

Windsor Essex Community Health Centre  
Centre de santé communautaire de Windsor Essex



# Client Handbook

<b>Diabetes Wellness:</b>	<b>519-997-2823</b>
<b>Leamington:</b>	<b>519-997-2828</b>
<b>Pickwick:</b>	<b>519-997-2827</b>
<b>Sandwich:</b>	<b>519-258-6002</b>
<b>Street Health:</b>	<b>519-997-2824</b>
<b>Teen Health:</b>	<b>519-253-8481</b>

**Head Office: 3325 College Avenue, Windsor, ON N9C 4E6**

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## About Windsor Essex Community Health Centre (weCHC)

Windsor Essex Community Health Centre provides high quality multidisciplinary health care services in a non-judgmental, welcoming safe environment: one that reflects the Alliance for Healthier Communities' Model of Health and Well-Being. We envision a community where health and well-being are optimal. Our mission is to design and deliver accessible, inclusive and collaborative primary care, illness prevention and health promotion. We encourage clients to become active participants in their care and to join us in our efforts to build a community where all can achieve their highest level of health.

Windsor-Essex CHC provides holistic care for individuals, families and our community by eliminating barriers and through a range of programs, services and initiatives that support community capacity building, health promotion, disease prevention and primary health care. Our Service Delivery Philosophy is based on the following core values and beliefs.

### Our Beliefs:

- All people have the right to resources that they need for optimal health and well-being;
- Barriers to accessing healthcare must be reduced whenever possible;
- We value the inter-professional team to provide a holistic and coordinated approach to care;
- That we need to understand each individual in the whole context of their family, social support and community belonging;
- Our clients deserve high quality services and care. We will promote excellence and commit to continuous quality improvement;
- Clients should be actively involved in decisions regarding their care;
- Clients should be provided with information to make choices that will best meet their needs;
- Clients have a right to privacy and confidentiality;
- Clients should be respected and supported when exercising their rights; and
- Our community must be engaged in decision making related to our services and care.

## Model of Health & Wellbeing

The Model of Health and Wellbeing represents over 100 community-governed primary health care organizations across the province standing together to continue to strive for healthier people, healthier communities, a more inclusive society, and a more sustainable health care system.



## Our Vision, Mission and Values

### Vision

Optimal health and wellbeing for our community.

### Mission

Designing and delivering an accessible, inclusive and collaborative approach to providing primary care, illness prevention and health promotion.

### Values

Delivering a person focused experience in each interaction through the following values:

- \* Integrity
- \* Compassion
- \* Accountability
- \* Respect
- \* Equity

## Our Locations



### Teen Health *Main Office*

1361 Ouellette Avenue,  
#101,  
Windsor, ON  
P: 519-253-8481



### Diabetes Wellness

2885 Lauzon Parkway,  
Unit 107,  
Windsor, ON  
P: 519-997-2823



### Street Health

711 Pelissier Street,  
Windsor, ON  
P: 519-997-2824



### Leamington

33 Princess Avenue,  
Unit 450,  
Leamington, ON  
P: 519-997-2828



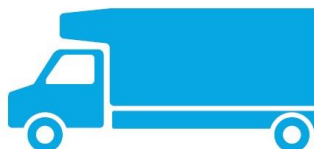
### Pickwick

Pickwick Plaza,  
7621 Tecumseh Road East,  
Windsor, ON  
P: 519-997-2827



### Sandwich

3325 College Avenue,  
Windsor, ON  
P: 519-258-6002



**weCHC on Wheels**  
*Mobile Clinic* P: 519-253-8481

## Programs & Services

### Medical

- Health Exams
- Diagnoses, Treatments, Referrals
- Respiratory Management
- Foot Care
- Chronic Disease
- Diabetes Support
- Speech Language
- Hepatitis C
- Eating Disorders
- Occupational Therapy



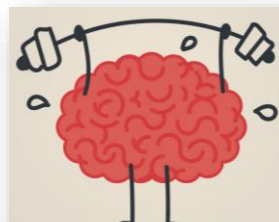
### Health Promotion

- Dietitians - Nutrition
- Chronic Disease Management
- Identification & Laundry
- Respiratory Wellness
- Hepatitis C
- Falls Prevention
- Speech Language
- Diabetes Wellness
- S.T.E.P.S
- Chronic Disease Self-Management
- Community Calendar



