



**UPPER GRAND DISTRICT SCHOOL BOARD**

**Privacy Protocol for Child and Youth Counsellors,  
Counselling and Attendance Services, Psychological  
Services and Speech and Language Services**

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**A. SAFEGUARDING STUDENT PERSONAL INFORMATION**

1. In order to safeguard personal information in the office, the following is required:
  - a) file cabinets will be supervised at all times when unlocked;
  - b) file cabinets will be locked when unsupervised;
  - c) access to files and file cabinets will be through designated department staff;
  - d) each computer terminal will be password protected;
  - e) all personal information will be stored on a flash drive, disk, or CD that is password protected and not on the hard drive, and
  - f) personal information will not be left on the screen when the terminal is unattended.
  
2. In order to safeguard personal information while in transit, the following is required:
  - a) files and laptop will be the responsibility of the individual at all times during transit;
  - b) files and laptop must be locked away out of sight while unattended (e.g. trunk of car);
  - c) each laptop will be password protected;
  - d) all personal information will be stored on a flash drive, disk, or CD that is password protected and not on the hard drive;
  - e) personal information will not be left on the screen when the laptop is unattended, and



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- f) only digital cell phones are to be used and the contact is to be notified that the conversation is by cell phone and that information identifying the client is not to be given.
3. In order to safeguard your Home Office, the following is required:
- a) files and laptop must be locked away in a desk, file cabinet, or separate room while unattended and no other person may have access (i.e. a key to access the location of the files);
  - b) each computer and laptop used for UGDSB purposes will be password protected;
  - c) all personal information will be stored on a flash drive, disk or CD that is password protected and not on the hard drive, and
  - d) personal information will not be left on the screen when the computer or laptop is unattended.

**B. TRANSFER OF ELECTRONIC INFORMATION**

- 1. E-mail - personal information will not be transferred by e-mail.
- 2. Fax - personal information may be transferred by fax when accompanied by a cover sheet containing the “confidentiality warning” and one of the following safeguards:
  - a) the fax number has been confirmed by the recipient;
  - b) the recipient has advised that the fax machine is securely located and there is no basis to doubt the assurance;
  - c) in the context that the privacy of the recipient of the fax can reasonably be inferred (e.g. it is to an organization that is expected to keep information private like a legal, accounting, or health care agency);
  - d) the recipient has a Privacy Policy/Protocol, and



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- e) your incoming fax machine is securely located.
3. Disk, CD, or Flash Drive - may be transferred in a sealed envelope clearly, marked private and confidential when:
- a) sent by Canada Post, a reputable courier, or through the UGDSB courier service;
  - b) delivered in person by staff, or
  - c) picked up by a person who asks for it by the name of the recipient (files must be kept out of sight in the reception area until picked up).

**C. TRANSFER OF PAPER INFORMATION**

Hard copies of personal information may be transferred in a sealed envelope clearly marked private and confidential when:

- a) sent by Canada Post, a reputable courier, or through the UGDSB courier service;
- b) delivered in person by staff, and
- c) picked up by a person who asks for it by the name of the recipient (files must be kept out of sight in the reception area until picked up).

**D. GENERAL SAFEGUARDS**

Staff (including temporary workers) will be trained in the following:

- a) the importance of the privacy of personal information;
- b) access to personal information on a need-to-know basis;
- c) the UGDSB's Privacy Protocol and how to contact the Board's Freedom of Information Coordinator;



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- d) sensitivity in collecting or using personal information verbally where others might overhear;
- e) the removal or masking of unnecessary personal information when providing copies of personal information;
- f) the ability to recognize and avoid being “pumped” for information;
- g) that all personal information on paper is to be discarded by shredding;
- h) to avoid discussing personal information in public places (e.g. elevators, washrooms, restaurants etc.);
- l) the need to change passwords on a regular basis;
- j) the need to inform individuals if their personal information is misused or misappropriated, and
- k) reviewing of departmental files for quality assurance while maintaining standards of confidentiality.

