NORTHWEST TERRITORIES
INFORMATION AND PRIVACY COMMISSIONER

Review Recommendation 13-117
File: 13-117-4
May 15, 2013

THE REQUEST FOR REVIEW

In January of this year I received a complaint from an individual in Yellowknife who was upset about the way in which Yellowknife Health and Social Services Authority (YHSSA) was dealing with his mental health records. This individual has had ongoing issues with YHSSA with respect to privacy issues, several of which have been referred to me for review. He says that in September of last year he had an appointment with a psychiatrist. After that appointment, and as a result of an ATIPP request, he obtained records which he interpreted as showing that notes of his session with the psychiatrist had been shared with a physician he'd had difficulty with in the past with respect to privacy issues. He says that he did not, at any time, agree to have the psychiatrist's records shared with any other medical health professional. The Complainant provided this office with a copy of the notes which shows a stamp at the end of the report which indicates that the report was faxed on October 15, 2012. This appears immediately underneath a hand written notation saying "cc: Dr. [A]". Notwithstanding the "Faxed" stamp on the report, the Complainant points out that the public body has not been able to produce a Fax Cover sheet as required by their own internal "Guidelines for Fax Transmissions".

Prior to his appointment with the psychiatrist, the Complainant had written to YHSSA as follows:

> You do **not** have my consent to distribute this letter to Dr. [B] or to distribute, receive or solicit **any** of my patient information without my express written permissions and signature.
>
> You have spoken of a "circle of care", please be advised that I have not agreed to allow YHSSA permission to share my patient information with anyone or any organization, circular or otherwise.

YHSSA responded, in part, to this correspondence from the Complainant with the following:

> With respect to the remainder of your email related to our ability to *"distribute, receive or solicit ANY of (your) patient information without any express written permission and signature"* I can advise that theoretically we require your consent only with respect to dissemination of information beyond the boundaries of Yellowknife Health and Social Services. Historically the Mental Health Clinic was actually a function of Stanton Territorial Health Authority. As such express consent was always obtained in order to share information with the general practitioners. We have continued that tradition since YHSSA has taken over the administration of the clinic and will only share information from the Mental Health Clinic with the express written consent of the client.
>
> ...The parameters you are attempting to impose upon us will handcuff our ability to provide you with comprehensive medical care.

The Complainant goes on to point out that YHSSA's web site has the following notice about counseling and consent:

> Do I need a doctor to refer me to counseling?
>
> No, anyone can refer himself/herself at any time. We do receive doctor referrals, however, and if you would like your family doctor to be involved (if there is medication/assessment involved) with the counseling, then you will be asked to sign a form to release/obtain information at the first session.

Despite this, the Complainant says that he has never been asked to sign a form to release his information during any psychiatric appointment.

All of this led to an exchange between the Complainant and YHSSA in November of last year in which the Complainant was advised that, unless he agreed to allow the psychiatrist to have access to his full medical file, he would not be granted an appointment with the psychiatrist. The letter reads:

> I am writing in response to your request that Dr. [C] only have access to her own consult notes.
>
> The consulting psychiatric specialists have access to the client's medical file and the complete mental health file in order to provide best care.
>
> Therefore, we are unable to grant your request.

The Complainant argues that anywhere else in Canada he could consult a psychiatrist privately and he would not be required to provide that psychiatrist with access to his medical files. Nor would the psychiatrist's notes be shared with a medical practice as a matter of course. In Yellowknife, however, there is no choice. If one wants mental health care, the only place that care is available is through YHSSA. YHSSA "has a monopoly on health care and mental health care". The Complainant says that in these circumstances, privacy should be more important, not less so.

In February, I received another letter from the Complainant in which he advised that he had had a scheduled appointment with a psychiatrist at YHSSA that afternoon, but had been denied access to the psychiatrist unless he agreed to sign a release to share his mental health information with the medical group. He declined to do so.

THE PUBLIC BODY'S POSITION

The public body points out that their Outpatient Psychiatry Program does not accept self-referrals for psychiatric services. Rather, access to psychiatric services can be obtained only by way of a referral from a family physician. Psychiatric services are considered a speciality medical service. They say that the primary care model under which they operate places the family physician at the hub of patient care. The family physician determines individual patient needs and if that need is beyond their scope, a referral is made to the appropriate specialist. No specialist services can be booked without a referral from the family physician. Furthermore, they say, the service provided by the psychiatrist is primarily one of assessment and consultation, not treatment. Patients are referred to the psychiatrist for assessment and a suggested plan of care is developed. This information is then communicated to the family physician who, in accordance with the primary care model, is then expected to implement the plan of care. Medications dosage monitoring and short-term follow up is actioned by the family physician.