### Counselling

- Depression
- Anxiety
- Family conflicts
- Relationships
- Grief
- Substance abuse
- Eating disorders
- Self-harm
- Unplanned pregnancy
- Suicidal thoughts



## Bill of Rights and Responsibilities for Our Clients

### Every individual has the right:

1. **TO BE TREATED WITH COURTESY AND RESPECT** in a manner that fully recognizes their dignity and individuality.
2. **TO PRIVACY and CONFIDENTIALITY** in all matters.
3. **TO KNOW WHO IS RESPONSIBLE FOR THEIR CARE** and who is providing their treatment.
4. **TO BE INFORMED** of their medical condition, treatment and proposed course of treatment.
5. **TO PARTICIPATE** in making any decision and in obtaining other opinions in any aspect of their care.
6. **TO GIVE OR REFUSE CONSENT** to treatment, including medications, and to be informed of the consequences of giving or refusing consent.
7. **TO HAVE A DESIGNATE** in place to receive information concerning their care.
8. **TO HAVE ACCESS** to the information retained in their file, except when it is reasonable to believe that such access would result in a substantial risk to the physical, mental or emotional health of the client or harm a third party.
9. **TO BE AWARE** of the procedures for initiating a complaint.
10. **TO A SAFE AND SECURE SERVICE ENVIRONMENT.** Standards, certifications, inspections, procedures and best practices are in place and monitored regularly.
11. **TO REASONABLE ACCOMMODATION** (for persons with special needs or disabilities) in accordance with the law.
12. **TO DECLINE** to see a student healthcare professional whether under the supervision of a healthcare professional or not.

### Every individual has the responsibility:

1. **TO TREAT OTHERS** with consideration, courtesy and respect.
2. **TO PARTICIPATE** with all caregivers in their treatment, rehabilitation and care planning.
3. **TO BE RESPONSIBLE** for all personal property and valuables while at the Centre.
4. **TO RESPECT** the weCHC's property and its contents, and to remember that we are a smoke-free, vape-free and scent-free office.
5. **TO ABIDE BY** the Centre's rules and regulations, policies and procedures.
6. **TO FOLLOW** your healthcare provider's recommended treatment plan as best as you can, and to inform your provider if unable for any reason.
7. **TO GIVE** relevant health information to staff and ask questions to assist them in providing appropriate care.
8. **TO INFORM** staff when your personal information has changed.

9. **TO RESPECT** the time of staff and other clients by:
  - a. Being on time for appointments
  - b. Calling the Centre with at least 24 hours' notice when unable to keep an appointment,
  - c. Calling back to reschedule if an appointment was missed,
  - d. Discussing alternate options to care with your health care provider and/or clinical manager if more than 3 missed appointments simultaneously occur.
10. **TO ACCEPT** responsibility for the decisions you make about your care.
11. **TO HELP** us prevent the spread of infection by wearing a mask and disinfecting hands, if you are feeling unwell.
12. **TO REVIEW** the patient handbook and talk to your provider if you have questions.
13. **TO REFRAIN** from taking pictures, videos and/or recording your visit during your time at the Centre, this includes during programs, appointments and when in the waiting room.

## Frequently Asked Questions

### Does weCHC have a walk-in clinic?

Our Street Health location has walk in hours every day. Please call all other sites to book an urgent/same day appointment.

### What if I need to see a health professional on short notice?

Every effort will be made to leave appointment time slots open and available for clients needing urgent care. Clients must call their weCHC location to obtain urgent care/same day appointments.

### What are the types of health professionals and other staff that provide service?

weCHC is comprised of a multidisciplinary team consisting of:

Nurse Practitioners	Physicians	Registered Practical Nurses	Registered Nurses	Registered Dietitians
Social Workers	Respiratory Therapists	Chiropodist & Foot Care Specialists	Health Promotions	Medical Receptionists
Speech Pathologists	Addiction Support Workers	Physio Therapist	Rehabilitation Assistants	Occupational Therapists

### Do I have to pay to receive services?

You do not have to pay and you do not need an OHIP card to receive services.

