LOFT Community Services
Policy Manual

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General Information

LOFT's Mission, Vision and Values Statement

Our Mission

LOFT does everything it takes to help people facing complex mental health, physical, addiction, and behavioural challenges achieve health, hope, and dignity rooted in the strength and connection of the community.

Our Vision

Together, we can all live successfully in our community.

Our Values

Compassion, Determination, Community and Dignity.

LOFT Community Services' Responsibilities to Clients

Relevant Legislation

Not applicable.

Intent

LOFT takes its responsibility to clients seriously. The responsibilities of LOFT are outlined in this policy.

Definitions

Not applicable.

Policy

Value client well-being and safety

LOFT employees will hold the needs, well-being and safety of clients as a vital concern and priority in their support relationships with clients.

Practice non-discrimination

LOFT employees will be sensitive to diversity and shall not discriminate on the grounds of ancestry, race, colour, creed, citizenship, ethnicity, gender identity, gender expression, sex (including pregnancy and breastfeeding), sexual orientation, age, disability, social class, religion, place of origin, family status, marital status (including single status), receipt of public assistance record of offences or political belief.

Ensure informed consent

LOFT employees will ensure all clients understand when they are giving consent and will re-visit any consent given as required. LOFT employees will confirm client capacity in decision-making and follow appropriate procedures related to substitute decision-makers. Regardless of client capacity, clients will be engaged in a respectful and supportive manner.

Engage all people with respect

LOFT employees will have respect for the uniqueness and dignity of clients and colleagues and shall treat all people with fairness and courtesy.

Maintain client confidentiality

LOFT staff will hold client information in confidence within the confines of the law. Since considerations of safety or legal obligations may on occasion override confidentiality, these limits will be discussed with clients.

Respect client privacy

LOFT employees will be actively involved in ensuring client privacy.

Foster choice

LOFT employees will foster client choice and client independence except where these may cause harm to self or others.

Protect client well being

LOFT employees will have regard for the needs of clients who are unable to exercise self-determination or to ensure their own personal safety and act to protect clients' best interests, rights and well-being. This will be informed by anti-oppression perspective that recognizes how power influences our definitions of protection and the role of advocacy.

Maintain client anonymity

LOFT employees will preserve the anonymity of clients when information is used in education, training, research or publications, unless prior informed consent has been granted.

Facilitating client access to services

While LOFT may exercise the right not to accept a client, the organization will ordinarily take reasonable steps to ensure that the client has information regarding access to other services.

Practice impartiality

LOFT will strive to be impartial to offer a consistent, quality client experience, with services without favoritism or bias.

Procedures

See Program Manual.

Privacy Policy (LOFT Clients)

Updated July 1st, 2026

LOFT is committed individual privacy and to safeguarding personal health information (PHI). LOFT takes extensive steps to protect PHI from loss, misuse, unauthorized access, disclosure, alteration, or destruction.

Relevant Legislation

LOFT Community Services (LOFT) is a Health Information Custodian under the Personal Health Information Protection Act, 2004 (PHIPA). We are accountable for compliance with PHIPA and to protect LOFT clients' PHI.

Intent

LOFT maintains a privacy program in compliance with PHIPA. PHIPA establishes rules for the collection, use and disclosure of client PHI. LOFT protects client privacy and the confidentiality of client PHI and uses PHI responsibly to provide effective health care, housing, and other services. This policy details the measures LOFT uses to manage client data and information, as well as LOFT's commitment to transparency.

LOFT collects, uses and shares PHI only as permitted or required by law, including under PHIPA. To protect client privacy and ensure the proper use of PHI, all LOFT staff, volunteers, and practicum students will adhere to LOFT privacy policies and standards.

LOFT clients have the opportunity to request access to their PHI and to correct it if it is inaccurate or incomplete. They may also contact LOFT's Privacy Officer with questions and comments; and they always have the right to contact the regulator under PHIPA, the Information and Privacy Commissioner of Ontario, at:

Information and Privacy Commissioner of Ontario
2 Bloor St. East, Suite 1400
Toronto, ON M4W 1A8
Tel: 416. 326-3333 / Website: www.ipc.on.ca

This policy underscores LOFT's pledge to provide our services and collect, use, and disclose client PHI in a way that is clear, accessible and transparent. This policy is publicly available to clients, third-party partners and the broader community to facilitate effective informed consent and strong service partnerships.

Definitions

LOFT Client: means an individual who is currently receiving, or has received in the past, health care services from LOFT.

LOFT Staff: means individuals employed by LOFT who act on behalf of LOFT in respect of collecting, using and disclosing PHI that is in LOFT's custody and control.

PHIPA: means the Ontario health privacy law that establishes rules for protecting individual privacy and the confidentiality of the personal health information held by LOFT, while facilitating effective delivery of health care services.

Consent: means a LOFT Client's right to make their own decision on how their PHI is collected, used and disclosed; consent may be express (written or verbal); implied; or in some cases, not required under PHIPA.

Collection of PHI: means gathering, acquiring, receiving or obtaining PHI by any means from any source, such as a LOFT client or a third party.

Use of PHI: means handling or dealing with PHI for the purpose of provision of health care, housing or other LOFT services.

Disclosure of PHI: means making PHI available to or releasing it to another health information custodian outside LOFT (such as a hospital or health care provider) or a third party (such as a family member, employer, insurer).

Health Information Custodian: as defined under PHIPA, means a listed person or organization with custody or control of PHI (such as LOFT).

Substitute Decision-Maker: means an individual authorized to make personal care (including treatment) and/or information-related decisions for a LOFT Client who is found incapable to make those decisions.

Personal Health Information or "PHI": means any identifying information about an individual relating to the individual's health or to the provision of health care to the LOFT Client, including client health card number and contents of their health record, such as diagnosis. As per PHIPA, mixed records are considered PHI.

Privacy: means the Client's rights to control how their PHI is collected, used and disclosed, unless permitted or required by law.

Privacy Breach: means the collection, use or disclosure of PHI that is not in compliance with PHIPA, or circumstances where PHI is stolen, lost or subject to unauthorized or inappropriate collection, use or disclosure, or access, copying, modification, retention or disposal.

Policy Principles

This policy is based on the *10 Fair Information Principles of the Canadian Standards Association's Model Code for the Protection of Personal Information* (CSA Model Code), a recognized national standard for privacy protection. It is embedded in federal and some provincial health privacy laws in Canada, including PHIPA.

Guiding Principles

The principles stated below, and the processes described in this document, are inter-related and will be interpreted within the context of the 10 CSA principles.

4.1 Principle 1 – Accountability for Personal Information

The principle of accountability means that LOFT is responsible for PHI in its custody and control and has designated a Privacy Officer who is accountable for LOFT compliance.

4.1.1. LOFT is responsible for the collection, use and disclosure of PHI in its custody and must align those practices with PHIPA and other applicable laws and standards. LOFT's CEO will appoint a Privacy Officer to ensure the safe, compliant, transparent and accountable collection of health information, and who performs the following duties:

a. oversees LOFT's overarching compliance with its suite of privacy policies and PHIPA;
b. works with a team to create policies and procedures that clearly mandate staff responsibilities for use of PHI;
c. ensures all LOFT staff are adequately informed of their duties under this policy and PHIPA;

d. oversees regularly scheduled privacy audits and systems monitoring to verify policy compliance, as well as routine reviews of this policy to ensure its accuracy;

e. ensures the development of transparent complaint procedures and responds to complaints from the public regarding alleged failure to uphold this policy or PHIPA;

f. verifies that all third-party contacts who administer PHI on LOFT's behalf maintain privacy in accordance with this policy and PHIPA, or via legal agreement in the case of vendors and service providers;

g. establishes and/or appoints a designate to facilitate, staff training and orientation procedures related to this policy and privacy updates.

LOFT strives to uphold the principles of openness in the performance of its privacy program, and thus will ensure the name and contact information of LOFT's Privacy Officer is accessible to all staff and clients for inquiries, comments and complaints. This information will be shared when requested and provided in educational materials and postings.

Privacy Officer
LOFT Community Services
15 Toronto Street
Toronto, ON M5C 2E3
416-979-1994
privacy@loftcs.org

4.2 Principle 2 – Identifying Purposes for Collecting Personal Health Information

The principle of identifying purposes means that the use and rationale for which PHI is collected is identified by LOFT at or before the time the information is collected.

4.2.1 LOFT in practice and through the provisions of this policy will clearly define the purposes of collecting and using client PHI. Information collected will only be used for purposes communicated to the client prior to or at the time of collection. Information will not be used for any other purpose unless permitted or required by law.

