- (v) Applications, resumes and correspondence related to individuals not hired — no retention required

(d) Financial records:

- (i) Signed, audited financial statements and external auditors' reports — permanently
- (ii) Internal auditors' reports — 10 years
- (iii) General ledgers, general journals, monthly financial statements, bank statements, cash register tapes, cancelled cheques, invoices — eight years
- (iv) Tax returns, tax working papers, summary payroll records for tax purposes — eight years
- (v) Charitable donations records — eight years

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(e) Operations records:

- (i) Original patents, trademarks, copyrights — seven years after the expiration of the right
- (ii) Customs documents — seven years
- (iii) Annual physical inventories — permanently
- (iv) Safety committee minutes, inspection reports and related action reports — 10 years
- (v) Catalogues and price lists — three years after superseded
- (vi) Material deemed to be of historical importance to the organization — permanently

1.02 Notwithstanding the foregoing, records and information that have a documented organizational purpose to be retained or to be retained for a longer period should be kept for that longer period along with the documented reason for their retention.

1.03 Records shall be destroyed at the end of their retention period as set out in paragraphs 1.01 and 1.02. Records containing personal information of clients, suppliers or employees which are not required by law, regulation or documented organizational need must be destroyed within one year of their acquisition.

1.04 Records shall be stored securely and access limited to those with a valid reason for requiring access.

2 PURPOSE

2.01 This Statement of Policy and Procedure provides guidance to all employees on policies for records protection, retention and destruction.

3 SCOPE

3.01 This policy applies to all employees, officers and directors.

4 RESPONSIBILITY

4.01 The Executive Director is responsible for the appropriate retention, protection

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and destruction of corporate records, legal records and human resources records according to the specifications of the policy.

4.02 The Executive Director is responsible for the appropriate retention, protection and destruction of financial records.

4.03 The Executive Director is responsible for the appropriate retention, protection and destruction of operations records.

5 DEFINITIONS

None

6 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

SPP NP 1.05 – Legal and Regulatory
 SPP NP 1.08 – Confidentiality and Privacy
 SPP NP 2.05 – Risk Management
 SPP NP 4.03 – Expenses

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7 PROCEDURES

7.01 Annual Retention Cycle

- (a) Annually, the Executive Director shall send a reminder to all managers and employees of the company's retention policies identifying the individuals responsible for legal, financial, human resources and operations retention systems.
- (b) All employees will submit for archiving those records and documents requiring archiving to one responsible individual for each of legal, financial and operations:
 - (i) Electronic records may be submitted by filing in unique, password-protected electronic folders on a shared server
 - (ii) Paper records must be submitted physically

7.02 Record Keeping

- (a) The individuals responsible for retention of records will keep separate records of archived materials. For each annual retention cycle, both electronic files and storage boxes will be established. Files or boxes will be organized by retention period, and labelled with (in the case of electronic files, associated with):
 - (i) Box number or electronic file identifier
 - (ii) Type of records (legal, financial, HR or operations)
 - (iii) Executive Director name and contact information
 - (iv) Retention date
 - (v) Retention period
 - (vi) Date by which the material should be returned from archives
- (b) In some cases, retained records will not be archived. These records must nevertheless be recorded on the retention register and the location of the records documented.

7.03 Annual Archiving Cycle

- (a) Retained records, both electronic and physical, shall be kept in a secure location, preferably offsite.

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- (b) Access to retained records shall be restricted to:
 - (i) Executive Director
 - (ii) Chair of the Board of Directors
- (c) Originators of the archived records may apply to the Executive Director in writing for access to, or return of, the archived records documenting the business requirement and the expected return of the records to the archives.
- (d) Originators may also identify in writing to the Executive Director a requirement to extend the retention on certain records stating the reason for the requirement. The Executive Director will then adjust the storage location and the retention register according to the need identified.

7.04 Annual Review and Destruction Cycle

- (a) Annually, individuals responsible for legal, financial, HR and operations records retention will review the records whose retention period has expired.
- (b) In most cases, these records should systematically be destroyed with due attention to the confidentiality level of the information, usually shredding.
- (c) In cases where there is some reason to believe that the records should be retained for longer, the Executive Director will correspond with the originator of the records requesting clarification or questioning the retention period. The Executive Director holds the final accountability in the decision to retain or destroy records beyond the expiry date.