### How do I book an appointment?

Call the number of where you receive services (listed on the front cover) or visit the weCHC location.

### Do the Windsor Essex Community Health Centre provide emergency services?

weCHC does not handle medical emergencies. Please go directly to your local hospital for immediate care or dial 911.



## Missed & Cancelled Appointments

We understand that unexpected circumstances occur which may affect your appointment attendance. If you are unable to make it to your appointment, we ask that you provide at least 24 hours' notice in order to respect the time of our team and the other clients.

For clients who frequently miss or cancel their appointments, the following applies:

Upon **a no-show or same-day cancellation** (less than 24 hours' notice), clients will be contacted by reception to be told they missed their appointment.

Upon **two consecutive no-shows or same-day cancellations**, clients will be contacted by reception to be told they will only be able to book same day appointments.

## Late to an Appointment

If you have a 60 minute appointment booked and are up to 15 minutes late, the late time will be deducted from your appointment time.

If you have a 30 minute appointment booked and are late, the late time will be deducted from your appointment.

However if you are more than 15 minutes late for any appointment, your appointment will need to be either rescheduled or you will be required to wait until a provider is able to see you.

## Electronic Communication

Upon request, we will communicate with you by text messaging or email for scheduling and rescheduling of appointments **only**. You will be required to sign an Informed Consent for Text Messaging and/or Electronic Mail (email) Form.



### INFORMED CONSENT FOR TEXT MESSAGING AND/OR ELECTRONIC MAIL (Email)

Please check which form(s) of communication apply:  Email  Text Messaging

#### Client Demographics

Name	
Date of Birth	
Address	

**NOTE TO CLIENT:** We want your informed consent. In order to communicate with you by text messaging and/or email, we need to make sure you are aware of the privacy risks and other issues that arise when we communicate this way and to document your agreement, knowing the risks involved.

- I understand that text messaging and/or email with WECHC is limited to appointment scheduling and rescheduling.
- I understand that text messaging and/or email is not appropriate for emergency or urgent situations. Confidential matters, including personal health information, between me and WECHC will not be communicated by text messaging and/or email.
- I understand that I am not able to access my provider before or after work hours and that I should contact emergency services if I require immediate assistance.
- I understand that text messaging and/or email correspondence may be included in my health record.
- I understand that WECHC will not forward my texts and/or email, without my consent to any third party except as authorized by law.
- I understand text messaging and email is not necessarily secure and I understand that WECHC is not liable for breaches of confidentiality caused by me or any third party.
- I understand the risks and limitations associated with the communication of texts and/or email between WECHC and me.

I declare I have read, understood and agree to the contents of this Informed Consent for text messaging and/or electronic mail in its entirety.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Guardian or Substitute Decision-Maker (if applicable): \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Copy to Client & Client Chart

POLICIES & FORMS/ITIT FORMS/INFORMED CONSENT FOR TEXT MESSAGING AND/OR ELECTRONIC MAIL WE-MHT-04-001-001-00020  
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## Your Medications

As part of your healthcare at the weCHC, your Physician or Nurse Practitioner may prescribe medications. It is important that you understand your medications and keep your medication record up to date. We encourage you to ask your Physician or Nurse Practitioner to review all your medications to see if any can be stopped or reduced.

**Refills:** You may be prescribed a medication that includes one or more refills. If you are running low on your medication, we ask that you contact your pharmacy at least **7 days in advance** for a refill. This will enable your Physician or Nurse Practitioner to receive, review and approve the refill request in a timely manner.

It is important to not wait until you have run out of your medications when contacting the pharmacy. We want to ensure there is no interruption in your healthcare and therefore, providing enough notice avoids any potential risks and keeps your healthcare on track.

**Controlled Medications:** Controlled medications, such as narcotics, treat certain health conditions. In the event that you are prescribed a controlled medication, you will be asked to sign a contract by your Physician or Nurse Practitioner. This contract sets out the rules for the use of these medications.