4.2.2 LOFT will limit the use of client PHI to what's necessary and legitimate for the provision of client care within its programs and other permitted uses under PHIPA; it will use aggregate data instead of PHI wherever possible and appropriate. Information will be collected to ensure LOFT can deliver the best care to client in a transparent and reliable manner. LOFT will collect, store and use client information for the purposes of:

a. providing community support care or assisting in the provision of health care to clients;

b. considering tenancy, providing housing support and personal care in housing;

c. planning or delivering programs or services within LOFT;

d. evaluating, monitoring and allocating resources to these programs and services;

e. quality care improvement or quality management of any related program or service;

f. anonymous data collection/analysis for funding reports and agency progress summaries;

g. fundraising and development campaigns/materials, but only with express consent
h. as otherwise consented to by the individual;
i. for risk management or error management purposes;
j. for research, provided that specific requirements and conditions are met, including preparation of a research plan and research ethics board approval; and
k. as otherwise permitted or required by law

These stated purposes will be reviewed periodically or as the nature and scope of LOFT programming changes. LOFT has a notice of information practices (in the form of a Client Privacy Brochure) which is provided to clients on intake and from time to time including if material changes are made to it. The Brochure, and this Privacy Policy, are available on LOFT's website and/or via hardcopy at LOFT sites.

4.2.4 LOFT staff will be trained to effectively explain and clarify purposes of collection to clients and/or third party interests and will otherwise engage program leads and the Privacy Officer, as necessary. All information obtained in the service of these purposes will be consented to prior to or at the time of being obtained from the client; in some cases, consent is not required but notice will be given including via the Client Privacy Brochure. LOFT will provide rationale for data collection and answer any questions clients may have in relation to this policy.

4.3 Principle 3 – Consent for the Collection, Use and Disclosure of Personal Health Information

The principle of consent means that the knowledge and consent of LOFT client are required for the collection, use or disclosure of PHI, except where permitted or required by law.

4.3.1 Knowledgeable consent is required under PHIPA, and when LOFT collects PHI directly from the client, or if incapable, their substitute decision-maker, or from the client's other health care provider, it is deemed to meet this standard. In many cases, LOFT will rely on express consent to collect, use and disclose PHI, and in some cases, will rely on implied consent; in some cases, no consent is required under PHIPA or other laws.

4.3.2 LOFT will make a reasonable effort to ensure that LOFT Clients are informed of the purposes for which their PHI will be collected, used and disclosed through the use of brochures and having information accessible on LOFT website and through other means directly at LOFT program locations. To make LOFT Clients consent knowledgeable and meaningful, the purposes will be explained in such a way that the individual can reasonably understand how the information will be used or disclosed. LOFT will not deceive or mislead LOFT Clients to obtain their consent.

4.3.3 LOFT Clients will be informed that consent may be withdrawn at any time, subject to legal restrictions, and LOFT staff will inform the individual of the implications of withdrawal of consent.

4.3.6 In situations where LOFT client has been found incapable of making decisions with respect to PHI, (or has a treatment Substitute Decision-Maker under the Health Care Consent Act who is authorized to make these decisions, LOFT will turn to the highest ranked individual(s) on the following list for consent to collect, use and disclose PHI on

behalf of the LOFT client:

a. guardian of the person or the guardian of property
b. attorney for personal care
c. representative appointed by the Consent and Capacity Board
d. spouse or partner
e. a child or parent, which includes a Children's Aid Society if authorized
f. a parent with only a right of access
g. a brother or sister
h. any other relative
i. the Public Guardian and Trustee (Substitute Decision-Maker of last resort and who also makes the decision if two or more Substitute Decision-Makers cannot agree)

4.4 Principle 4 – Limiting Collection of Personal Health Information

The principle of limiting collection means that the collection of PHI is limited to that which is necessary for the purposes identified by LOFT. LOFT will collect PHI by fair and lawful means.

4.4.1 The amount and type of information collected will be limited to that which is reasonably necessary to fulfill the purposes for the collection. LOFT will not collect PHI if other information will serve the purpose.

4.4.2 LOFT will not collect information by misleading or deceiving clients about the purposes for which the information is being collected. LOFT will provide as much detail as is reasonably necessary regarding the purpose for collecting PHI in order for clients to provide knowledgeable consent. LOFT Clients will be informed that in some cases, they can restrict the collection of PHI.

4.4.3 Please refer to Principle 2 for description of purposes for collection PHI by LOFT.

4.5 Principle 5 – Limiting Use, Disclosure and Retention of Personal Health Information

The principle of limiting use, disclosure and retention means that PHI will not be used or disclosed by LOFT for purposes other than those for which it was collected, except with the consent of the individual or as permitted or required by law. PHI will be retained by LOFT only as long as necessary for the fulfillment of those purposes.

4.5.1 LOFT will use and disclose PHI only for purposes it was collected, except with the consent of the Client or as permitted or required by law.

4.5.2 LOFT will monitor procedures, legal contracts, policies, and technical controls to ensure appropriate restrictions on the use and disclosure of PHI and make necessary changes and adjustments when needed.

4.5.3 LOFT may generally disclose PHI to:

a. a health care provider for the provision of client care, except where the Client

expressly instructed LOFT not to make the disclosure

b. the Ministry of Health or other Health Information Custodian to secure or provide funding for services

c. a person for the purpose of contacting a relative or friend of a LOFT Client if the Client is injured, incapacitated or ill and unable to give consent personally

d. any person to confirm that the individual is LOFT Client, provided that they have been given an opportunity to object and have not done so

e. a person for the purpose of identifying a deceased LOFT Client or to inform a person of the fact that LOFT Client is deceased, and of circumstances of their death when appropriate

f. a spouse, partner, sibling or child of a deceased LOFT Client if the recipients of the information require that information to make decisions about their own health care or their children

g. a person for the purpose of determining or verifying eligibility of a LOFT Client to receive health care or other services or benefits where there are funded by the Government of Ontario or Canada or by a municipality

h. a person conducting an audit or reviewing an application for accreditation

i. a person designated to compile and maintain a registry of PHI for the purposes of facilitating or improving the provision of health care

j. the Chief Medical Officer of Health or medical officer of health

k. a public health authority established under the laws of Canada, a province or other jurisdiction under the Health Protection and Promotion Act

l. a person where there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to an individual or a group of individuals

m. the head of a penal or other custodial institution in which the individual is being lawfully detained or to officer in charge of a psychiatric facility, to assist in making a decision concerning provision of health care to the individual or the placement of the individual into custody, detention, release, discharge or conditional discharge

n. subject to any applicable regulation, as required for the purposes of a legal proceeding, contemplated legal proceeding, to comply with the Court Order, subpoena, summons or warrant issued by a court or tribunal, or to comply with a procedural rule

o. a professional college, Public Guardian and Trustee, a Children's Aid Society

p. a researcher, provided that specific requirements and conditions are met, including preparation of a research plan and research ethics board approval

q. a person or entity for the purposes of planning or managing the health care system, or to health data institute as permitted by law

r. a person carrying out an inspection, investigation or similar procedure authorized by a warrant, a court order or otherwise authorized by law

s. a successor, archive, or the Minister of Health

t. as otherwise permitted or required by law

4.5.4 Retention of PHI. LOFT will ensure that appropriate PHI retention schedules are in

place. The retention period will be long enough to fulfill identified purposes for which it was collected and for LOFT Clients to access and/or challenge accuracy of PHI. LOFT Clients will be notified about LOFT retention period policy and PHI disposal procedures.

LOFT will generally retain client health records containing PHI for a minimum of 10 years after discharge from LOFT services, unless it is necessary to retain the health record for a period of time that is longer than 10 years.

The following LOFT Client records will be retained by LOFT for a minimum of 10 years:

a. Electronic client health records that contain: demographic information, diagnosis and medication, incident reports, employment and income information, hospitalization records, clinical assessments and case notes and client's contact information
b. Client clinical care agreements that contain: consent forms, service agreements, service plans, complaint forms and release of PHI requests
c. Client residential agreements that contain: residence lease agreement, arrears information and payment agreement, eviction notice and outcome

4.5.5 LOFT will proceed to securely dispose of PHI after the maximum period of retention ends after 10 years. Records will be disposed of in a secure manner.

Disposal and secure destruction of records of PHI will be documented by LOFT staff and maintained permanently, and the following information will be sent to the Privacy Officer with the following meta-data:

a. Date of disposal
b. Method of disposal
c. Description of disposed documents
d. Inclusive dates covered
e. Statement that the records were disposed in the normal course of business
f. Signatures of the individuals supervising and witnessing the disposal

4.6 Principle 6: Accuracy of Personal Health Information

The principle of accuracy means that PHI collected by LOFT will be as accurate, complete and up to date as is necessary for the purposes for which it is to be used.

4.6.1 LOFT will ensure that client PHI is current, accurate and relevant to client care. PHI is extremely useful for making decisions related to support and thus can impede effective care if information is out of date or inaccurate, including:

- medication
- physical and mental health diagnosis
- physicians/care providers name & contact
- emergency contacts
- third-party consent

4.6.2 LOFT staff and management will conduct regular file audits to verify PHI is

accurate and accords with the standards in this policy. While LOFT takes reasonable steps to ensure all PHI is up to date, accuracy of information is limited by the frequency and scheduling of assessment as well as information that is or is not provided by the Client or third parties.

4.7 Principle 7: Safeguards for Personal Health Information

The principle of safeguards means that PHI will be protected by LOFT by employing security safeguards appropriate to the sensitivity of the information.

4.7.1 LOFT will implement security safeguards to protect PHI against loss or theft, unauthorized access, disclosure, copying, use or modification. LOFT will protect PHI regardless of the format in which it is held, and the level of security safeguards will be appropriate and proportional to the level of sensitivity of PHI.