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1 POLICY

- 1.01 The Executive Director will endeavour to ensure that the organization monitors all applicable laws and regulations and that it takes appropriate action to comply with them when changes are identified.
- 1.02 The Executive Director will ensure that the organization takes all actions necessary on an ongoing basis to comply with statutory and regulatory registration requirements, and provide assurance to the board of directors from time to time that this has been done.
- 1.03 All employees and volunteers will comply with the laws and regulations that apply to the organization. Any employee or volunteer who knowingly contravenes the law may be subject to immediate dismissal.
- 1.04 Contracts representing more than **\$10,000** will be subject to an RFP process unless an exception is approved by the Executive Director in writing. check bylaws
- 1.05 Changes to amounts, duration or terms of a contract must be approved by the same level of authority that approved the initial contract.
- 1.06 Patents, trademarks and copyrights are the property of Leamington and Area Family Health Team and shall be safeguarded. They shall not be used under any circumstances without the company's express written permission.
- 1.07 All documents pertaining to potential, pending or current litigation will be retained in a secure location, accessible only by the organization's legal counsel, the executive committee and the Executive Director or his/her express delegate.
- 1.08 All communications associated with potential, pending or current litigation as well as litigation still subject to appeal will be handled by the Executive Director, the Chair of the Board of Directors or their express delegate.

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2 PURPOSE

2.01 The purpose of this Statement of Policy and Procedure is to articulate responsibilities, provide guidelines and establish appropriate controls for legal and regulatory issues for Leamington and Area Family Health Team.

3 SCOPE

3.01 This policy applies to the Board of Directors and all employees.

4 RESPONSIBILITY

4.01 It is the responsibility of the Board of Directors to provide assurance to members and stakeholders that the organization is complying with all applicable laws and regulations.

4.02 It is the responsibility of the Executive Director to ensure that laws and regulations are monitored on behalf of the organization, to verify that they are being complied with and to set a clear tone of good corporate citizenship with respect to all applicable laws and regulations.

4.03 It is the responsibility of the Executive Director to verify that procedures have been followed before a contract is signed.

4.04 It is the responsibility of the Executive Director to:

- (a) Maintain supplier records.
- (b) Originate supplier contracts.
- (c) Develop and manage contract change controls.
- (d) Track contract performance.
- (e) Validate supplier invoices before payment.

4.05 It is the responsibility of the Executive Director to:

- (a) Articulate organizational priorities, needs and interests for organization contracts.
- (b) Develop Requests for Proposals in consultation with the Chair of the Board of Directors and a lawyer or other professionals, if applicable.

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- (c) Assess proposals in the context of organizational priorities, needs and interests.
- (d) Negotiate contract terms in consultation with the Executive Committee.
- (e) Notify the Executive Committee of any departures from contract or non-performance issues related to the contract.
- (f) Authorize or recommend for authorization according to the approval policy, payment of invoices related to the contract.

4.06 The Executive Director is responsible for registration of company trademarks, domain names and copyrights.

4.07 The Executive Director is responsible for authorizing the use of trademarks only in manners that are consistent with the image and goodwill of the company.

4.08 It is the responsibility of the Executive Director to ensure the confidentiality and security of documents related to litigation.

4.09 It is the responsibility of all employees to comply with the law at all times and to refrain from commenting on the facts, or any other aspect of potential, pending or current litigation or litigation subject to appeal.

5 DEFINITIONS

5.01 **“Common law”** refers to the body of precedent-based law used in all provinces and territories except Quebec.

5.02 **“Copyright”** is the right to production or replication in any way of an artistic creation.

5.03 **“Domain name”** is the Internet identity of an organization, referring to a particular website.

5.04 **“Enabling legislation”** refers to laws passed by the federal or a provincial parliament that pertain to detailed regulations.

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5.05 **“Intellectual property”** refers to inventions and creations such as company brand names, jingles, slogans, artwork, formulae, processes, apparatuses, devices, products, industrial designs and integrated circuit topographies.

5.06 **“Patent”** is a legal right granted by a country for the exclusive use, sale, licensing or assignment of a product, chemical formula, process, apparatus or an improvement on any of these.

5.07 **“Regulations”** refers to various rules set out by federal or provincial governments under the authority of enabling legislation.

5.08 **“RFP”** stands for “Request for Proposal”, a formal invitation to competitive suppliers to produce a proposal on a particular piece of business.

5.09 **“Statute law”** refers to laws passed by the federal or a provincial parliament.

5.10 **“Trademark”** is the right to exclusive use of brands, product names, slogans and other distinctive forms of product identity.