### 5 QUESTIONS TO ASK ABOUT YOUR MEDICATIONS when you see your doctor, nurse, or pharmacist.

#### 1. CHANGES?

Have any medications been added, stopped or changed, and why?

#### 2. CONTINUE?

What medications do I need to keep taking, and why?

#### 3. PROPER USE?

How do I take my medications, and for how long?

#### 4. MONITOR?

How will I know if my medication is working, and what side effects do I watch for?

#### 5. FOLLOW-UP?

Do I need any tests and when do I book my next visit?



Keep your medication record up to date.

#### Remember to include:

- ✓ drug allergies
- ✓ vitamins and minerals
- ✓ herbal/natural products
- ✓ all medications including non-prescription products

Ask your doctor, nurse or pharmacist to review all your medications to see if any can be stopped or reduced.

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Visit [safemedicationuse.ca](http://safemedicationuse.ca) for more information.



## Accessibility

weCHC is committed to excellence in serving all clients, including people with disabilities, and will carry out our responsibilities and functions in an appropriate manner to accommodate such individuals.

weCHC is also dedicated to giving people with disabilities the same opportunity to access our services, and allowing them to benefit from the same services, in the same place, and in a similar way as other clients. weCHC will strive to ensure that its policies, practices and procedures are consistent with the following core principles as outlined in the Accessibility for Ontarians with Disabilities Act.

**Dignity** – Services are provided in a manner that is respectful to persons with a disability and does not diminish the person's importance.

**Independence** – Accommodating a person's disability means respecting their right to do for themselves and to choose the way they wish to receive goods and services.

**Integration** – Wherever possible, services will be provided in a manner that enables people with disabilities to fully benefit from the same services, in the same place and in the same or similar way as other customers. This may require alternative formats and flexible approaches. It means inclusiveness and full participation. This is a fundamental human right.

**Equal Opportunity** – Service is provided to persons with disabilities in a way that their opportunity to access goods and services is equal to that given to others.

For more information, please contact our Human Resources Department by calling 519-258-6002, extension 224 should you wish to:

- request a copy of our Accessibility policy;
- provide feedback on the way we provide services to clients with disabilities;
- provide feedback on our policy; and/or
- request additional information.

# Personal Health Information Practices

Last Revised: July 25, 2019

### OUR COMMITMENT TO PRIVACY

At weCHC we value your privacy. This statement reflects our commitment to protect your privacy. Each one of our weCHC representatives must abide by this commitment.

### LEGISLATIVE RESPONSIBILITY

All privacy related practices have been designed to comply with or exceed applicable privacy legislation, specifically, Ontario's *Personal Health Information Protection Act, 2004*.

### HOW WE COLLECT PERSONAL HEALTH INFORMATION?

We collect your personal health information directly from you or those who act on your behalf. Occasionally, we collect personal health information about you from other sources, if you have given us permission to do so or if the law permits, for example from other health care providers involved with your care.

### WHAT PERSONAL HEALTH INFORMATION DO WE COLLECT?

We limit the personal health information that we collect about you to that which is necessary for our purposes as outlined in this Statement. We collect personal health information such as: name, date of birth, address, health card number, health history, records of your visits and the care you received.

### WHY DO WE USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION?

We only use and disclose your personal health information for the below listed purposes. We will not use or disclose your personal health information for any other purpose, unless we obtain your consent.

- Provide or assist in providing health care to you. In this regard, unless you direct us otherwise, we may disclose your personal health information to other healthcare providers within your "circle of care". The "circle of care" is your health care team - the health care providers involved in your care/service. The health care team may include, for example, physicians, specialists, nurse practitioners, nurses, dietitians, social workers, occupational therapists, physiotherapists, and psychologists. We may send copies of your health record or parts of your health record or provide access to electronic records to circle of care members.
- Get payment for the health care provided to you from OHIP, WSIB, your private insurer or others, as applicable.
- Obtain funding from our funders and fulfill our obligations to them. For example, your personal health information is entered into an electronic client database. The database is required to generate reports that are given to the Ontario Ministry of Health and Long-Term Care please note that the information incorporated into the reports, it is no longer personal health information as it is rendered non-identifiable.
- Participate in legal proceedings pertaining to you.
- Plan, administer, manage and evaluate our internal operations.
- Conduct risk management activities.
- Conduct research. For example, we may use our electronic client database containing your personal health information for clinical research, however when we do so, we render the information non-identifiable, so it is no longer personal health information.
- Conduct quality improvement activities such as surveys and audits. For example, your health care record may be reviewed to ensure that all the necessary information meets professional standards.
- Communicate further information about us.