The methods of PHI protection will include the following measures:

a. Physical (e.g. locked filing cabinet, restricted office access)
b. Organizational (mandatory annual staff training, confidentiality and user agreements, role-based access to PHI, regular audits of staff practices)
c. Technological (e.g. passwords and user IDs, encryption of devices, firewalls and virus scanners, automatic backup for file recovery)

4.7.2 LOFT will have a Privacy Breach Protocol in place so that there is a process to follow in the event where PHI is lost, stolen or accessed by someone without authorization. LOFT's Privacy Officer will conduct an internal investigation into the privacy breach and take appropriate remedial action. LOFT will also make mandatory reports of specific types of privacy breaches to the Information and Privacy Commissioner, as well as others in its discretion.

4.8 Principle 8: Openness about Privacy Policies and Practices

The principle of openness means that LOFT will make readily available to clients specific information about its policies and practices related to the management of PHI.

4.8.1 LOFT is committed to openness and transparency regarding its information and privacy measures. A clear and transparent policy ensures that clients can obtain the information they need to make informed decisions about accessing services. LOFT will take reasonable measures to ensure that staff and clients are appropriately informed of all laws, policies and practices that apply to PHI.

4.8.2 LOFT will make information regarding its privacy policies as well as measures to reach out for concerns or complaints publicly available in a number of ways, including:

a. LOFT policy and procedure manual, including privacy policies, will be available in hardcopy at all program sites and electronically accessible online via LOFT's website
b. Clients on intake and upon request will be provided pamphlets and brochures detailing LOFT privacy policies and practices, including the Client Privacy Brochure
c. The contact information – the email and phone number – for LOFT Privacy Officer will be distributed to clients and publicly posted on LOFT website
d. All staff will receive training on LOFT privacy policies

4.8.3 LOFT staff will be expected to read and understand the contents of this policy. All staff must sign and acknowledge they have read the privacy policy. LOFT staff will also sign a confidentiality statement upon hire and agree to abide to the terms laid out in that statement.

4.8.4. LOFT will openly communicate and disseminate information regarding its privacy policies and practices to third-party partners in which the agency conducts service partnerships, agreements and collaborations.

4.8.5 Where applicable and appropriate, all staff belonging to a professional college (e.g. the College of Social Workers, College of Nurses etc.) will communicate their compliance to these practices and policies as part of their professional membership.

4.9 Principle 9: Individual Access to Personal Health Information

The principle of individual access means that upon request, client will be informed by LOFT about the existence, use and disclosure of their PHI and will be given access to that information. Clients will be able to challenge the accuracy and completeness of the information and have it amend it as appropriate.

4.9.1 Upon request, LOFT will inform clients of the existence, use and disclosure of their PHI and they will be provided access to that information. Exceptions to the right of access requirement will be in accordance with the law. Examples may include information that could reasonably be expected to result in a risk of serious harm or information that is subject to legal privilege. The reasons for denying or restricting access will be provided by LOFT to the individual requesting access to PHI. LOFT will ask the client to confirm their identity and fill out appropriate form with the request to access PHI. LOFT will respond to access requests within 30 days from date the request has been received and at no cost to the client requesting PHI. The requested information will be made available by LOFT in a form that is generally understandable.

Access to PHI does not apply to all records containing the following types of information:

a. the record contains quality of care information
b. the record contains information collected/created to comply with the requirements of a quality assurance program
c. the record contains raw data from standardized psychological tests or assessments
d. the record is subject to a legal privilege that restricts disclosure to the requestor
e. other legislation or court order prohibits disclosure to the requestor
f. the information in the record was collected/created in anticipation of or use in a proceeding that has not concluded
g. the information in the record was collected/created for an inspection/investigation/similar procedure authorized by law that has not concluded
h. granting access could reasonably be expected to result in a risk of serious harm to the client or to others
i. granting access could lead to the identification of a person who was required by law to provide the information in the record

j. granting access could lead to the identification of a person who provided the information in the record in confidence (either explicitly or implicitly) and it is considered appropriate to keep the name of this person confidential

k. the request for access is frivolous, vexatious or made in bad faith

l. the identity or authority of the requestor cannot be proven by the requestor

4.9.2 LOFT client will be able to challenge the accuracy and completeness of factual information in their record and have an opportunity to amend it as appropriate. When a LOFT client successfully demonstrates the inaccuracy or incompleteness of their record, LOFT will correct all factual information as required. Otherwise, LOFT client may require that a statement of disagreement be attached to the record. Upon request of LOFT client, the corrected factual information or statement will be communicated to third parties to whom the information in question has recently been disclosed.

4.10 Principle 10: Challenging Compliance with the Privacy Policies and Practices

The principle of challenging compliance means that LOFT Clients will be able to address a challenge concerning compliance with the privacy principles to the designated individual accountable for LOFT's compliance.

4.10.1 LOFT's Privacy Officer will be responsible for its compliance with privacy principles, PHIPA and LOFT privacy-related policies. LOFT will put procedures in place to receive and respond to complaints or inquiries about policies and practices relating to the handling of PHI. Inquiry and complaint procedures will be explained to LOFT clients, including providing information about client rights to contact the Information and Privacy Commissioner of Ontario.

4.10.2 LOFT is committed to investigate all complaints, and if justified, take appropriate action including, where necessary, amending current policies and practices and training.

4.10.3 Challenging compliance process will be easily accessible and simple to use and LOFT staff responds to client inquires in a fair, accurate and timely manner. LOFT will regularly review complaint and dispute resolution processes for its effectiveness, fairness, impartiality, confidentiality, ease of use and timeliness.

Privacy Complaints

The purpose of this section is to provide a clear process for clients, or their authorized Substitute Decision-Maker (SDM), to raise concerns or file complaints regarding the handling of personal health information.
Clients have the right to make a complaint if they believe their personal health information has been collected, used, disclosed, stored, safeguarded, accessed, corrected, or disposed of inappropriately. LOFT will take all privacy complaints seriously and will review each complaint in a fair, objective, and timely manner.

5.1 Procedure

Clients or their Substitute Decision-Maker may submit a privacy complaint using LOFT's Privacy Complaint Form. The complaint should include the client's identifying information and a detailed description of the concern, including what occurred, when the incident took place, who was involved, and why the individual believes there was a privacy issue.

Complaints should be submitted to LOFT's designated Privacy Office or Privacy Officer using the contact information provided on the form.

Upon receipt of a privacy complaint, LOFT will acknowledge the complaint and conduct a timely investigation. This investigation may include reviewing relevant records, policies, and procedures, and speaking with staff members or other individuals involved in the matter.

Following the investigation, LOFT will communicate the findings to the complainant and, where appropriate, outline any steps taken to address the issue or prevent similar occurrences in the future.

5.2 External Complaint Option

If the complainant is not satisfied with the outcome of LOFT's review, they have the right to file a complaint with the Information and Privacy Commissioner of Ontario:

Information and Privacy Commissioner
Website: ipc.on.ca
2 Bloor St. East, Suite 1400
Toronto, Ontario M4W 1A8

Email: info@ipc.on.ca (*do not send personal health information)mailto:
Phone: 416.326.3333
Toll Free: 1.800.387.0073
TDD/TTY: 416.325.7539

5.3 Documentation

All privacy complaints and related investigations will be documented and retained in accordance with LOFT's records management and privacy policies.

Access, Correction & Release of Information Policy

The purpose of this section is to ensure that clients are able to exercise their right of access to, and correction of, their personal health information (PHI) under the Personal Health Information Protection Act, 2004 (PHIPA). This policy outlines LOFT's responsibilities and procedures for responding to requests for access to, or correction of, PHI.

LOFT maintains client records in a secure electronic client information system. While the information system belongs to LOFT, the PHI contained within it belongs to the client and LOFT holds it in trust.

Clients have the right to request access to their records of PHI, subject to limited exceptions permitted under PHIPA; and may also request to correct that information. LOFT will respond to all access and correction requests in a timely manner and in accordance with PHIPA.

6.1 Procedures

Client Requests for Access to PHI

Clients or their Substitute Decision-Maker may request access to, or correction of, their record of PHI. Requests must be made in writing to LOFT's Privacy Officer. Staff members who receive or become aware of such requests must direct the client or SDM to the Privacy Officer.

LOFT will respond to requests for access within 30 days of receiving the written request. If additional time is required to locate the record or complete the review, LOFT may extend the response time by up to an additional 30 days. Written notice must be provided to the client (or SDM, if applicable) before the initial 30-day period expires, including the reason for the extension.

Failure to respond within the required timeframe is considered a "deemed refusal" under PHIPA.

Granting Access to Health Records

Records will only be released by the Privacy Officer after a written request has been received and processed. Staff members should not provide copies of records directly to clients or their SDMs. However, informal sharing of information within the course of care, such as reviewing or explaining a report during a conversation with a client or their SDM, is permitted.

If a record cannot be located after a reasonable search, or if the applicable retention period has expired, the client or SDM will be informed of this in writing. The original written request for access will be retained in the client's record.
The request for access to PHI can be made by submitting an Access Request Form to LOFT's Privacy Office.

Requests for Correction

Clients or their SDM may request correction of PHI if they believe the record is inaccurate or incomplete.