6 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

- SPP NP 1.01 – Registering the Organization
- SPP NP 1.02 – Incorporation and Bylaws
- SPP NP 1.06 – Taxes and Charitable Returns
- SPP NP 1.08 – Confidentiality and Privacy
- SPP NP 2.05 – Risk Management
- SPP NP 4.03 – Expenses

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7 PROCEDURES

7.01 RFP/RFQ Process

- (a) Requests for proposals or quotes are drawn up by the Executive Director.
- (b) RFP/RFQs must be sent to a minimum of three potential suppliers. Suppliers who have been in default of a contract with the company or who have a history of poor contract performance shall be excluded from the process.
- (c) RFPs will specify:
 - (i) Organization priorities, needs and interests related to the RFP
 - (ii) Date by which proposals/quotes are due
 - (iii) Background to the requirement (context, challenges)
 - (iv) Specific requirements of the proposal
 - (v) Qualifications of the ideal supplier (specific track record, experience, integrated services)
 - (vi) Criteria by which the proposals/quotes will be assessed
 - (vii) Timing of response to proposals/quotes
 - (viii) Process for entertaining questions regarding the RFP/RFQ and sharing of responses with other potential suppliers
 - (ix) Caveat providing the organization with the right to pick any proposal or none
 - (x) Any other special terms and conditions requested, (e.g., maximum price expected, delivery dates or constraints)
- (d) To ensure objectivity, RFP/RFQs will be assessed by a minimum of three individuals, one of which should be the Executive Director, as follows:
 - (i) The assessment mechanism will reflect the criteria for assessment specified in the RFP/RFQ
 - (ii) Assessors will make note of special or differentiating features of each quote or proposal
 - (iii) Assessors will share their notes and do their best to reach consensus on the best selection. In the event a consensus cannot be reached, the Executive Director will make the decision taking all comments into account
 - (iv) All proposals/quotes will remain confidential and be retained on file in accordance with the records retention policy
 - (v) When a proposal/quote is selected, the Executive Director will perform appropriate reference checks before the decision is finalized
 - (vi) Successful and unsuccessful competitors on an RFP/RFQ will be informed on the same day as to the outcome of the process

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according to the terms of the original request

- (e) Upon selection of the successful proposal or quote, the Executive Director or designate will undertake negotiations as to any additional contract terms and will draw up a contract. Contracts should, as a matter of course, contain details of:
 - (i) Agreed-upon milestones, delivery dates and prices
 - (ii) Default conditions, or conditions which would render the contract void
 - (iii) Provisions as to the organization's rights to any intellectual property developed in the course of the project, where applicable
 - (iv) Recourse provisions in the case of default
 - (v) Penalty clauses if appropriate
 - (vi) Schedule of payments
 - (vii) Agreed-upon change management and control process
- (f) Contracts will be signed by those authorized to sign for the organization but only after appropriate authorization has been obtained.

7.02 **Contract Changes**

- (a) Any adjustment to contract terms and conditions must be agreed to by all parties to the contract.
- (b) Contract changes, once agreed to by all parties, will be written up as either an addendum to the contract or a change order to be filed with the contract.
- (c) Contract addenda and change orders must be authorized by the same level of authority that authorized the original contract.

7.03 **Contract Tracking**

- (a) The Executive Director] will maintain original copies of all supply contracts and change orders or contract addenda.
- (b) Before any payment is made to the supplier, the Executive Director must authorize it, ensuring that all contract terms and conditions have been met.

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7.04 Safekeeping of Intellectual Property

- (a) All documents related to the ownership of intellectual property shall be kept in a secure location.
- (b) Duplicates of these documents shall be kept at an alternative physical site.

7.05 Authorizations for use of Trademarks or Copyrights

- (a) All uses of trademarks shall follow guidelines set out by the Executive Director or be expressly authorized in writing by the Executive Director.
- (b) Assignment, sale, licensing, leasing or any other attribution of company trademarks or copyrights must be recommended by the Executive Director and authorized by the Board of Directors.

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1 POLICY

- 1.01 The organization will take all steps necessary to preserve its status as a registered charity under the *Income Tax Act*.
- 1.02 The organization will file all required reports on a timely basis as required to comply with statutory requirements and to minimize its GST/HST, PST and municipal tax costs.

2 PURPOSE

- 2.01 This Statement of Policy and Procedure sets out procedures related to the filing of information returns and rebate applications for tax purposes.

3 SCOPE

- 3.01 This policy applies to the Executive Director.

