



Privacy Notice

House of Friendship is committed to protecting individual privacy and the confidentiality of the personal health information it holds.

House of Friendship is the “**Health Information Custodian**” under the *Personal Health Information Protection Act, 2004* (“**PHIPA**”). The Health Information Custodian is accountable for compliance with PHIPA and the protection of health records.

YOUR HEALTH RECORD

Your health record includes information relevant to your health including your date of birth, contact information, health history, family health history, details of your physical and mental health, record of your visits, the care and support you received during those visits, results from tests and procedures, and information from other health care providers.

The information in your health record belongs to you, but the health record itself is the property of House of Friendship.

With limited exceptions, you have the right to access the health information we hold about you, whether in the health record or elsewhere. If you request a copy of your record, one will be provided to you at a reasonable cost. If you wish to view the original record, one of our team members must be present, and a reasonable fee may be charged for this access. If you need a copy of your health record, please contact our Privacy Officer in writing at: Privacy Officer, House of Friendship, 3A-326 Victoria St. N, Kitchener, N2H 5C8. In rare situations, you may be denied access to some or all of your record (with any such denial being in accordance with applicable law).

We make every effort to ensure that all of your information is recorded accurately. Please let us know if there is something that is incorrect. You have a right to ask for a correction to your record if you disagree with what is recorded, and in most cases we will be able to make the requested correction, or otherwise we will ask you to prepare a statement of disagreement to be attached to the record.

OUR PRACTICES

We collect, use and disclose (meaning share) your health information to:

- Treat and care for you
- Deliver our programs
- Plan, administer and manage our internal operations
- Be paid or process, monitor, verify or reimburse claims for payment
- Provide appointment reminders to you
- Conduct risk management, error management and quality improvement activities
- Educate our staff and students
- Dispose of your information
- Seek your consent (or consent of a substitute decision maker) where appropriate
- Respond to or initiate proceedings
- Conduct research (subject to certain rules)
- Compile statistics
- Allow for the analysis, administration and management of the health system
- Comply with legal and regulatory requirements
- Fulfill other purposes permitted or required by law

Our collection, use and disclosure (sharing) of your personal health information is done in accordance with Ontario law.

YOUR CHOICES

You have a right to make choices and control how your health information at the House of Friendship is collected, used, and disclosed, subject to a few exceptions.

For most health care purposes, your consent to use your health information is implied as a result of your consent to treatment, unless you tell us otherwise. We may also collect, use and share your health information in order to communicate or consult with other health care providers about your care unless you tell us you do not want us to do so.

You have the right to ask that we not share some or all of your health record with one or more of the House of Friendship's staff members or ask us not to share your health record with one or more of your external health care providers (such as a specialist). This is known as asking for a "lockbox". If you would like to know more, please ask us for a copy of our "**Participant Lockbox Policy**"

There are other circumstances where we are not allowed to assume we have your consent to share information. For example, we must have your permission to give your health information to people who do not provide you with health care, including health professionals in House of Friendship not involved in your care, your insurance company or your employer. We may also need consent to communicate with any family members or friends with whom you would like us to share information about your health (unless one or more of these individuals is your substitute decision-maker).

When we require and ask for your consent, you may choose to say no. If you say yes, you may change your mind at any time. Once you say no, we will no longer share your information unless you say so. Your choice to say no may be subject to some restrictions under applicable law and reasonable notice.

However, there are cases where we may collect, use or disclose your health information without your consent, as permitted or required by law. For example, we do not require your consent to use your information for billing, risk management or error management, quality improvement purposes; or to disclose personal health information in a number of permitted or required circumstances, including to eliminate or reduce a significant risk of serious bodily harm; or to fulfill mandatory reporting obligations under other laws such as for child protection or safe operation of a motor vehicle.

FOR MORE INFORMATION OR COMPLAINTS

If you would like a copy of our Privacy Policy, please ask us for a copy.

We encourage you to contact us with any questions or concerns you might have about our privacy practices. You can reach our Privacy Officer at: 519-742-8327 ext. 126.

If, after contacting us, you feel that your concerns have not been addressed to your satisfaction, you have the right to complain to the Information and Privacy Commissioner of Ontario. The Commissioner can be reached at:

Information and Privacy Commissioner of Ontario
2 Bloor Street East, Suite 1400
Toronto, Ontario M4W 1A8
1-800-387-0073
1-416-325-9195 (fax)
or visit the IPC website via www.ipc.on.ca