Requests for correction may be refused in certain circumstances, including when:

- The Privacy Officer reasonably believes the request is frivolous, vexatious, or made in bad faith
- The client or SDM has not demonstrated that the record is inaccurate or incomplete
- The client or SDM has not provided sufficient information to enable the correction
- The record was created by another organization, and the organization does not have the knowledge, expertise, or authority required to make the correction (for example, a surgical report prepared by a hospital physician will not be corrected by LOFT but may be in the client health record at LOFT).

When a correction request is refused, the client or SDM will be informed in accordance with PHIPA requirements.

The request for correction of PHI can be made by submitting a Correction Request Form to LOFT's Privacy Office.

Requests for Release of Information to Non-HIC

If a client or their SDM requests that PHI be released to a third party, or if LOFT receives a request from a third party, the same timelines for response apply. When a request comes directly from a third party, staff must ensure that written consent from the client or their Substitute Decision-Maker is provided before releasing the information.

A request to release PHI to a third party that is not a HIC can be made by submitting a Release of Information to Non-HIC Form to the Privacy Office.

Accessibility Policy

Relevant Legislation

- **Accessibility for Ontarians with Disabilities Act, 2005 (AODA)**
- **Integrated Accessibility Standards Regulation, O. Reg. 191/11 (IASR), including:**
    - General Requirements
    - Information and Communications Standards
    - Employment Standards
    - Customer Service Standards
    - Design of Public Spaces Standards (e.g., Section 80.49)
- **Ontario Human Rights Code (duty to accommodate)**
- **Ontario Building Code – Accessibility Requirements**

Intent

LOFT Community Services is committed to providing accessible, inclusive, and equitable services, programs, employment practices, and environments for all persons, including people with disabilities.

This policy outlines LOFT's responsibilities under the **Accessibility for Ontarians with Disabilities Act (AODA)**, the **Integrated Accessibility Standards Regulation (IASR)**, the **Ontario Human Rights Code**, and applicable accessibility requirements under the **Ontario Building Code**. It ensures that accessibility is embedded in our organizational culture, daily practices, and service delivery.

Definitions

Accessibility: The design of programs, services, environments, products, technology, and information in a manner that removes barriers and enables equitable access for people with disabilities.

AODA: The Accessibility for Ontarians with Disabilities Act (AODA) establishes mandatory accessibility standards in customer service, information and communications, employment, transportation, and the built environment.

Disability: LOFT adopts the definition of disability used in the Ontario Human Rights Code. and the AODA, which recognizes physical, mental, sensory, learning, developmental, and episodic disabilities.

Policy Training

LOFT will provide **mandatory training** on:

- AODA and the IASR
- The Ontario Human Rights Code as it relates to disability and the duty to accommodate
- LOFT's internal accessibility policies and procedures

- Training will be provided to all employees, students, and others acting on LOFT's behalf.
- Training will be delivered during onboarding and then required annually of all staff.
- LOFT will track training completion and review compliance annually.

Information and Communication Standards

LOFT is committed to providing information and communications in accessible formats upon request.

Feedback Processes

- LOFT will maintain multiple accessible channels for receiving and responding to feedback (e.g., phone, email, accessible forms).
- All feedback processes will be accessible to persons with disabilities.

Accessible Formats and Communication Supports

- Upon request, LOFT will provide or arrange accessible formats and communication supports in consultation with the requesting individual.
- The provision will occur in a timely manner, at no additional cost.
- If a requested format cannot be provided within a reasonable timeframe, LOFT will communicate an alternative solution.

Digital Accessibility

- LOFT will maintain compliance with WCAG 2.0 Level AA for all websites and digital content.
- Annual website audits will be conducted, and remediation plans implemented as required.

Client Accessibility Supports

- During intake, LOFT will inform clients of available accessibility supports and how to request accommodations.
- Updates will be communicated through multiple channels and in accessible formats upon request.
- LOFT will collaborate with clients to determine appropriate accessible formats or supports tailored to individual needs.

Employment Standards

LOFT is committed to equitable and accessible employment practices.

- Job postings and recruitment materials will indicate the availability of accommodations.
- Candidates will be informed of accommodation supports during all stages of recruitment and assessment.
- New employees will receive information on LOFT's accessibility policies as soon as possible after starting employment.
- Individualized accommodation plans and return-to-work processes will be created for

employees with disabilities, including emergency response plans where required.

Accessibility Plan

- LOFT will maintain an annual Accessibility Plan outlining strategies to prevent and remove barriers.
- The Plan will be reviewed annually, updated as needed, and approved by leadership.
- Progress will be reported internally and informed by feedback from persons served, staff, and community stakeholders.

Contact Information

Individuals may request accessibility supports, alternate formats, or provide feedback by contacting HRTeam@loftcs.org

French Language Services Policy

Relevant Legislation

The French Language Services Act of Ontario

Intent

LOFT Community Services endeavours to provide clients or perspective clients with services or access to services in French wherever possible.

Policy

LOFT recognizes the needs and expectations of the francophone community and will provide services or links to services for individuals requesting services in French.

Procedures

LOFT will provide an offer of services in French at our Administrative office as well as a voice mail message (in French) directing francophone individuals to services in French. Our website has contact information (written in French) to direct individuals to services in French.

Effective March 2018.

Human Rights, Safety, Responsibilities

Anti-Oppression and Anti-Racism Policy

Intent

LOFT sees anti-oppression and anti-racism as informing its approach to diversity, equity, and inclusion and as a critical step in addressing client needs and supporting long-term outcomes. LOFT is committed to listening and responding to concerns, allegations and recommendations from staff or clients.

Definitions

Power: The ability to influence others and impose one's belief. It includes access to information/knowledge, connections, experience and expertise, resources and decision-making that enhances a person's chance of getting what they need to live a comfortable, safe, productive and profitable life.

Privilege: The experience of unearned freedoms, rights, benefits, advantages, access and/or opportunities afforded to some because of their group membership or social context.

Oppression: The use of power by a dominant group to disempower, silence, or marginalize another social group or category. Oppression can occur intentionally or unintentionally due to unconscious biases. Oppression can be systemic or individual. Systemic oppression consists of practices, policies, laws and standards that disadvantage a particular group or category of people. Individual oppression includes demeaning and oppressive behaviour toward, and treatment of, a particular group or category of people expressed through individual attitudes, beliefs and values.

Racism: A form of oppression. It is the use of power to discriminate against another person or group based on race. Racism can be systemic or individual and manifests in 4 forms:

- Internalized racism: Occurs when individuals internalize the negative messages received about one's racial identity.
- Interpersonal racism: Is based on the negative attitudes, beliefs and values that one consciously or unconsciously holds about a racial group.
- Institutional racism: Includes the construction and implementation of policies and protocols that create and reinforce racial disparities.
- Structural racism: When overlapping systems interact to deepen disparities and maintain racial marginalization.

Anti-Oppression: Recognizes that systems of oppression exist in our society due to imbalances in power and unearned privileges for certain groups. Anti-oppression attempts to address this by a) challenging individual, social and structural examples of oppression and b) self-reflecting on our own power and privilege within these systems and our complicity in upholding these structures.

Anti-Racism: Recognizes racism as a system of oppression and the ongoing process of identifying, challenging and eliminating racism. This includes recognition of the unique

structural and historical experiences of oppression shaped by anti-Black racism and anti-Indigeneity.

Intersectionality: Recognizes that multiple forms of oppression are intersecting and overlapping and that the impacts are more significant (e.g. the intersections of racism and sexism, or transphobia and ableism).

Microaggression: subtle, everyday comments or behaviours that are insulting or insensitive. Microaggressions are based on conscious or unconscious biases and learned stereotypes that convey a negative underlying assumption or attitude about other groups. Microaggressions frequently go unnoticed by the person who is communicating them.

Policy

LOFT is committed to:

- Eliminating all forms of oppression in providing programs and services. This creates a safe space that fosters open and respectful inclusion of clients, staff, volunteers, student placements, Board of Directors and external stakeholders.
- Calling for change in inequitable practices and policies that create disparities and systemic barriers for marginalized communities.
- Supporting best practices and the work of champions in the community that work toward the dismantling of oppression.
- Ensuring all staff, volunteers, student placements, Board of Directors receive training and education to uphold these values.
- Educating clients, partners and collaborators about the impact of oppression and how it affects client outcomes.
- Confronting structural oppression by regularly reviewing LOFT's policies and procedures and challenging systems that oppress and marginalize our clients.

Complaints Resolution

Intent

LOFT Community Services ("LOFT") has instituted this policy to provide those who work for LOFT with guidance as to the processes in place for making and investigating workplace Complaints.

LOFT is committed to providing a workplace where Complaints are addressed equitably, with fairness, dignity and respect, and where investigations are completed thoroughly, fairly, and in a timely manner.

Definitions

Complainant: a person who brings forward a Complaint.

Complaint: an expression of dissatisfaction or concern; a report of misconduct.

Good Faith: An honest and sincere belief or motive without any malice or intent to cause harm.

Respondent: a person against whom the Complaint is made.

Scope

The Procedure set out below applies to all employees, contractors, students, and any other individual who performs work for LOFT.