4 RESPONSIBILITY

- 4.01 The Executive Director is responsible to ascertain annually the requirement to file information returns and rebate applications.
- 4.02 The Executive Director is responsible to ensure that provincial information returns are completed.

5 DEFINITIONS

- 5.01 **“Registered Charity”** refers to an organization that has registered with the Canada Revenue Agency (CRA) as a charitable organization.
- 5.02 **“NPO”** is a non-profit organization that is not necessarily a registered charity.
- 5.03 **“PST”** is Provincial Sales Tax.
- 5.04 **“GST”** is the federal Goods and Services Tax.

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5.05 **"HST"** is the Harmonized Sales Tax, a combination of GST and PST harmonized in participating provinces to form one combined sales tax.

5.06 **"Participating provinces"** refers to those provinces that have harmonized their provincial sales tax regime with that of the federal GST. These provinces are Nova Scotia, New Brunswick, Newfoundland and Labrador, Ontario and Prince Edward Island.

5.07 **"Realty taxes"** are taxes paid to a municipality on real property (land and buildings) within the municipality.

6 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

Income Tax Act, Canada, and regulations.

Excise Tax Act, Canada, and regulations.

Canada Revenue Agency guide and forms:

For charities

Completing the Registered Charity Information Return, Form 4033-1 (Form 4033E(13) for fiscal years ending after January 1, 2013)

Registered Charity Information Return, Form T3010-1 (T3010E(13) for fiscal years ending after January 1, 2013)

Directors/Trustees and Like Officials Worksheet, Form T1235E(13)

Qualified Donees Worksheet/Amounts Provided to Other Organizations, Form T1236E(13)

Excess Corporate Holdings Worksheet for Private Foundations, Form T2081

For non-profit organizations

Income Tax Guide to the Non-Profit Organization (NPO) Information Return, Form T4117

Non-Profit Organization (NPO) Information Return, Form 1044

For non-profit organizations that are corporations

T2 Corporation income tax return

T2 SHORT

SPP NP 1.01 – Registering the Organization

SPP NP 1.05 – Legal and Regulatory

SPP NP 4.02 – Revenues

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7 PROCEDURES

7.01 Applications

- (a) The Executive Director will ensure that the organization has applied for special tax status in the following jurisdictions:
 - (i) Federal – Registered Charity
 - (ii) Municipal – Non-Profit Organization - MPAC did not accept application because we rent property not own property.

7.02 Annual Procedures

- (a) Annually, at the time the financial statements are prepared, the Executive Director will verify whether the organization has crossed the threshold levels of \$200,000 in assets or \$10,000 income in royalties, dividends, interest and rents combined.
- (b) If the threshold levels have been crossed, or if the organization filed an information return in the previous year, the Executive Director will prepare and submit an information return to the CRA appropriate to the organization's status with the CRA (NPO, Registered Charity, Canadian Amateur Athletic Association).
- (c) Annually, within four months of the end of the fiscal year, the Executive Director will ensure that an application for rebate of GST/HST has been submitted to the CRA.
- (d) Annually, the Executive Director will take such measures as are necessary to ensure the organization takes full advantage of municipal property tax reductions or exemptions in the locations in which it operates. – Not applicable see 7.01(a)(ii)
- (e) Annually, the Executive Director will update local provincial records of Board of Director and executive officer information.

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1 POLICY

1.01 The Leamington and Area Family Health Team will take all necessary precautions in the design and maintenance of its computer network, databases, website and electronic document storage to ensure that:

- (a) The personal information of clients, patients and members is protected.
- (b) Information and equipment crucial to the organization is safeguarded.

1.02 All software used by the organization will be legally purchased and licensed.

1.03 Employees are strictly prohibited from surfing the net for or accessing popular culture sites or any sites that may be considered racist or pornographic. These types of sites, besides being offensive, may put our computer network at risk. Employees caught using inappropriate sites may be subject to immediate dismissal.

2 PURPOSE

2.01 This Statement of Policy and Procedure outlines steps that should be taken to minimize risk in the use of information technology.