In their words:

> In the event a client does not follow through with the consult appointment or if the family physician does not get a report back from the specialist the plan of care cannot be implemented.

They felt that it was important to point out that the processes and procedures in place are such that information is shared within the confines of YHSSA by necessity. For instance, the process of referring a client means that a number of people will, by necessity, have some level of access to the patient's mental and medical health information. Specifically, they say that the administrative process is as follows;

- Central intake receives a referral request from a family physician/NP;
- the request is screened by the community health counselor supporting Outpatient Psychiatry;
- an appointment is booked and communicated to the client;
- the client attends the appointment;
- the psychiatrist dictates a consult report;
- the dictation is transcribed by transcription services;
- a hard copy is presented to the psychiatrist for review and signature;
- the psychiatrist indicates to whom the consult report should be sent;
- the consult report is then faxed (using a cover sheet) to the Electronic Medical Record (EMR) system;
- the referring family physician arranges required follow up with the client;
- the original consult is placed on the client's paper record for Outpatient Psychiatry;
- the fax cover sheets are filed separate from the client record in accordance with their policy regarding fax transmission.

In the case of the Complainant's visit to the psychiatrist in September, YHSSA advises that this is the process that was followed, except that the psychiatrist's report was not faxed to the patient's EMR. They say that this explains why there was no fax cover sheet produced when the Complainant made an ATIPP request - he had asked only for documentation attached to his EMR, not his paper record. The consult report was never faxed to the EMR, and there is, therefore, no fax cover sheet. They say that none of the family physicians at YHSSA have ever had access to the consult as a result.

YHSSA also advises that the Complainant has not provided the entire context of the communication between their office and the Complainant with respect to his express refusal

to allow his mental health records to be shared with his family physician. In fact, they say, that there was a much longer discourse in which the Complainant had been fully informed that sharing of information within the Authority and without consent is restricted to sharing only that information that is necessary with those that are directly involved with the patient's care, in order to facilitate the provision of quality and competent medical care.

YHSSA also differentiates between self-referral for counseling and self-referral for Outpatient Psychiatric services. While counseling is not a specialty medical service, psychiatric services are. As such, counselors have "no ethical or professional obligation to communicate with the family physicians". Counselors provide their own ongoing care and counselor's notes remain contained to the paper chart in that program.

In specific response to the Complainant's concerns about whether the consult report prepared after his appointment with the psychiatrist was shared, they say that the Complainant's initial consult with a psychiatrist was undertaken on an emergency basis and, as a result, no consent was obtained at the time. However, following the visit with the psychiatrist, and prior to any information being shared with the Yellowknife Primary Care Clinic, the Complainant was contacted by email and requested to consent to share the information by signing a written consent. When he refused to do so, the documents were not shared with the Complainant's family physician.

YHSSA takes the position that the refusal to share the consult report with the family physician creates a dilemma for the primary physician.

> There is an ethical and professional obligation for a consulted specialty service to provide the requested consult back to the referring family physician. The referring family physician is seeking the specialist's expert advice and direction on medical care for their patient. If a request is received the specialist has a duty to respond. The family physician has a corresponding obligation to follow up with respect to the referral. To not follow up would be akin to sending blood work to the lab and the lab not returning the results that then leaves the family physician unable to interpret or action care.
> ...
> When referring a client to any specialist, there is a certain amount of information that has to be provided in order to facilitate the consultation including the reason why or circumstances that have given rise to the perceived need for an assessment

In summary, they say that

> The sharing of medical knowledge between a referring family physician and a consulting specialist is a professional and ethical duty of the care providers in order to facilitate competent and quality health care in a primary care model.

THE SUBSEQUENT SUBMISSIONS OF BOTH PARTIES

The Complainant was provided with a copy of the public body's submissions and asked for his further comments, which were then also shared with the public body. The highlights of this exchange include:

- the Complainant pointed out that he has requested and made numerous appointments with a psychiatrist that did not originate from a referral by a GP. YHSSA responded by advising that only the initial consult must be arranged through a GP. Once the client is assessed by the psychiatrist, a plan of care is developed, shared with the referring practitioner and the psychiatrist may suggest a follow up visit with psychiatry in a specified period of time. Generally follow up visits are booked directly and no new referral is necessary.