Procedure

Step 1: Informal Resolution

1. LOFT encourages individuals to attempt to resolve their concerns through direct communication with the person(s) engaging in the unwelcome behaviour. Where individuals feel confident or comfortable doing so, they should communicate their disapproval in clear terms. They may consider keeping a written record of the date, time, details of the conduct and meeting, and witnesses, if any. If the situation is not resolved, then a Complaint to a supervisor may be needed.

Step 2: Making a Complaint

2. Individuals who are not confident or comfortable with the direct communication approach set out above may report a Complaint to their direct manager or supervisor or the senior leader within the department, which would be a Director. The person who receives the Complaint will advise the People & Culture Department, who in turn will notify the most appropriate VP or Senior Leader (COO, CFO, CCCO, within the department). Depending on the nature of the complaint, the CEO may also be notified.
3. If the Complaint is against the CEO or a member of the Board, Human Resources will notify the Chair of the Board of Directors and the Board Executive Committee.
4. If the Complaint is against a Board member, that Board member must recuse

themselves from any and all Board discussions relating to the Complaint and the resolution of same.

5. If the Complaint is against an individual's direct manager or supervisor, or if the direct manager or supervisor does not intervene appropriately upon receiving a Complaint, a Complainant may file a Complaint with any other member of the management team, Human Resources, the CEO, as appropriate.
6. A Complaint may be made orally or in writing. Members of the management team who receive an oral Complaint must reduce it to writing.
7. While a Complaint may be initiated by a third party (i.e. someone acting on behalf of the Complainant), anonymous complaints are discouraged unless there are extenuating circumstances.
8. A Complaint should be made promptly and should include the following information:
    - WHO: The identity(ies) of the Respondent(s)
    - WHAT: A description of what happened
    - WHERE: Where did the event(s) occur
    - WHEN: Date and time of the event(s)
    - WITNESSES: Names of witnesses, if any
9. No action will be taken against individuals who file a Complaint in Good Gaith if the Complaint is deemed to be unfounded by subsequent investigation.
10. Individuals who make a Complaint which is determined to be both unfounded and not made in Good Faith will be subject to disciplinary measures, up to and including termination.

Step 3: Investigating a Complaint

Complaints shall be fully investigated as set out below.

11. LOFT will conduct a threshold review of all Complaints upon receipt. LOFT has the discretion to decline to investigate a Complaint at the outset where it is readily apparent that the Complaint is:
    a. Frivolous
    b. Vexatious
    c. Not made in Good Faith
    d. Lacking in substance; or,
    e. LOFT has recently dealt with the substance of the Complaint by way of a separate investigation.
12. Complaints will ordinarily be investigated by Human Resources; however, LOFT may engage an external third-party investigator where necessary to ensure a fair and unbiased investigation into the Complaint.
13. An investigation will generally involve an investigator:
    a. Reviewing the Complaint and any supporting documentation.

b. Meeting with the Complainant and Respondent (individually), as well as any witnesses, to obtain their statements.

c. Providing the Respondent with an opportunity to respond to the allegations made against them, and, where required, providing the Complainant with a reasonable opportunity to provide a reply.

d. Preparing a written report summarizing the steps taken during the investigation; the Complaint; and the evidence of the Complainant, Respondent, and any witnesses. The report must set out findings of fact and establish whether the Complaint is substantiated or unsubstantiated on a balance of probabilities.

14. The Complainant and the Respondent will be informed in writing of the results of the investigation (i.e. whether the Complaint has been substantiated or unsubstantiated).

Confidentiality, No Reprisal & Record Keeping

Confidentiality

LOFT recognizes and is sensitive to the inherent stresses of being involved in a workplace Complaint. LOFT will make best efforts to keep all Complaints confidential to the extent that LOFT is able to do so. LOFT is committed to only releasing as much information as is necessary to investigate and respond to a Complaint.

That said, it must be recognized that there are exceptional circumstances where confidentiality may not be possible. These include (i) when LOFT is compelled by law to disclose details of a Complaint or investigation, or (ii) where there are reasonable grounds to believe that there is imminent risk to an identifiable person, or group, of death, or serious bodily harm, including serious psychological harm that substantially interferes with health or well-being.

All participants in an investigation shall keep the details and results of a Complaint and investigation confidential during and after an investigation, except as may be required by law or required to ensure a worker's safety.

No Reprisal or Retaliation Permitted

LOFT has zero tolerance for retaliations, reprisals, taunts, threats, or other adverse action against anyone who makes a Complaint or takes part in a Complaint investigation.

Reprisal and/or retaliation are serious violations of this Policy and should be reported immediately. The report and investigation of allegations of reprisal or retaliation will follow the procedures set forth in this Policy. Any person found to have retaliated against another individual in violation of this Policy will be subject to appropriate disciplinary action, up to and including termination.

For the purposes of this Policy, adverse action may include, but is not limited to:

- Intentionally pressuring a person to ignore or not report a Complaint; and,

- Intentionally pressuring a person to file a false Complaint or to not participate fully and honestly in the investigation of a Complaint.

Record Keeping

For at least three (3) years, Human Resources (and also the Board's Executive Committee, where engaged) will keep records of any workplace investigation including, but not limited to:

- A copy of the Complaint;
- A record of the investigation including notes and supporting documentation;
- A copy of the investigation report (if any);
- A summary of the results of the investigation provided to the Complainant and Respondent;
- A copy of any corrective action taken in response to the Complaint.

Complaints Resolution Policy for External Stakeholders

Intent

LOFT Community Services recognizes the rights of our External Stakeholders to communicate concerns or complaints about LOFT services and care delivery. It is the intent of this policy to:

- Specify conditions requiring staff to document complaints.
- Ensure our services are provided in the best interest of persons served.
- Support and maintain LOFT's reputation and commitment to continuous improvement.
- Protect the safety of clients and personnel while limiting risk.
- Identify trends and facilitate responsive action as required.

LOFT Community Services will ensure that all complaints received through its Complaint Resolution Policy are thoroughly and accurately documented. Documenting a complaint includes the following:

- Complaints are documented and recorded in writing whenever possible as per LOFT's External Stakeholder Complaints Documentation Policy.
- All complaints are reviewed and analyzed on a quarterly basis by the Senior Leadership Team.

Definitions

Complainant: An external stakeholder with direct knowledge of a service issue, who brings forward a concern or complaint.

Complaint: An expression of dissatisfaction about:

- The provision of services.
- A failure or refusal to provide services.
- Professional practice or unprofessional conduct.
- Any other specific concern directly related to LOFT Community Services.

Note: A complaint may be clinical or non-clinical and directed at any staff member or the organization as a whole.

External Stakeholder: Includes care partners, funders, regulatory bodies, community partners, or other individuals who are directly or indirectly impacted by the services provided by LOFT.

Care Partners: Care partners refer to individuals who provide ongoing support and care to persons served. They can be family members, friends, or other designated individuals actively involved in assisting the person served with decision-making, daily activities, and access to services.

Care partners play a crucial role in integrating natural supports into the service plan and ensuring continuity of care.

Funders: Organizations or entities that provide financial support or resources to LOFT Community Services. Funders may include government agencies, private donors,

foundations, and other institutions that contribute to sustaining programs and services.

Regulatory Bodies: Agencies or authorities responsible for overseeing compliance with laws, policies, and accreditation requirements within the health and human services sector. Regulatory bodies may include government departments, professional licensing boards, and accreditation organizations.

Community Partners: Organizations, groups, or individuals that collaborate with LOFT Community Services to enhance service delivery. Community partners may include local nonprofits, healthcare providers, advocacy groups, and businesses that support shared initiatives and improve outcomes for persons served.

Good Faith: An honest and sincere belief or motive without any malice or intent to cause harm.

Respondent: a person against whom the Complaint is made.

Policy

LOFT is committed to ensuring that:

- Persons served have the right to voice concerns and recommend changes without fear of intimidation, coercion, discrimination, or retaliation.
- Complaints will not result in barriers to service.
- Complaints are addressed fairly, promptly, and consistently.

Accessibility of Complaint Procedures

Complaints may be submitted verbally or in writing. Accommodations will be made to support persons with:

- Hearing impairments
- Physical or cognitive challenges
- Limited literacy
- Language barriers (e.g., interpretation or translation services)
- Alternative formats (including large print, audio, translated copies, and) will be made available upon request to ensure accessibility for all stakeholders.

Procedure

Program-Specific Complaint Procedures

LOFT recognizes that each program may have specific processes for handling complaints. Clients, family members, and volunteers are strongly encouraged to refer to the Complaint Resolution Infographic provided in their welcome package for detailed program-specific guidance. This infographic outlines program-specific steps, including contact information for escalation and additional support resources.

Step 1: Informal Resolution

The complainant is encouraged to first address the complaint with the individual directly involved within 48 hours of the incident.

LOFT will conduct a threshold review of all Complaints upon receipt. LOFT has the

discretion to decline to investigate a Complaint at the outset where it is readily apparent that the Complaint is:

- Frivolous
- Vexatious
- Not made in Good Faith
- Lacking in substance; or,
- LOFT has recently dealt with the substance of the Complaint by way of a separate investigation.
- Related to an ongoing legal case.

