Appendix D - 'Statement of Information Practices'

Personal Health Information (PHI):
We collect personal health information about you directly from you and from others who are involved in your care. The type of information we collect includes your name, date of birth, address, health history, medication history, employment status, OHIP number, education, personal interests, and personal support systems. Spiritual and cultural information may also be collected. We make records of your service delivery sessions/interactions and the care/service you received during those sessions/interactions. We will not collect personal information about you from any other source unless we have your consent to do so or if the law permits.

How we use the information:
We use and share your PHI in written and electronic health record systems with your other health service providers and organizations when necessary to:

- Provide integrated, collaborative, and timely quality health services and support.
- Provide statistical information to those who fund and regulate our agency.
- Comply with legal and regulatory requirements.
- Plan and manage our agency's business and service delivery operations.
- Teach other professionals.
- Conduct risk management and quality improvement activities.
- Conduct client satisfaction surveys.

Your choices:

- You have the right to have control over your personal health information – how it is collected, used, and shared.
- You may access and correct your personal health record or withdraw or restrict your consent for any/all the uses above by contacting us (subject to legal exceptions).

How to contact us:

- Our Privacy Officer/delegate can be reached by call/email given below:

Phone Number: 647-482-7354
Email: sheena@pchs4u.com

Important Information:
We take steps to protect your PHI from theft, loss and unauthorized access, copying, modification, disclosure, and disposal.

- We conduct audits and complete investigations to monitor and manage our privacy compliance.
- We take steps to ensure that everyone who performs services for us will protect your privacy and use your PHI only for the purposes you have consented to or as required by law.
- When we believe it is in your best interest to use or share PHI, in a manner which is not described in this statement, we will ask for your consent to do so and document

How to file a complaint:

- You have the right to complain to the Information and Privacy Commission of Ontario if you think your rights related to the collection, use and disclosure of your personal health information have been violated.
- Contact our Privacy Officer to voice your complaint.
  Or
- Send a written complaint to:

The Information and Privacy Commission of Ontario
2 Bloor Street East, Suite 1400
Toronto, ON M4W 1A8
Phone Number: (416) 326-3333
Fax Number: 1-416-325-9195

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the information used or shared in your health record.	