- the Complainant strongly advocates against lumping mental health care and physical health care together. He says that medical services such as orthopaedics are simply on a different plain than mental health services, particularly in terms of the sensitivity of the information involved. In response, YHSSA argues that psychiatric medicine is most certainly a medical specialty, like orthopaedics or any other specialty. In an effort to reduce the historical stereotype associated with psychiatric medicine, the medical profession strives hard to have it seen in the same light as any other medical specialty service.

- the Complainant was more than a little surprised to learn that psychiatric services were for consultation purposes only. Rather, his understanding was that once he had the referral to psychiatric services, those services would be ongoing until the presenting issues were resolve. He says he was never told that psychiatric services were intended only for the psychiatrist to establish a plan of care. He says that he does not have what he considers to be a "family physician" particularly because

YHSSA appears unable to retain staff to the point that he can see the same doctor with any consistency, unless he is able to wait 3-6 weeks for an appointment, which is not possible with his medical issues. He is, however, aware that YHSSA has assigned his file to one of the physicians within the Yellowknife Primary Care Clinic. This happens to be one of the doctors he has some trust issues with as a result of what he considers to be previous privacy breaches by that doctor. The Complainant further says that he does not know what a "primary care model" is or how it works.

In response YHSSA says that all patients in Yellowknife who seek health care services at one of the two primary health centers are assigned a family physician and this is true in the case of the Complainant, even if the Complainant does not see the same doctor every time he is in the clinic.

- The fact that the name of the physician assigned to the Complainant as his primary care physician is written at the bottom of the consult report from the psychiatrist, just over a "Faxed" stamp still bothers the Complainant. He is convinced that, whether or not the consult was faxed to his EMR, the report found its way into the hands of the primary care physician. The public body says that although the psychiatrist wrote the notation to copy the family physician, in this instance the staff that actioned the administrative processes were aware that the Complainant had specifically refused his consent to do so, so it was never sent. They say that the only way documents are shared with the EMR chart or the practitioners in the clinics is through the fax to server process and linking to the document in the EMR and that this simply did not occur in this instance. They did not provide an explanation for the "Faxed" stamp at the end of the consult report.

- The Complainant is further not convinced that the only way that the information in the consult report can be shared is through the EMR. He, in fact, is convinced that within an hour of his first meeting with a psychiatrist, the psychiatrist had walked down the hall and shared his assessment verbally with one or more doctors at the Yellowknife Primary Care Clinic. It is not clear to me how he comes to this conclusion, though he has provided me with some email correspondence which he says shows just that. I do not interpret what YHSSA says in the email as confirming

this conclusion. That said, the Complainant has a point in his assertion that there are many ways that information can be exchanged. YHSSA, however, denies that it happened in this case.

DISCUSSION

This complaint shows with some clarity the disconnect between the vision that YHSSA has with respect to the provision of health care services in Yellowknife and the understanding of the general public about how that system works. This is probably the fifth or sixth recommendation I have made in the last year in which YHSSA's approach to health care has been questioned and commented on from a patient privacy perspective. Because of my role as the Information and Privacy Commissioner, and the fact that I have done a number of reviews at this point about the way in which YHSSA manages personal health information under their "primary care model", I believe that I understand the basic concepts underlying the model. As a relatively intelligent layperson, I can also understand and appreciate the benefits that such a model can present. That said, just because the model has some benefits doesn't mean that it is compliant with law in terms of the protection of the privacy of patients. While the *Access to Information and Protection of Privacy Act* contemplates a strict interpretation of the responsibilities of public bodies to protect the privacy of individuals, YHSSA have given these provisions a very wide interpretation. As alluded to in the email sent by YHSSA to the Complainant referred to above, YHSSA feels that once information is in their hands, they do not need any further consent to use that information unless the information is going "beyond the boundaries" of YHSSA. YHSSA has taken the position that all information collected within their system is useable within the system, regardless of the purpose for which the information was originally collected, or whether the patient understands how his/her personal health information is going to be used/shared within the YHSSA system. The result of this approach is that when a patient walks into either of the primary health clinics in Yellowknife, that patient gives up the right to control how his/her medical health information is used or exchanged within the YHSSA system. YHSSA takes the position that once the information has been gathered, all of YHSSA is within the patient's "circle of care" and for that reason, the information can be used throughout the system, subject only to the roles based access system.

