## Appendix A- Personal Health Information (PHI) Disclosure Due to Risk of Serious Harm Algorithm

## **Key Points:**

- 1.1. Disclosure of PHI is not mandatory. Disclosure may be required to occur to other agencies as required by legislation i.e. Police Services, minors etc. and existing RHA/SDO policies should be followed
- 1.2. The Psychiatric Medical Director of the Psychiatric Facility under the Mental Health Act may be the trustee/health professional disclosing.
- 1.3. That individuals seeking health services are encouraged and supported to provide consent to disclose PHI when there is an assessed risk of serious harm to the individual and/or public safety.
- 1.4. To provide trustees/health professionals guidance in situations where a risk of serious harm has been identified through assessment and the individual does not consent to the disclosure of relevant PHI to mitigate this risk.
- 1.5. To support and enable appropriate, timely disclosure of PHI without consent when necessary to lessen the risk of serious harm to an individual and/or public safety.
- 1.6. To reinforce the importance and necessity of trustees/health professionals to document all assessments (clinical), discussions/engagement with an individual and others, as well as any disclosures or actions undertaken related to an individual's risk of serious harm.

A documented clinical/risk assessment confirms a potential risk of serious harm to the mental, psychological or physical health of an individual or member(s) of the public Trustee / Health Professional requests individual's consent to disclose YES: Consent Granted **NO: Consent Declined** Document consent declined Document consent granted Contact natural support or others as required by the Trustee / Health Professional may engage with the situation; disclose minimum amount of health individual's identified natural supports or others as information required by the situations for further information and with other pertinent services providers (including managers (as applicable) to lessen the risk of serious harm.  $\overline{\downarrow}$ Document disclosure of pertinent information in the Individual consent to disclose PHI remains best health record, how the individual's identified natural practice supports are engaged, and the involvement of other pertinent service providers (including managers (as applicable) to lessen the risk of serious harm. Develop a plan to lessen the risk of serious harm Collaborative Decision: Engage in reassessment/reflection for Team Decision (reviewed by 2 or more Trustees/Health Professionals i.e. care team)  $\downarrow$  $\downarrow$ Individual is informed of this disclosure Decision to disclose must be person centric, not mandatory and be based on the needs and best interests of the individual  $\downarrow$  $\downarrow$ Document response from the individual of whom the Natural support chooses to and has the resources to PHI was disclosed participate prior to receiving the information Disclose minimum amount of PHI Inform the individual of this disclosure; document reasons if disclosure not possible Respect individual's personal autonomy and dignity by limiting intrusion as much as possible  $\downarrow$ Develop a plan to lessen the risk of serious harm Document disclosure, information shared, and responses of recipient/natural support and individual