



PRIVACY NOTICE

Peterborough Family Health Team (PFHT) and our Family Health Organizations (FHO) are committed to protecting individual privacy and the confidentiality of the personal health information (PHI) it holds.

The family practitioners of the FHOs are the health information custodians ("HIC") and those employed through PFHT are its agents for purposes of the *Personal Health Information Protection Act, 2004*.

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 the health information custodians.

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 cost will be charged for this access. If you need a copy of your health record ask your health care practitioner (the Health Information Custodian) 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 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 Team Members 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 PHI is done in accordance with Ontario law.

YOUR CHOICES

At PFHT and FHO you have a right to make choices and control how your health information 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 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”.

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 at PFHT and FHOs 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 PHI 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

We encourage you to contact us with any questions or concerns you might have about our privacy practices. If you wish to contact a Privacy Officer at a FHO, please contact PFHT's Privacy Officer and your question will be redirected to the appropriate person. You can reach PFHT's Privacy Officer through the following information:

Robert O'Brien
Finance & IT Coordinator, Privacy Officer
Peterborough Family Health Team
185 King Street, 5th Floor
Peterborough, ON K9J 2R8
705-749-1564 ext. 314

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, ON M4W 1A8
1-800-387-0073
1-416-325-9195 (fax)
or visit the IPC website via www.ipc.on.ca