All employees within YHSSA are given “roles based” access to all patient files. What this means is that all employees of YHSSA have some level of access to every patient’s Electronic Medical Record, but the amount of information that each employee can see is limited by the role they play in the office. So, for instance, a receptionist will have the lowest level of access, being able to access only the opening page of the patient record, which contains basic information such as name, address, telephone number, family physician and some basic historical health information (for more on this, see Review Recommendation 12-104, available on CANLii). Physicians, on the other hand, will have virtually full access to all patient records created by YHSSA. With only that limitation, YHSSA takes the position that any information collected by the authority can be used for any purpose they consider appropriate within the confines of their rather large, multi-disciplinary system.

What this approach misses is that patients do not expect that their health information is going to be available so widely. Most patients are not well informed about how their health information is used and disclosed. I would venture to guess that if you asked 10 people who walk into one of the two primary care clinics in Yellowknife about how their personal health information was used, none of them would be able to provide even a limited explanation. Most of them will assume that the information is used only within that office and for the purpose that it is provided. Some might understand that historical information on a file might be referred to from time to time, particularly if they see the same doctor on a regular basis over a number of years. Most, however, I think would be surprised to hear that the dietitian down the hall or the counselor down the other hall, or a director within Child and Family Services might all be able to review his/her file. Many people, and in fact perhaps most people, don’t think too much about how their personal health information might be used or shared, willing to rely on the “system” to ensure that it remains confidential and protected. This puts extra onus on health care providers to respect the patient’s privacy. But there are also an increasing number of patients who are very concerned about these things, particularly those whose medical history may have potentially embarrassing or stigmatizing elements. The Complainant in this case is one of those people. Patients should be able to control, to a far greater extent, who has access to their very sensitive health information. And regardless of the efforts that the medical profession is making to remove the stigma of psychiatric care, I have no hesitation at all in agreeing with the Complainant in this case when he says that mental health information in general, and psychiatric information in particular, is among the most sensitive personal information that exists, inside or outside

the health system. It is not at all unreasonable for a psychiatric patient to be reticent about allowing any number of people access to his/her psychiatric records. In this case, the physician who is named in the Complainant's EMR as his family physician is a doctor with whom the Complainant has had some issues and who the Complainant does not, in any way, trust with his personal health information. Whether or not that lack of trust is justified or reasonable is really irrelevant. The fact is that in this case, YHSSA has refused to provide the Complainant with needed psychiatric services because he refuses to allow the psychiatrist to have any information from a doctor he distrusts and he refuses to share information about his psychiatric sessions with that same physician. There is something very wrong with this outcome. There has to be a better way.

I can't help feeling that YHSSA's approach is extremely rigid and quite paternalistic. It presumes that patients are either unable to make decisions for themselves or will make the "wrong" decisions if allowed to do so. In this case, unless the patient agrees to share the information gathered by the psychiatrist, they deny the patient access to the psychiatrist. One has to wonder if they would be taking the same approach if, for example, the patient had revealed to the psychiatrist that the primary care physician had made inappropriate sexual advances toward the patient. (That is most definitively not the case here, but is used as an example). Would YHSSA still insist that the patient not be entitled to further services unless that revelation were shared with the person accused? I would hope not. I have to question, then, why they cannot see their way through to finding a way to get this patient the services he needs, notwithstanding his expressed distrust of his primary care physician and his refusal to allow a sharing of his psychiatric information.

It seems to me that adults over the age of 19 should all be able to make reasoned choices about their own health and health care. They might make the wrong decisions - in fact people make bad medical decisions all the time. Most of the time, however, patients are given the information needed to make the choice and, in fact, are expected to make those decisions. If the patient is well informed and chooses badly, that's their right.

Much of the public body's reasoning appears to focus on the liability that might attach to the medical care providers if they don't have the whole picture. They refer to the ethical and

professional responsibilities of physicians and specialists to each other. This argument, however, seems to miss the fact that doctors also have ethical and professional responsibilities to patients, and, in fact, this is where their primary responsibility lies.