Exception: If the complainant is not comfortable addressing the individual directly, they may proceed to Step 2.

Step 2: Formal Complaint to Director

The complainant should submit their concern to the Director (or designate) within 5 business days of the event. Complaints should include:

- Date and time of the event.
- Location of the event.
- Detailed description of what occurred.
- Names of witnesses (if any).
- Preferred resolution (if applicable).

Director's Investigation Process (Completed within 7 business days):

- Review documentation related to the complaint.
- Meet with the complainant (as applicable).
- Meet with the person(s) named in the complaint (as applicable).
- Initiate a case conference (if appropriate).
- Explore resolution strategies.
- Provide written confirmation of resolution to both parties.
- Complaints may not be pursued as outlined in 5.1.

Step 3: Appeal to Senior Leadership

If no resolution is reached or the complainant is dissatisfied, they may escalate the complaint to the appropriate Senior Team Director.

- This must be done within 10 business days of the Director's decision.
- The Senior Team Director will:
    - Review all documentation.
    - Meet with all involved parties.
    - Develop a resolution using appropriate strategies.

- Provide written confirmation of resolution.
- Escalate the complaint to the CEO if necessary.
- Complaints may not be pursued as outlined in 5.1.

Step 4: Final Appeal to CEO

If no resolution is reached, the complainant may appeal to the CEO of LOFT Community Services.

The CEO will review all findings and issue a final decision within 10 business days.

Step 5: External Appeal Options

If the complainant remains dissatisfied, they will be informed in writing that they may escalate their complaint externally. External options include:

Ministry of Health – Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4
Phone: 416-327-8512 / 1-866-282-2179
Email: hsarb@ontario.

Additional External Advocacy Supports:

- Ontario Human Rights Commission (for discrimination-related complaints)
- Legal Aid Ontario (for persons requiring legal assistance)
- Office of the Provincial Advocate for Children & Youth (for youth-related complaints)

Conflict of Interest

Any individual with a conflict of interest related to a complaint must not be involved in the resolution process.

Complaint Documentation & Performance Improvement

All complaints must be documented and entered into the MS Complaint Capture & Resolution Form.

The Director's Office will maintain secure records for internal tracking.

Complaints will be reviewed quarterly by Senior Management to assess trends and identify areas for improvement.

Annual Complaint Analysis

An annual summary report will be completed, including:

- Volume and nature of complaints
- Trends or patterns identified
- Actions taken to improve services
- Effectiveness of complaint resolution processes.

The Annual Complaint Review Report will inform policy or program improvements.

Confidentiality, No Reprisal & Record Keeping

Confidentiality

LOFT recognizes and is sensitive to the inherent stresses of being involved in a Complaint. LOFT will make best efforts to keep all Complaints confidential to the extent that LOFT is able to do so. LOFT is committed to only releasing as much information as is necessary to investigate and respond to a Complaint.

That said, it must be recognized that there are exceptional circumstances where confidentiality may not be possible. These include (i) when LOFT is compelled by law to disclose details of a Complaint or investigation, or (ii) where there are reasonable grounds to believe that there is imminent risk to an identifiable person, or group, of death, or serious bodily harm, including serious psychological harm that substantially interferes with health or well-being.

All participants in an investigation shall keep the details and results of a Complaint and investigation confidential during and after an investigation, except as may be required by law or required to ensure a worker's safety.

No Reprisal or Retaliation Permitted

LOFT has zero tolerance for retaliations, reprisals, taunts, threats, or other adverse action against anyone who makes a Complaint or takes part in a Complaint investigation.

Record Keeping

For at least three (3) years, Human Resources (and also the Board's Executive Committee, where engaged) will keep records of any workplace investigation including, but not limited to:

- A copy of the Complaint;
- A record of the investigation including notes and supporting documentation;
- A copy of the investigation report (if any);
- A summary of the results of the investigation provided to the Complainant and Respondent;
- A copy of any corrective action taken in response to the Complaint.

Complaints Documentation Policy for External Stakeholders

Intent

LOFT Community Services ensures that all external stakeholder complaints received through its External Stakeholder Complaint Resolution Policy are thoroughly documented, securely stored, and analyzed for service improvement. Documentation must include:

- A written record of complaints whenever possible.
- Secure retention of all complaint-related documentation.
- Quarterly reviews by the Senior Leadership Team to identify trends.
- An annual analysis of complaints to assess patterns, effectiveness of resolutions, and areas for improvement.
- Protection against retaliation, ensuring that complainants do not face negative consequences for submitting a complaint.

Definitions

Complainant: An external stakeholder with direct knowledge of a service issue, who brings forward a concern or complaint.

Complaint: An expression of dissatisfaction about:

- The provision of services.
- A failure or refusal to provide services.
- Professional practice or unprofessional conduct.
- Any other specific concern directly related to LOFT Community Services.
- Note: A complaint may be clinical or non-clinical and directed at any staff member or the organization as a whole.

External Stakeholder: Includes care partners, funders, regulatory bodies, community partners, or other individuals who are directly or indirectly impacted by the services provided by LOFT.

Care Partners: Care partners refer to individuals who provide ongoing support and care to persons served. They can be family members, friends, or other designated individuals actively involved in assisting the person served with decision-making, daily activities, and access to services.

Care partners play a crucial role in integrating natural supports into the service plan and ensuring continuity of care.

Funders: Organizations or entities that provide financial support or resources to LOFT Community Services. Funders may include government agencies, private donors, foundations, and other institutions that contribute to sustaining programs and services.

Regulatory Bodies: Agencies or authorities responsible for overseeing compliance with laws, policies, and accreditation requirements within the health and human services sector. Regulatory bodies may include government departments, professional licensing boards, and accreditation organizations.

Community Partners: Organizations, groups, or individuals that collaborate with LOFT Community Services to enhance service delivery. Community partners may include local nonprofits, healthcare providers, advocacy groups, and businesses that support shared initiatives and improve outcomes for persons served.

Respondent: a person against whom the complaint is made.

Procedure

Receiving Complaints

- Complaints may be received from care partners, funders, regulatory bodies, community partners, or other individuals who are directly or indirectly impacted by the services provided by LOFT.
- Complainants will be encouraged to submit complaints in writing using the Complaint Form.
- If a complaint is made verbally, LOFT staff will support the complainant in submitting the complaint in writing. LOFT may request and support the complainant to make the complaint in writing.
- Anonymous complaints will be documented and addressed, following LOFT's complaint resolution process.
- **No complainant will face retaliation or service barriers as a result of filing a complaint.**
- Any allegation of retaliation will be investigated under LOFT's workplace fairness policies.

Documentation of Complaints

The Director (or delegate) must document all received complaints, including:

- Date, time, and nature of complaint.
- Name(s) of complainant and respondent (if applicable).
- Summary of the issue and any initial actions taken.
- Resolution status and any further escalation required.

Complaints will be entered into the MS Complaint Capture and Resolution Form, which records:

- Type of complaint made.
- Issues identified and persons involved.
- Whether the complaint was accepted and any resolutions reached.
- Need for further escalation (if applicable).
- The Complaint Form, along with any related documentation and correspondence, will be securely maintained in the Director's designated G Drive folder.
- Each complaint will have its own subfolder for organization and tracking.

Retention and Security

- Complaint records will be stored securely by the People and Culture Team and maintained as per confidentiality and data protection requirements.
- Access to complaint records will be restricted to authorized personnel only.
- Complaint data stored in the MS Complaint Capture and Resolution Form will be backed up in an Excel Spreadsheet for tracking and analysis purposes.
- Complaint records will be retained for a minimum of three (3) years.

Escalation and Resolution Tracking

- If a complaint requires escalation beyond the Director of the program, this will be noted on the Complaint Capture and Resolution Form.
- Any correspondence and documentation associated with the escalation will be saved in a secure folder under the Program Name, with a subfolder referencing the complaint number.
- Resolutions must be tracked to assess trends and effectiveness of complaint handling.

Performance Improvement & Reporting

Quarterly Review

Quarterly complaint reviews will be conducted by the Senior Leadership Team to identify trends, risks, and areas for service improvement.

Annual Complaint Analysis

An annual complaint review report will be prepared, including:

- Total complaints received.
- Trends and patterns identified.
- Areas for service improvement.
- Corrective actions taken and their effectiveness.
- Findings will be integrated into performance improvement initiatives to enhance service quality.

Related Policies and Procedures

- LOFT's Client Bill of Rights and Responsibilities
- Complaint Documentation Policy
- Program Specific Policy Manual
- Complaint Policy for External Stakeholders
- Complaints Resolution Policy for External Stakeholders

Whistleblower Policy for Board and Staff

Intent

LOFT Community Services is committed to ensuring the organization acts in accordance with applicable laws and observes the highest standards of business and personal ethics in conducting its responsibilities. This policy confirms the right of any LOFT Board Member or staff to make a Disclosure about Improper Activity / Wrongdoing (as defined below) by any member of the LOFT community. The policy encourages its community to do so without fear of retaliation while protecting the rights of the Subject(s) about whom Disclosures may be made.

Application

This policy applies to all LOFT Board Members and all employees.