#### **E. RETENTION AND DESTRUCTION OF PERSONAL INFORMATION**

- a) Files will be maintained in the appropriate Program Services file for a period of 28 years from the student’s date of birth (minimum of 10 years after the date of the student’s eighteenth birthday).
- b) Paper files will be destroyed by shredding after completing a Records Destruction Notice which is forwarded to the Records Management Officer for approval, and to follow the proper procedure.
- c) Electronic records will be deleted and electronic storage devices will be destroyed.



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**F. ACCESS, CORRECTION, COMPLAINTS, AND OPENNESS**

1. Access Rights

- a) Access to files by the parent, guardian or students 16 years of age or older will be granted within 30 days, following appropriate College guidelines and unless a ground for refusal exists.
- b) If a refusal exists, the grounds for the refusal will be made clear to the individual requesting the information and any recourse that is available.
- c) Access to information includes personal information held and how it has been used and disclosed (reasonable records must be kept of any unusual uses or disclosure of personal information such as systematic filing of cover letters, fax sheets or e-mails).
- d) If staff are unable to answer a request for access to files, they will refer that request to the Coordinator for their department.
- e) If the Coordinator is unable to respond to the request for access to the files, the request will be forwarded to the Board's Freedom of Information Coordinator.
- f) Test scores may be provided but test forms will not to ensure that the integrity of test protocols is maintained.
- g) Reasonable steps will be taken (and recorded) to ensure that the individual making the request can understand the information (e.g. short forms or codes must be explained, an alternative format is used where the requester has a sensory disability, or an interpreter is used when necessary for English as a Second Language or hearing impaired individuals).



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2. Correction requests

- a) An individual may request that personal information be corrected.
- b) The individual will provide a written request stating the information to be corrected and the reason for seeking the correction.
- c) If the writer of the information agrees to make the change:
  - i) a record of the reason for making the change will be recorded in the file;
  - ii) the change will be made in writing;
  - iii) the original and the corrected document will both be kept in the file, and
  - iv) the individual will be informed that they may request that the corrected document be forwarded to any person or organization to whom the individual's record was disclosed within one year prior.
- d) If the writer of the information does not agree to make the change:
  - i. the writer will provide a written statement of disagreement to the individual;
  - ii. the individual will be notified in writing that the written request for a correction and the statement of disagreement will be attached to the original document;
  - iii. the individual will be informed that they may request that the written request for a correction and the statement of disagreement be forwarded to any person or organization to whom the individual's record was disclosed within one year prior, and



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- iv. the individual will be informed in writing of the complaints process.

#### 3. Complaints system

When an individual feels that their issue has not been resolved to their satisfaction by the Program Services member;

- a) the individual will be provided with the name and contact information for the Board's Freedom of Information Coordinator in writing;
- b) the Board's Freedom of Information Coordinator will investigate the complaint and provide a decision in writing to the individual, and
- c) if the individual is not satisfied with the decision, written information will be provided directing them to the office of the Information and Privacy Commissioner for the Province of Ontario.

#### 4. Breach of Confidentiality

When a breach of confidentiality occurs:

- a) the Program Services member will inform their Coordinator;
- b) the Coordinator will inform the person(s) whose personal information has been breached;
- c) the Coordinator will inform the Director of Education, the Superintendent of Program, and the Freedom of Information Coordinator;
- d) the Freedom of Information Coordinator will inform the Information and Privacy Commissioner;



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- e) the Coordinator, Superintendent of Program, and the Freedom of Information Coordinator will meet with the Program Services member(s) to review what occurred and how it could have been prevented;
  - f) the Coordinator will review the Privacy Protocol with all staff, and
  - g) changes will be made to the Privacy Protocol to prevent a reoccurrence if necessary.
5. Openness
- a) Staff will be trained to provide the Privacy Statement to anyone who requests it;
  - b) The Privacy Statement will be posted on the Board's Program services website.
  - c) The Privacy Statement will be given to each new client at the time that informed consent is obtained.