3 SCOPE

3.01 This policy applies to all employees.

4 RESPONSIBILITY

4.01 The Executive Director is responsible for the prudent design of information technology for the organization.

4.02 The Executive Director is responsible for selection of IT service providers for the organization.

5 DEFINITIONS

None

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6 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

SPP NP 1.01 – Registering the Organization

SPP NP 1.08 – Confidentiality and Privacy

SPP NP 2.05 – Risk Management

Information Technology PolicyPro:

- Chapter 6 – Computing Operations and Support
- Chapter 8 – Physical and Systems Security
- Chapter 9 – Data Security
- Chapter 13 – User Responsibilities

7 PROCEDURES

7.01 Local Network – Personal Computers and Servers

- (a) All personal computers will be linked to the organization's local network.
- (b) All electronic files will be stored on the shared drive on the server or a designated primary computer.
- (c) Individual employees will be assigned a unique area on the server drive for individual work documents.
- (d) Wherever possible, electronic files should be stored on the shared drive for ease of access and to reduce duplication.
- (e) Electronic files of a confidential nature should be password-protected by the originator with the exception of those software products that require the system administrator to set passwords.
- (f) Access to the organization's local network will be password-protected.
- (g) Passwords will be changed every six months or whenever an individual leaves the organization.
- (h) All non personal passwords for computers and for confidential files will be provided to the Executive Director on a bi-annual basis. These password records will be stored either physically or electronically in a secure offsite location.
- (i) In case of emergency, the service provider must be able to access team members' accounts.
- (j) Access to the network from offsite will be restricted to those with a business need to do so and approved for access by the Executive

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Director.

- (k) Maintenance and updates will be performed regularly by the service provider as follows:
 - (i) Defragmentation of server – weekly.
 - (ii) Scan disk of server – weekly.
 - (iii) Scan of server registry for errors – weekly.
 - (iv) Scan disk, defragmentation and scan registry for networked workstations – monthly.
 - (v) Software and virus protection updates – use automatic updates features wherever possible, otherwise weekly.
 - (vi) EMR software updates completed monthly
- (l) All hardware and software will be assessed for insurance purposes at replacement value.

7.02 **Databases**

- (a) Databases containing private or personal information of employees, clients or customers will be password-protected.
- (b) Databases containing private or personal information of employees, clients or customers will be accessed only by authorized personnel.
- (c) Proprietary databases will be documented as to both structure and use.
- (d) Databases will be assessed for coverage under the organization's insurance policy at replacement value.

7.03 **Connection to the Internet**

- (a) All points of direct access to the Internet will be appropriately firewalled and virus-protected.
- (b) Firewall and virus-protection software will be automatically updated wherever possible.
- (c) Where personal information or financial transactions will be sent using an Internet connection, the highest-calibre encryption will be used.

7.04 **Personal and Financial Transactions via the Internet**

- (a) Donations, payments and requests for personal information will not be accepted via the website.

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7.05 Back-up of Information

- (a) All documents and folders will be backed up onsite daily and offsite weekly.
- (b) Databases will be backed up daily and follow a weekly offsite back-up cycle.
- (c) Financial systems will be backed up daily.
- (d) Proprietary software will be backed up and stored offsite.

7.06 Archiving Electronic Information

- (a) Annually, electronic records will be culled and archived according to the organization's records retention policy.
- (b) Archiving via a service or electronically-accessible medium is acceptable.
- (c) Software which is being decommissioned by the organization will be archived and kept in a secure offsite location.

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1 POLICY

1.01 The Leamington and Area Family Health Team, its employees, and the Board of Directors will take all reasonable steps to maintain the confidentiality of all confidential organizational, patient and personal information.

1.02 The organization and its employees will respect and protect the privacy of personal information by complying with the 10 privacy principles required by the Personal Information Protection and Electronic Documents Act (PIPEDA), as follows:

- (a) Accountability
- (b) Identifying purpose
- (c) Consent
- (d) Limiting collection
- (e) Limiting use, disclosure and retention
- (f) Accuracy
- (g) Safeguards
- (h) Openness
- (i) Individual access
- (j) Challenging compliance

1.03 The organization will maintain a privacy policy for distribution to members, clients, patients and other interested parties. The policy will include references to:

- (a) Restrictions placed on that disclosure.
- (b) Time limits for holding personal information collected and the commitment to destroying unneeded information.
- (c) The process by which individuals may access their personal information.

1.04 The organization will maintain high standards of physical and electronic security wherever personal information is being handled.

1.05 The organization's Privacy Officer is the current Executive Director: Call (519) 322-1100 and ask for the Executive Director.
All requests for access to personal information and all contact with the Privacy Commissioner of Canada will go through the Privacy Officer.

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1.06 Employees have a right to understand, access and correct their personal information. Employee personal information collected, used or disclosed will be subject to the same care and conditions as outlined for other personal information.

2 PURPOSE

2.01 This Statement of Policy and Procedure outlines the organization's compliance with privacy legislation, principles and practice.