This policy does not apply to raising individual concerns, appeals, complaints, grievances, or issues regarding matters such as, but not limited to, employee conduct or harassment, discrimination, accessibility, individual health and safety, and management or employee performance, where other resolution processes exist. **Most individual complaints should be made pursuant to LOFT's Complaint Resolution Policy.**

Definitions

Compliance Officer – LOFT's Chief Operating Officer (COO).

Disclosure – The reporting of information by a LOFT employee or Board Member that is evidence of Improper Activity / Wrongdoing in an honest and responsible manner in accordance with this policy.

Discloser – Any LOFT employee or Board Member who has submitted a Disclosure about an Improper Activity/Wrongdoing.

Good Faith – An honest and sincere belief or motive without any malice or intent to cause harm.

Improper Activity / Wrongdoing – Any activity related to LOFT that is a criminal offence; in violation of federal, provincial, or municipal laws or regulations; is a serious violation of LOFT policy; negligent, improper or gross mismanagement of LOFT resources; substantial or specific danger to public health and safety; and/or the making of a false Disclosure.

Recipient – The person who receives the Disclosure.

Retaliation – Any adverse action by LOFT or a Subject including disciplinary action, dismissal, or any other negative treatment or the threat to do any of the foregoing against an individual who has submitted a Disclosure pursuant to this policy.

Subject – The individual about whom a Disclosure has been reported.

General Principles

1. Duty to Report

It is the duty of all LOFT Board Members and staff to report concerns of Improper Activity / Wrongdoing that are not addressed by another LOFT policy.

2. No Retaliation

No LOFT Board Member or staff member who makes a Disclosure in Good Faith shall suffer Retaliation.

Procedures

1. A Disclosure under this policy may be made in writing to LOFT's Compliance Officer, who shall share the Disclosure with the CEO, or, if inappropriate given the nature of the Disclosure, shall report the Disclosure to the Board Chair and Treasurer.
2. A Disclosure can also be made through *IntegrityCounts*, an independent third-party platform that staff can use to make confidential and anonymous Disclosures. Disclosures can be made through *IntegrityCounts* online (integritycounts.ca/org/loftcs) or by phone (Toll free: 1-866-921-6714).

   Disclosures submitted through *IntegrityCounts* will be shared directly with the Compliance Officer and CEO, who will oversee further investigation. Disclosers have the option to exclude either the CEO or Compliance Officer from receiving the *IntegrityCounts* Disclosure report. Disclosers may also choose to exclude both the Compliance Officer and CEO, in which case the report will be shared directly with the Board Chair and Treasurer.
3. It is strongly recommended that a Disclosure include:
   - Date, time and location
   - Names of person(s) involved
   - The general nature of the concern
   - How the Discloser became aware of the issue(s)
   - Possible witnesses
   - Other information that Discloser has to support the Disclosure
4. The Recipient of the Disclosure shall oversee the investigation and resolution of the matter. Specifically, the Recipient shall:
   a. As appropriate, share the Disclosure with the CEO and/or the Board Chair and Treasurer
   b. Within ten (10) business days, acknowledge receipt to the Discloser of the Disclosure
   c. Commence the investigation within thirty (30) business days, unless there are extenuating circumstances.
   d. Inform the CEO, and/or the Board Chair and Treasurer, when applicable, and the Discloser of the outcome of the investigation.

Reporting of Retaliation

1. Any Discloser who believes that they have been subjected to Retaliation shall make a report in writing to the Compliance Officer or, if the Compliance Officer is the one alleged to have committed Retaliation, to the CEO or Board Treasurer or Chair. The Retaliation report shall include all information and documentation available to the Discloser in support of their allegation of Retaliation. LOFT is committed to keeping reports of Retaliation confidential to the extent reasonably possible.

2. The recipient of the Retaliation report shall inform the CEO (or Board Chair and Treasurer, if the CEO is alleged to have engaged in Retaliation) of the report and commence the investigation within thirty (30) business days of receiving the report.
3. Should the investigation determine that a report of Retaliation has been substantiated, the CEO or Board Chair and Treasurer, as appropriate, shall impose appropriate disciplinary action against the individual found to have committed Retaliation, up to and including termination of employment.
4. The Discloser shall be advised of the outcome of the Retaliation investigation.

Key Contact Information

CEO: David Fry, DFry@loftcs.org
COO: Negin Zebarjad, NZebarjad@loftcs.org

Internal and Financial Controls

Procurement

Relevant Legislation

The Broader Public Sector Accountability Act, 2010

Ministry of Health and Ontario Health Guidelines and procedures.

Intent

The purpose of this policy is to outline the procurement policies followed by LOFT Community Services, which are consistent with the Boarder Public Sector Procurement Directive issued by the Ontario Government. The purpose of this Directive and LOFT's policy is:

- To ensure that publicly funded goods and services, including construction, consulting services, and information technology are acquired through a process that is open, fair and transparent
- To outline responsibilities of LOFT throughout each stage of the procurement process
- To ensure that procurement processes are managed consistently

Principles

The Broader Public Sector Procurement Directive is based on five key principles that allow LOFT to achieve value for money while following a procurement process that is fair and transparent to all vendors:

Accountability: Organizations must be accountable for the results of their procurement decisions and the appropriateness of the processes.

Transparency: Organizations must be transparent to all stakeholders. Wherever possible, stakeholders must have equal access to information on procurement opportunities, processes and results.

Value for Money: Organizations must maximize the value they receive from the use of public funds. A value-for-money approach aims to deliver goods and services at the optimum total life-cycle cost.

Quality Service Delivery: Front-line services provided by Organizations must receive the right product, at the right time and in the right place.

Process Standardization: Standardized processes remove inefficiencies and create a level playing field.

Policy

1. Mandatory Requirements

The Ontario Broader Public Sector Procurement Directive sets out twenty-five (25) mandatory requirements for a procurement policy. LOFT's policy covers all requirements of the BPS Procurement Directive.

2. Supply Chain Code of Ethics (Code)

The Ontario Broader Public Sector Supply Chain Code of Ethics does not supersede LOFT's code of ethics but supplements it with supply chain-specific standards of practice.

A Supply Chain Code of Ethics has been adopted in accordance with LOFT's governance processes. All individuals at LOFT involved with supply chain activities must ensure these activities are in accordance with the Code.

The Code is made available to all members of LOFT as well as vendors involved with supply chain activities. The Code of Ethics is attached as appendix A.

3. Segregation of Duties

LOFT will ensure that there is segregation of at least three (3) of the five (5) functional procurement roles including requisition, budgeting, commitment, receipt and payment. These roles need to be segregated to different departments or different individuals in a department.

4. Approval Authority

Prior to commencement, any procurement must be approved by an appropriate authority. Only individuals who have direct financial responsibility for a cost centre and who are given authority pursuant to this policy shall authorize procurement for a cost centre.

The total value of procurement includes all costs before taxes. For multi-year procurement, the total value of the entire period of the agreement, including optional renewal periods must be used. Splitting a procurement into multiple purchases is not allowed to circumvent competitive procurement. Total procurement value is based on the procurement leads best estimates.

The following is LOFT's Approval Authority Schedule (AAS) for all procurement of goods, services and consulting services:

Delegated Purchasing Approval Authority Level	**Total Purchase Amount**
Board of Directors:	Above CAD$1,000,000
CEO	Up to CAD$1,000,000
CFO, CCCO and COO	Up to CAD$500,000
Vice President and Senior Director:	Up to CAD$120,000
Director and Manager:	Up to CAD$10,000
Director of Facility	$50,000

5. Competitive Procurement Thresholds

The following table outlines the thresholds for purchasing goods, non-consulting services, and construction.

Procurement Value	Means of Procurement
$0 up to but not including 10,000	Purchase order from selected vendor or credit card purchase
$10,000 up to but not including $50,000	3 written quotes or Ontario government vendor of record
$50,000 up to but not including $120,000	Invitational competitive procurement with a minimum of 3 suppliers invited to bid
$120,000 and up	Open competitive process

The following table outlines the thresholds for consulting services. Consulting services mean the provision of expertise or strategic advice that is presented for consideration and decision-making.

Procurement Value	Means of Procurement
$0 up to but not including $120,000	Invitational competitive procurement with a minimum of 3 vendors or open competitive process
$120,000 and up	Open competitive process

6. Non-Competitive Procurement

LOFT will employ a competitive procurement process to achieve optimum value for money. It is recognized that in certain circumstances, there may be a need to use non-competitive procurement. A non-competitive procurement may be necessary for the following reasons:

- licensed professionals and support services for LOFT clients that could impact continued services to clients including services from medical doctors, pharmacists, psychiatrist or nurse.
- Emergency purchases
- Limited competition
- Compatibility
- Cost sharing
- Exclusive rights
- Unsuccessful competitive procurement

Any non-competitive procurement up to $1,000,000 needs to be approved by the CEO and any non-competitive procurement more than $1,000,000 needs to be approved by the Board of Directors.

7. Information Gathering

Where results of informal supplier or product research are insufficient or there is incomplete information about the market, LOFT may use formal processes such as a Request for Information (RFI) or Request for Expression of Interest (RFEI) for the gathering of information. A response to an RFI or RFEI will not be used to pre-qualify a potential supplier and will not influence the chances of a supplier becoming the

successful proponent.