In this particular case, there is no question about the fact that both the Complainant and his health care provider agreed that the Complainant was/is in need of psychiatric services. Like most of us, the Complainant in this case thought that once he had the referral from his primary care physician, the psychiatrist took over and provided the needed medical care until the presenting issue was dealt with. This is what one would expect when being referred to most specialists. The public body's explanation about a psychiatric referral being only for the purpose of a consult, with follow up and treatment being the responsibility of the family physician just does not ring entirely true. This would be akin to referring a patient to a surgeon to evaluate whether or not the patient needed a joint replacement and then sending them back to the family practitioner to do the surgery.

The public body's rigid insistence, in this case, on adherence to their protocol of sharing psychiatric information with the primary care physician, notwithstanding the patient's stated wishes, has resulted in the patient being denied services that both the health authority and the patient agree is needed. This protocol stems from the "primary care" model adopted by YHSSA which relies on a "circle of care" analysis. This whole model needs to be considered more closely in relation to how it relates the requirements of the *Access to Information and Protection of Privacy Act*. Unless and until health specific privacy information is passed and proclaimed, we have only this legislation to dictate the rules surrounding the collection, use and disclosure of information. Section 43 of the Act provides that:

> A public body may use personal information only
> (a) for the purpose for which the information was collected or compiled, or for a use consistent with that purpose;
> (b) if the individual the information is about has identified the information and consented, in the prescribed manner, to the use; or
> (c) for a purpose for which the information may be disclosed to that public body under Division C of this Part

It seems to me that the primary purpose for which a psychiatrist gathers information from a

patient is to provide specialized treatment to the client. Is YHSS's requirement that a copy of the information be kept on the patient's EMR a 'consistent purpose'? I would say no, because the primary care physician is not providing psychiatric services. If the patient consents to the sharing of the information, the secondary use is not a problem. But where, as here, the patient vehemently objects to sharing the information, in my opinion, the information cannot be shared. Furthermore, I do not believe that a patient's refusal to consent to the sharing of the information should be sufficient for YHSSA to deny access to needed services.

It seems to me that when a patient expresses a desire to mask some or all of his personal health information from some or all of his medical team, that choice needs to be available to him. This is not something that is going to happen often but it is going to happen. It may well be that in order to accommodate this patient, YHSSA may have to take extra time with the patient to make sure that he fully understands the possible consequences of his decision. Perhaps the powers that be might feel that they need to go so far as to require the patient to sign a waiver of responsibility, relieving the physician and the specialist from liability as a result of the patient's refusal to share information. The Complainant in this case is an intelligent individual who would be able to understand the risks he is taking by refusing to agree to the sharing of his information if those risks were explained to him. The information is his, the risks are his and his body and mind are his. As noted, most patients are not going to have a hard time with this and will have no problem with both the specialist and the primary care doctor having access to all medical health information. But where the patient does have a problem and expresses a definitive instruction that the information should not be shared, that instruction should be respected, without depriving the patient of needed services.

With respect to the more narrow issue of whether or not the consult report prepared in September was faxed to someone, I also have concerns. The public body says that the report was never faxed to the Complainant's EMR, and I accept that as being the case. That said, I am troubled by the "Faxed" stamp which has been affixed to the end of the consultation report. The "Faxed" stamp is followed by a date, which I would interpret as

indicating that the report was faxed on that date. There is, however, no indication as to who it was faxed to, or why. If we accept that it was not faxed to the patient's EMR, where was it faxed to? If it was never faxed anywhere, why would someone affix the stamp to it? This report contains extremely sensitive information about the Complainant. He has the right to an explanation as to why someone would have stamped the word "Faxed" on it. No explanation has been given. It may be that it was faxed by the transcriptionist to the psychiatrist for his review and signature. Or maybe it was faxed by the psychiatrist (not a local practitioner) from his office in southern Canada to Community Mental Health, where the hard copy of the report is kept. It may be that the administrative staff, receiving the report, intended to send it to the Complainant's EMR in accordance with their regular protocols and stamped it as "Faxed" before realizing that the Complainant had refused to allow it to be shared with his primary care physician and so never finished the process. Any one of these explanations would, perhaps, have put the Complainant's mind to rest. The public body has not, however, provided any explanation at all about how the "Faxed" stamp came to be affixed to the report and it raises legitimate questions for the Complainant.

CONCLUSIONS AND RECOMMENDATIONS

The Supreme Court of Canada has recognized the right of Canadians to "informational privacy", defined as "the right of the individual to determine for himself when, how and to what extent he will release personal information about himself" (*R. v. Duarte* [1990] 1 S.C.R. 30 at 46). This right is encoded in law in the *Access to Information and Protection of Privacy Act*. This does not mean that YHSSA cannot share information within the confines of it's authority. What it means is that YHSSA has to do a better job of communicating with their patients about the way in which their health information is used within their program areas.

