



## Privacy and Confidentiality Statement

Hassle Free Clinic is subject to the *Personal Health Information Protection Act* (2004). This Privacy and Confidentiality Statement applies to Hassle Free Clinic's permanent site and all of its outreach sites and programs. It applies to the care of any person who is a past or present client/patient of Hassle Free Clinic. This policy covers the collection, use, and disclosure of personal health information.

### 1. Collection of Personal Health Information

Hassle Free Clinic collects personal health information from clients and other authorized persons to provide care, promote health and to prevent disease. Hassle Free Clinic works as a team, and as such members of the team (e.g. counselors, doctors, public health nurses) may have access to relevant information in the file on a need to know basis, in order to provide the best service to the client.

Personal health information may be collected in person, on the phone, through written or electronic documents. All documentation of personal health information by Hassle Free Clinic is recorded on paper and/or electronically and will not be disclosed except as outlined below. Hassle Free Clinic undertakes to secure its paper and electronic files through security systems, and by ensuring that electronic patient data is not connected to the Internet.

### 2. Disclosure of Personal Health Information

#### a. Disclosure with client consent

A client or former client may provide written consent to Hassle Free Clinic to disclose information in the client's file to another health care professional or other third party. When granting consent to disclose information, the client may limit what is disclosed. However, if the information the client does not want disclosed is clearly needed by the person receiving the information in order to provide the client with appropriate services, Hassle Free Clinic is required by law to inform the person receiving the information that the client has refused consent to disclose certain necessary information.

#### b. Disclosure without client consent

Instances in which information may be disclosed without the client's consent include cases when:

- i) There is reason to believe that there is a significant risk of bodily harm to the client or others;
- ii) There is apparent, reported, suspected or potential child abuse or neglect;
- iii) The client is involved in legal proceedings and the court orders or summons records;
- iv) The client reports sexual abuse by a regulated health professional; in which case, the name of the offending member is reported to the member's governing body, but the client's name is only revealed with written consent by the client;
- v) Regulatory colleges of the registered health care professional require the information;

- vi) Contacting the emergency contact if the client is injured, incapacitated or ill and unable to give consent personally;
- vii) For the purposes of a proceeding or a contemplated proceeding in which Hassle Free clinic or the practitioner, or former Hassle Free Clinic practitioner, is expected to be a party, or witness if the information relates to or is a matter in issue in the proceeding.

**3. Access to Client Information**

Patients who wish to access or correct their personal health information, or who have questions about how it is collected, maintained, used or disclosed, are encouraged to discuss this with their health care provider at the Clinic. However, patients may also make a written request for access or to correct personal health information under PHIPA, through the Health Information Custodian, or her delegate.

**4. Complaints**

Hassle Free Clinic is committed to resolving all concerns or complaints about access or privacy practices at the Clinic, and encourages patients with such concerns to discuss them with the Health Information Custodian or her delegate. Individuals may also lodge a complaint regarding access or privacy practices at Hassle Free Clinic directly or with the Office of the Information and Privacy Commissioner (IPC) at 416-326-3333.

**I agree to the above Privacy & Confidentiality Statement, and understand their meanings and ramifications.**

Date: \_\_\_\_\_

Client: \_\_\_\_\_  
(Print Name) (Signature)

Date: \_\_\_\_\_

Witness: \_\_\_\_\_  
(Print Name) (Signature)