8. Supplier Pre-Qualification

LOFT may use a Request for Supplier Qualification (RFSQ) to gather information about supplier capabilities and qualifications in advance of future competitive procurement. Terms of the RFSQ document must contain language that disclaims any obligation for LOFT to call on any supplier to provide goods or services because of pre-qualification.

9. Open Competitive

A Request for Proposal (RFP) or Request for Tender (RFT) is mandatory for any procurement valued at $120,000 or more. The call for open competitive procurement must be made through an electronic tendering system that is readily available by all vendors.

For procurement of $120,000 and up to $350,000 LOFT will provide suppliers with a minimum response time of 15 calendar days. For procurement over $350,000 and for procurement that is of high complexity or risk suppliers will be provided with a minimum response time of 30 calendar days.

Bid submission closing date and closing time must be clearly stated in the competitive procurement document and must be on a normal working day. Submissions that are received after the closing time will not be reviewed.

10. Evaluation Criteria

Evaluation criteria must be developed by the procurement lead. The criteria must be approved by the appropriate approval authority before the competitive procurement process commences.

The procurement document must clearly outline:

- The mandatory, rated and other criteria that will be used to evaluate submissions including the weight of each criteria
- Method and process for evaluation including the method of resolving tie scores
- A clause stipulating that depending on the circumstances, LOFT is under no obligation to accept a bid

If the procurement team decides to change evaluation criteria it can only be altered as an addendum to the competitive procurement.

Mandatory criteria should be kept to a minimum to ensure that no bids are unnecessarily disqualified. The procurement document must state that a submission that does not meet the mandatory criteria will be disqualified.

The maximum justifiable weighting must be allocated to the price/cost component of the evaluation criteria.

11. Evaluation Process

An evaluation team should be selected by the procurement lead. The evaluation team would be approved by the appropriate approval authority.

All evaluation team members should be made aware of restrictions on sharing confidential or commercially sensitive information collected through the procurement process. They must also refrain from engaging in activities that may create or appear to create a conflict of interest. All evaluation team members must sign a conflict-of-interest declaration and non-disclosure of confidential information agreement.

Each evaluation team member must complete an evaluation matrix independent of other team members, rating each of the submissions. The comments about submissions in the evaluations must be fair, factual, and fully defensible. Records of evaluation scores must be retained for audit purposes.

The procurement lead will combine all evaluations and set a meeting with the procurement team to complete the final evaluation scoring based on all individual evaluations.

The submission that received the highest evaluation score from the evaluation team and meets all mandatory requirements set out in the competitive procurement document must be declared the winning bid.

LOFT will refrain from any discrimination or preferred treatment in awarding a contract to any supplier from the competitive process.

12. Contract and Agreements

LOFT and the successful proponent must execute a signed written contract before the provision of supplying goods or services commences. In situations where an immediate need exists for goods or services and a contract cannot be finalized; an interim purchase order may be used. The justification for this will need to be approved by the appropriate approval authority. This will allow for immediate needs to be met while finalizing a contract.

All contracts are required to have a termination or cancellation clause. For complex procurements, the contract should contain clauses that allow for cancellation or termination at critical project life-cycle stages. If necessary, LOFT will seek legal advice pertaining to the development of such clauses. A dispute resolution process should also be included in all contracts.

The terms of the contract, including any options to extend the agreement, must match the terms outlined in the competitive procurement document. If there is a modification in terms of the contract it will need to be approved by the appropriate approval authority.

All contracts valued at $120,000 or more must be signed by two individuals that are authorized to approve a contract on the AAS.

13. Contract Award Notification

For any procurement valued at $120,000 or more, LOFT will post on the public procurement site, the contract award notification. The notification will be posted after the agreement between LOFT, and the successful proponent has been executed. The contact award notification will list the name of the successful supplier, agreement start and end dates, and any extension options.

14. Supplier Debriefing

For all procurements valued at $120,000 or more, LOFT will offer all unsuccessful proponents an opportunity for a debriefing. The unsuccessful proponents will have 60 days following the date of the contract award notification to request a debriefing.

15. Contract Management

Contract copies will be retained in electronic format on SharePoint in a central database.

Payments will be made in accordance with the provisions of the contract. All invoices must contain detailed information sufficient to warrant payment and submitted electronically using LOFT's accounts payable system.

The proponent's performance will be managed and documented, and any performance issues must be addressed. At least annually, the proponent will be evaluated based on their performance as compared to the criteria outlined in the procurement documents.

For service contracts, LOFT will:

- Establish clear terms of reference for the services. The terms should include objectives, background, scope, constraints, staff responsibilities, deliverables, timing, progress reporting, approval requirements and knowledge transfer requirements.
- Establish expense claim and reimbursement rules compliant with the Broader Public Sector Expenses Directive and ensure all expenses are claimed and reimbursed in accordance with these rules.
- Ensure that expenses are claimed and reimbursed only where the contract explicitly provides for reimbursement of expenses.

16. Procurement Records Retention

For reporting and auditing purposes, all procurement documentation, as well as any other pertinent information must be retained for seven (7) years. LOFT is required to document all procurement decisions including decisions relating to choices about the process for procurements. All records will be provided to finance on completion of the procurement.

17. Conflicts of Interest

LOFT will monitor any conflicts of interest that may exist with LOFT employees, contract staff, external consultants, suppliers and any other individual involved in the procurement process. All individuals involved with supply chain activities must declare actual or potential conflicts of interest. Where a conflict of interest arises, it will be evaluated, and appropriate mitigating action will be taken.

No purchase of goods or services shall be made with a non-arm's length company or individual. No contract, regardless of value, may be entered into between LOFT and an employee or board member, immediate family member of an employee or board member, or a business in which an employee, board member or immediate family member has a financial interest. An exemption can only be made by the CEO and CFO if the goods or services are not available from other sources.

18. Bid Dispute Resolution

Competitive procurement documents will outline bid dispute resolution procedures to ensure that any dispute is handled in an ethical, fair, reasonable, and timely fashion. Bid dispute resolution procedures will comply with bid protest or dispute resolutions set out in the applicable trade agreements.

19. Building Ontario Business Initiative (BOBI)

The Building Ontario Business Initiative (BOBI) came into effect on January 1, 2024. The objective of BOBI is to leverage Ontario's public sector spending to help Ontario/local businesses wherever feasible.

An Ontario Business is defined as a supplier, manufacturer, or distributor of any business structure that conducts its activities on a permanent basis in Ontario and meets one of the following criteria:

I. Has its headquarters or main office in Ontario; or

II. Has at least 250 full-time employees in Ontario at the time of the applicable procurement process.

BOBI applies to all procurement of goods and services except the following:

- Emergency procurements
- Procurements from any vendor of record arrangement
- Services of a lawyer, paralegal or notary public
- Services of an expert witness to be used in a court or legal proceeding
- A good or service that is not available from an Ontario business

For procurement of goods or services below $120,000 LOFT must procure goods from Ontario business wherever feasible. Preference for Ontario businesses may be conducted in the following ways:

- Limit eligibility to Ontario business to participate in the procurement process; or
- Apply a 10% evaluation advantage to Ontario businesses that participate in the procurement process if eligibility is not limited to just Ontario businesses

For procurement of goods or services between $120,000 and $350,000 LOFT must give preference to Canadian business where feasible. Preference for Canadian business may be conducted in the following ways:

- Limit eligibility to Canadian business to participate in the procurement process; or
- Apply a 10% evaluation advantage to Canadian businesses that submit a bid.

For procurement of goods or services over $350,000, LOFT must apply weighted domestic criteria in the procurement evaluation.

20. Personal Purchases

Employees shall not use LOFT credit, purchasing power and facilities to make purchases of goods or services (credit card accounts, phone calls, professional services, etc.) for their personal use.

21. Gratuities

Employees and their near relatives shall refrain from accepting gifts, entertainment, favors or services from present or potential suppliers/vendors that might influence, or appear to influence, purchasing decisions.

Procedures

See program manual.

Appendix A

Ontario Broader Public Sector (BPS) Supply Chain Code of Ethics

Goal: To ensure an ethical, professional, and accountable BPS supply chain.

I. Personal Integrity and Professionalism

Individuals involved with supply chain activities must act, and be seen to act, with integrity and professionalism. Honesty, care, and due diligence must be integral to all supply chain activities within and between BPS organizations, suppliers and vendors. Respect must be demonstrated for each other and for the environment. Confidential information must be safeguarded. Participants must not engage in any activity that may create, or appear to create, a conflict of interest, such as accepting gifts or favours, providing preferential treatment, or publicly endorsing suppliers or products.

II. Accountability and Transparency

Supply chain activities must be open and accountable. In particular, purchasing and contracting activities must be fair, transparent and conducted with a view to obtaining the best value for public money. All participants must ensure that public sector resources are used in a responsible, efficient, and effective manner.

III. Compliance and Continuous Improvement

Individuals involved with purchasing or other Supply Chain Activities must comply with this Code of Ethics and the laws of Canada and Ontario. Individuals should continuously work to improve supply chain policies and procedures, to improve their supply chain knowledge and skill levels, and to share leading practices.