As noted at the beginning of the discussion above, the primary care model that YHSSA has adopted has all sorts of benefits, both to the system itself and to individual patients in most cases. This fact alone, however, does not absolve the health care provider from complying with privacy laws. Health information belongs to the patient. It is personal and it can be extremely sensitive. YHSSA has to find a way to educate its patients about how that information is being used/shared within its program areas. While it may be tedious having to

have this discussion with patients, patients are entitled to at least a basic explanation about the use of their personal health information and the EMR system, and be given a way to obtain more information if they are concerned about what they learn. It may be that this can be accomplished, in the first instance, by providing every patient with a brochure about the EMR and how information is used, along with a phone number or other contact information for the person within YHSSA who can provide a more detailed explanation. Where a patient expresses a concern about the sharing of his/her personal information within the Authority, YHSSA needs to find a way to respect those concerns without denying the patient the medical services he needs. As the Complainant has pointed out, the patient really has no option in terms of health care if they live in Yellowknife. Either they seek help from YHSSA or they don't get help. There is no choice. So if the patient does not want a particular doctor or nurse to have access to his or her medical records, for whatever reason, YHSSA has to find a way to accommodate that. It will likely require some further time with the patient to explain to him or her the risks of refusing to allow information to be entered into the EMR or refusing access to the information to one or more people within the public body. Once that caution is given, however, the patient has a decision to make. If, knowing the risks, he chooses not to share the information, that wish should be respected. In that case, it would be appropriate to put a note on the patient's file or a flag of some description, just to alert medical staff that the file may not be complete or that it is missing a certain kind of report and the reason that the report is missing.

Based on the above discussion, I make the following recommendations:

1. That YHSSA or the Community Mental Health division of YHSSA investigate further and provide both the Complainant and this office with an explanation as to the "faxed" stamp which appears at the end of the consultation report prepared in September, with a view to determining who affixed that stamp and why it was affixed. If, in fact, the report was "faxed", who was it faxed to and why weren't the necessary protocols followed? If it was not faxed, why did someone affix the stamp suggesting that it had been?

2. That YHSSA create an educational brochure to be provided to all clients/patients, which provides basic information about the EMR and how it works, as well as a

concise explanation about how personal health information is used and disclosed both within YHSSA and to other care providers. This brochure should be kept up to date and handed to clients when they arrive for their appointments. The brochure should also have the name and contact information for someone within the organization who can provide more detailed explanations should the patient have questions or concerns. In addition, there should be posters and/or videos in the waiting rooms of all YHSSA clinics which remind people about how their medical records are used.

3. That YHSSA create policies and procedures to deal with situations in which a patient refuses to consent to the internal or external sharing of personal health information. This policy/procedure should include providing the client, perhaps by means of another brochure, with a full explanation of the risks and consequences involved in refusing to disclose information and a way to alert future care providers that there may be some relevant information missing from the record. This policy should also make it clear that no patient can/should be refused services solely because he/she refuses to allow the sharing of his/her personal health information.

4. That YHSSA find a way to provide the Complainant in this case with the mental health services that he needs without violating his right to control who sees the records produced as a result of the provision of those services. This, of course, will also require the Complainant to be reasonable with respect to his expectations and acknowledge that if he is to receive mental health services, there are going to be a certain number of people who, by necessity, will have access to his records, including the psychiatrist, the transcriptionist and certain administrative staff. If it is absolutely necessary to share information with a primary care physician so as to allow for continued care of the Complainant, then the public body needs to work with the Complainant to find a way to make that happen. It may be that he would agree to allowing one specific primary care physician to have access to the necessary information (i.e. - not putting it on the patient's EMR) or that a less detailed report might be prepared which imparts the most important information without providing the more sensitive details. There simply has to be away to respect the patient's concerns without denying him access to services.

The patient should not have to give up his or her right to control who sees how much of his health record in order to get treatment. This is particularly true in the case of YHSSA, which is the only primary health care provider for the city which means that there are going to be many instances in which an individual will want to limit who has access to his/her medical records within the Authority. If the patient makes an informed decision to limit who can have access to his medical records within YHSSA, it is his right to make that decision.

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