Mount Forest Family Health Team and
Family Health Organization

Personal Health Information Privacy Notice

We are committed to promoting privacy and protecting the confidentiality of the health information we hold about you.

Mount Forest Family Health Team and the Mount Forest Family Health Organization physicians are health information custodians under the *Personal Health Information Protection Act, 2004* (PHIPA). We all follow the same rules and work together to protect your privacy.

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.

Your health record is our property, but the information in your file belongs to you.

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 staff 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 us in writing at: Mount Forest Family Health Team, 525 Dublin Street, Mount Forest, ON N0G 2L3 or ask your physician who will explain the process. 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 try to keep your record accurate and up-to-date. Please let us know if you disagree with what is recorded, and in most cases, we will be able to make the change or otherwise we will ask you to write a statement of disagreement and we will attach that statement to your record.

CONFIDENTIALITY

Everyone here is bound by confidentiality. We have to protect your information from loss or theft and make sure no one looks at it or does something with your information if they are not involved with your care or allowed as part of their job. If there is a privacy breach, we will tell you (and we are required by law to tell you).

OUR PRACTICES

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

- Treat and care for you
- Provide appointment or preventative care reminders to you and/or send patient surveys to you
- Update you of upcoming events, activities and programs
- Coordinate your care with your other health care providers including through shared electronic health information systems such as Ontario Laboratory Information Systems (OLIS), Provincial Coordinated Care Plan Repository, ClinicalConnect and local, regional and provincial programs
- Deliver and evaluate our programs
- Plan, administer and manage our internal operations
- Be paid or process, monitor, verify or reimburse claims for payment
- Conduct risk management, error management and quality improvement activities
- Educate our staff and students
- Dispose of your information
- Seek your permission (or permission 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 AND WHO DECIDES

You have a right to make choices and control how your health information is collected, used, and disclosed, subject to some limits.

There is no magic age when you become able to make your own decisions about your health information. You may make your own decisions if you are “capable”. Your physician or other care provider will decide if you are capable based on a test the law sets out. You may be capable of making some decisions and not others. If you are not capable – you will have a substitute decision-maker (often your parent(s) or guardian) who will make your information decisions for you. Who can act as a substitute decision-maker and what they have to do is also set out in law.

If you are under the age of 16, there are some additional rules to know. If you are capable to make your own information decisions, your parent(s) or guardian will also be allowed to make some decisions about your health record. But they won't be able to make decisions about any records about treatment or counseling where we asked for your permission alone. We encourage you to share information with your family to have supports you need. And we also encourage you to ask your health care provider questions to find out more about privacy and your family.

We assume that when you come to have health care from us, you have given us your permission (your consent) to use your information, unless you tell us otherwise. We may also collect, use and share your health information in order to talk 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 our team 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 call or email us for a copy of our "**Patient Lockbox Information Brochure: How to Restrict Access to your Health Record".**

There are other cases where we are not allowed to assume we have your permission to share information. We may need permission to communicate with any family members or friends with whom you would like us to share information about your health (unless someone is your substitute decision-maker). For example, we will also need your permission to give your health information to your school or your boss or to an insurance company. If you have questions, we can explain this to you.

When we require and ask for your permission, 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 limits.

BUT there are cases where we may collect, use or share your health information without your permission, as permitted or required by law. For example, we do not require your permission to use your information for billing, risk management or error management, quality improvement purposes. We also do not need your permission to share your health information to keep you or someone else safe (it's called to eliminate or reduce a significant risk of serious bodily harm); or to meet reporting obligations under other laws such as for child protection.

FOR MORE INFORMATION OR COMPLAINTS

If you would like a copy of our Privacy Policy, please click here or 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 Officers at:

Privacy Officer, Mount Forest Family Health Team

Address:
525 Dublin Street, Mount Forest ON N0G 2L3
T: 519-323-0255 x 5004
F: 519-323-2113
info@mountforestfht.com

Or

Privacy Officer, Mount Forest Family Health Organization

Address:
525 Dublin Street, Mount Forest ON N0G 2L3
T: 519-323-0255 x 5004
F: 519-323-2113

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