3 SCOPE

3.01 This policy applies to all organization personnel.

3.02 Compliance with the principles outlined in this policy shall be treated as essential for contract compliance with suppliers, consultants and other contracted organizations.

4 RESPONSIBILITY

4.01 It is the responsibility of every employee to ensure that privacy of personal information is protected and respected.

4.02 It is the responsibility of the Privacy Officer to:

- (a) Develop and maintain both internal and external privacy policies.
- (b) Ensure that systems and processes are in place to support the policies.
- (c) Act as an expert resource on privacy within the organization.
- (d) Act as a point of contact on privacy issues.

5 DEFINITIONS

5.01 **“Cookies”** refer to information stored on a computer hard drive in the course of accessing information from the Internet that tracks information about the individual's browsing history and use of the Internet.

5.02 **“Personal information”** refers to all information related to a unique individual including name and contact information, identification numbers or codes, and sensitive personal information.

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5.03 **“PIPEDA”** is the *Personal Information Protection and Electronics Document Act*, the federal law governing the commercial collection, use and disclosure of personal information.

5.04 **“Privacy Commissioner of Canada”** refers to the individual who has been identified by the federal government to inform and enforce PIPEDA.

6 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

Financing and Accounting PolicyPro:
 SPP GV 1.01 – Board Structure and Mandate
 SPP GV 1.10 – Ethics and Business Conduct

7 PROCEDURES

7.01 All employees will protect and respect confidential and personal information by:

- (a) Taking all reasonable steps to secure and protect the information, as follows:
 - (i) Electronic records of personal information will be subject to limited access by authorized personnel in the performance of their duties.
 - (ii) Printed records of personal information, when they are not under the control of authorized personnel, will be kept in a secure location.
 - (ii) Access to patient information is based on the principle of “Circle of Care”
 - (iv) Patient information can only be released by written patient consent. Refer to PIDEDA for exceptions.
- (b) Disclosing to individuals that personal information is being collected and directing them to the Privacy policy.
- (c) Destroying the information when it is no longer required. Personal information will be destroyed two years after it is no longer required.

7.02 **Responsibilities of the Privacy Officer**
 The Privacy Officer for the organization is the Executive Director whose name and contact information will be publicly available as the point of contact for all inquiries or issues related to privacy of personal information.
 The Privacy Officer is responsible for:

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- (a) Development and maintenance of the organization's privacy policies both for the public and for employee records.
- (b) Thorough review of the organization's collection, use and disclosure of personal information to ensure that only required information is dealt with.
- (c) Communication of the Privacy policy for the public to the public and to all employees, including necessary employee training.
- (d) Communication of the Privacy policy for employee information to all employees, including necessary management training.
- (e) Acting as an expert resource for the organization on matters relating to privacy of personal information.
- (f) Ensuring that the organization's systems and procedures meet all legal compliance requirements and also a standard of excellence for respect of personal information.
- (g) Documenting and analyzing all complaints regarding the use, retention or disclosure of personal information.
- (h) Instituting changes to the policy and related procedures he or she deems necessary in order to respect the principles of this policy.

7.03 **Detailed Guidelines**

- (a) Personal information may be *collected without knowledge or consent* only in the following circumstances:
 - (i) In the event of an emergency that threatens the life, health or security of an individual.
 - (ii) If there are reasonable grounds to believe that the information could be useful to investigate the contravention of a law.
 - (iii) The collection is in the interest of the individual and consent cannot be obtained in a timely way.
 - (iv) The collection of the information with the individual's knowledge or consent would compromise the availability or accuracy of the information and the collection is required to investigate the contravention of a law.
 - (v) The information is publicly available.
- (b) Personal information may be *disclosed without knowledge or consent* only in the following circumstances:
 - (i) In the even of an emergency that threatens the life, health or security of an individual.
 - (ii) To a lawyer representing the organization.
 - (iii) To collect a debt owed to the organization by the individual.

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- (iv) To a government institution that has indicated disclosure is required on a matter relating to national security or the conduct of international affairs.
- (v) The information is publicly available.
- (vi) If required by law.
- (vii) For other circumstances listed in subsection 7(3) of PIPEDA.

(c) Requests from an individual to provide information about their personal information being collected, used or disclosed by the organization will be answered within 20 days. No fee will be charged for this service.

(d) If an individual withdraws consent for the use of personal information, the Privacy Officer will take all necessary steps to cease the organization's use of the information within 30 days.