**Statement of Information Practices**

**Collection of Personal Health Information**

We collect your personal health information directly from you, or from the person acting on your behalf. The personal health information that we collect may include, for example, your demographic information such as age, marital status, education status, health card number, psychiatric and health history, records of your interaction with Homewood Health and the care that you received during those visits. We only collect information we need to treat you. Occasionally, we collect personal health information about you from other health service providers, if we have obtained your consent to do so or if the law permits. We strive to keep your personal health information as accurate, complete, and up-to-date as possible, taking into account its uses and your interests.

**Uses and Disclosures of Personal Health Information**

We use and disclose your personal health information to:

* Treat and care for you. This includes obtaining and sharing your personal health information with other health service providers involved in your treatment, either directly or through secure provincial/community central storage systems. Sharing this information provides health service providers with the most up-to-date information so they can coordinate your health care support and service planning
* Your substitute decision-maker. To obtain consent for ongoing treatment if you are found incapable.
* Your contact person(s) in an emergency, or if you or they are at risk

individuals inquiring about you, confirmation of your admission, your general status and location, unless you tell us not to.

* Comply with legal and regulatory requirements.
* Fulfill purposes permitted/required by law (subpoena/court order/search warrant, Public Health, Highway Traffic Act, Child Family Service Act).
* Receive payment for your treatment, care, and services (from OHIP, WSIB/WCB your private insurer, guarantor, or others).
* Plan, administer, and manage our internal operations (for which we may contact you).
* Conduct risk management activities.
* Conduct quality improvement activities both independently and with Homewood Research Institute (such as sending patients satisfaction surveys and chart reviews), unless you tell us not to.
* Teach and train staff, volunteers, and students.
* Conduct third-party research approved by the Research Ethics Board (individual identifiers are removed unless your permission is obtained to use identifiable information).
* Compile statistics.
* Fundraise to improve healthcare services and programs including research and education (HHI and/or its charitable organizations).

**Your Choices**

**Access, Corrections**

Depending on circumstances, we must provide you with access to your file within 30-60 days of your request. We may request an extension for another 30 days if your request requires us to conduct a lengthy search.

Custodians are not required to correct professional opinions; however, you may require that a statement of disagreement be attached to your health record, and that your disagreement be communicated to others involved in your treatment or care.

If your file contains information that was not provided by our hospital, you will need to go back to the source to request the correction.

**Consent, Consent Withdrawal, Conditions/Restrictions** (subject to legal exceptions)

Information is collected, used, or disclosed based on your implied or express consent. Placing limits on your consent may prevent staff from accurately assessing your health/clinical status and may result in ineffective or insufficient treatment as a result of not having the necessary information. In these cases, when disclosing for healthcare purposes, we will need to inform the requesting health care provider that information that might impact your care is withheld. In these cases, we will discuss your objection with you.

We may not be able to fulfill your wishes if they impact on our ability to deliver health care to you, or if we are legislated to use or disclose the personal health information to which you object.

Please speak directly to your care provider on your treatment team, or contact The Privacy Office at (519) 824-1010, ext. 2443.

**Important Information Regarding the Security of your Personal Health Information**

* Personal health information is kept secure and well protected, and it is only viewed by trained and authorized people involved in delivering your health care services.
* We take steps to protect your personal health information from theft, loss, unauthorized access, copying, modification, use, disclosure, and disposal.
* We conduct audits and complete investigations to monitor and manage our privacy compliance. Any suspected breach or unauthorized access is investigated. Individuals whose privacy was breached are notified at the first reasonable opportunity.
* We take steps to ensure that everyone who performs services for us protects your privacy and only uses your personal health information for the purposes to which you have consented.

**Payment**

We keep billing records that include payment information and documentation of the services provided to you. This information may be used to obtain payment for these services.

**Retention and Destruction of Information**

We keep your personal health information only as long as it remains necessary or relevant for identified purposes, or as required by law. Personal health information that is no longer necessary or relevant for the identified purposes or required to be retained by law is destroyed according to hospital policy. Information necessary for research and teaching purposes may be kept indefinitely.

**Group Confidentiality**

As a patient/client you may participate in a number of therapy groups. You must not discuss group proceedings outside the group and/or program. To do so is considered a breach of confidentiality and may result in withdrawal from the program/service and/or discharge from Homewood. You may be asked to sign a group confidentiality agreement.

**Openness and Complaints**

Homewood is open about its privacy policies. You are welcome to ask questions about how your personal health information is handled and shared within our organization and with our partner organizations, or to make complaints to the Privacy Office:

**Homewood Health Centre**

**150 Delhi Street**

**Guelph, ON N1E 6K9**

**Telephone: (519) 824-1010 ext. 2443   
Fax: (519) 767-3552**

**Email: privacy@homewoodhealth.com**

**Website:** [**www.homewoodhealth.com**](http://www.homewoodhealth.com)

If you are unable to resolve your complaint with us, you have the right to complain to your Provincial Information Privacy Officer or the Office of the Privacy Commissioner of Canada:

**30 Victoria Street,**

**Gatineau, Quebec**

**K1A 1H3**

**Toll-free: 1-800-282-1376   
Fax (819) 994-5424**

**Phone: (819) 994-5444**

**TTY: (819) 994-5424**

**Website: www.priv.gc.ca**

**NOTE:** We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all personal health information. Current notices are posted in our facility and our website.

  
**PRIVACY:** We endeavour to honour patient’s wishes regarding privacy, but we cannot guarantee total privacy or anonymity.

**2016/06/21**