

# 14.0 QHS Privacy Policy - Client Handout

This document outlines how we protect the privacy of your personal information and medical record. Everyone working for QHS is required to adhere to the protections described in this document. If you have any questions regarding our privacy practices, please contact the QHS Health Director or Human Resources department.

## 1. Collection, Use and Disclosure of Personal Information

# What personal information do we collect?

We collect the following personal information:

- Identification and Contact information (i.e.: name, address, date of birth, Personal Health Number, and emergency contact information),
- Health information (i.e.: symptoms, diagnosis, medical history, test results, reports and treatment, record of prescriptions that is required for your care.)

### Limits on collection

We collect only the information that is required to provide you with care, to administrate the care that is provided, and to communicate with you. We do not collect any other information, or allow information to be used for other purposes, without your express (i.e.: verbal or written) consent – except where authorized to do so by law.

## When and to whom do we disclose personal information?

*Implied consent for provision of care*: By virtue of seeking care from us, your consent is implied (i.e.: assumed) for your information to be used by this office to provide you with care, and to share with other providers who are involved in your care.

Relevant health information is shared with other providers involved in your care. These other providers may include, but is not limited to, other physicians and specialists, pharmacists, lab technicians, nutritionists, naturopaths, physiotherapists and occupational therapists. Only the information that is required to provide you with care will be shared.

Disclosures authorized or required by law: There are limited situations where we are legally required to disclose your personal information without your consent. These situations include, but are not limited to, reporting infectious diseases and reporting fitness to drive, or as is required by a court order.

Disclosures to all other parties: Your express consent is required before we will disclose your information to third parties for any purpose other than to provide you with care or unless we are authorized to do so by law. Examples of disclosures to other parties requiring your express consent include, but are not limited to, provision of your medical information to insurance companies or to a third party that is performing an independent medical examination.

If you wish your personal information to be provided to third parties such as insurance companies, you must complete the *Authorization to Release Health Care Information* form and hand it to the QHS Receptionist.

# Can you withdraw consent?

You can withdraw your consent to have your information shared with other health care providers or other parties at any time, except where the disclosure is authorized or required by law. Withdrawal of consent must be provided in writing and directed to the QHS Health Director. However, please discuss withdrawing your consent with your physician or nurse involved in your treatment first.

# 2. Accessing Your Personal Information

### How do you access the personal information held by QHS?

You have the right to request access to the personal information we have on record about you. If you request a copy of your personal information and there are no limitations on providing it to you, we will provide it to you at a reasonable cost. To request a copy of your personal information, please complete the *Authorization to Release Health Care Information Form* and submit it to the QHS Receptionist.

#### Limitations on access

In limited circumstances, as authorized or required by privacy laws, we may not be able to provide you with all of the information that you request. For example, we may not provide you with copies of a record if it would reveal personal information about another person, or if it would create a significant risk to you or another person.

### What if you feel your record is not accurate?

We make every effort to ensure that all of your information is recorded accurately. If you believe that there is an inaccuracy in your record, please direct your concern in writing to the QHS Health Director.

# 3. Protecting and Retaining Your Personal Information

# How secure is your information?

Safeguards are in place to protect the security of your information. These safeguards include a combination of physical, technological and administrative security measures that are appropriate to the sensitivity of the information. These safeguards are aimed at protecting personal information against loss or theft, as well as unauthorized access, disclosure, copying, use, modification, or destruction.

### How long do we keep information?

We retain client records as required or authorized by law and professional regulations.

### How do we dispose of information when it is no longer required?

When information is no longer required, it is destroyed in a secure manner, according to set procedures that govern the storage and destruction of personal information.

# 4. Complaints Process

If you believe that QHS has not replied to your access request or has not handled your personal information in a reasonable manner, please set out your concerns in writing to the QHS Health Director.