- Provide teaching opportunities.
- Fundraise to improve our programs and services.
- Fulfill our legal obligations or other purposes permitted or required by law, such as for examples:
  - If police subpoena a client record for court purposes.
  - If you pose a significant risk of serious bodily harm to self or others.
  - If you or anyone under the age of 18 might be in need of protection from physical, sexual, emotional abuse and/or neglect and risk of harm.
  - If you report sexual abuse by a regulated health care provider.
  - If certain communicable diseases are determined and are reportable.
  - If a health care provider's professional college authorizes a review of professional standards.

### **WHAT WE DO TO PROTECT PRIVACY**

We are responsible for the confidentiality and the security of your personal health information. We implement various safeguards to protect your personal health information against theft, loss, unauthorized use, disclosure, copying, modification or disposal. Once we no longer need your personal information for our purposes, we securely destroy it. We educate our staff about these policies and procedures and monitor compliance on a regular basis.

### **HELP US KEEP YOUR PERSONAL HEALTH INFORMATION UP TO DATE**

We rely on you to let us know of any changes to your personal health information. For example, please let us know of any changes to your contact or other information. This way we can keep our records accurate and up to date, which helps us to protect your privacy.

### **YOUR CONTROL OVER YOUR OWN PERSONAL HEALTH INFORMATION**

When you or someone authorized to act on your behalf, provides us with your personal health information, you are consenting to our use and disclosure of that personal health information for the purposes outlined in this statement. In many circumstances, particularly when the personal health information is sensitive, we also employ other methods to further ensure consent, such as just-in-time notifications. For example, many of our forms collecting personal health information will contain a notice about consent.

You can change your consent preferences or withdraw your consent for the collection, use and disclosure of any or all of your personal health information, at any time (see contact information below). It is important to note however that when you change or withdraw your consent, it will not have a retroactive effect; it may have implications to you and it will not affect the collection, use and disclosure of personal health information where such collection use and disclosure is permitted or required by law without consent.

You may access your personal information, subject only to a few limited legal exceptions such as for example, if it would be harmful to your health. If you request to review your health care record, a weCHC representative will review your record with you at a scheduled time. You may have copies of your health care records if requested. If any inaccuracies are noted, you can request that we correct those inaccuracies. If we do not change the information, we will explain the reason and you have the right to attach a statement of disagreement.

## QUESTIONS OR CONCERNS?

We are committed to providing you with understandable and easily available information about our privacy policies and procedures. We encourage you to contact us with any questions you might have. We are committed to listening, learning and responding to any concerns you may raise, as we strive to provide the highest quality of healthcare in a welcome and supportive environment. We are here for you and we want you to be satisfied. Raising a concern may also lead to improvements for all our clients. We value your concerns. In raising them you will not be compromising future access to care. Concerns raised by you do not become part of your clinical record. You can reach our Privacy Officer at: **Lynn Thomson**, Executive Assistant & Privacy Officer / **Mail:** 101-1361 Ouellette Avenue, Windsor, Ontario N8X 1J6 / **Tel:** 519-253-8481 Ext 246 / **Fax:** 519-253-4362 / **Email:** [privacy@wehc.org](mailto:privacy@wehc.org)

## CONTACTING THE INFORMATION AND PRIVACY COMMISSIONER

We encourage you to let us try any resolve any privacy concerns that you may have. However, you also have the right to complain about any violation of your privacy rights to the Ontario Information and Privacy Commissioner who can be reached at: **Information and Privacy Commissioner of Ontario / Mail:** 2 Bloor Street East, Suite 1400, Toronto, Ontario M4W 1A8 / **Tel:** 1-800-387-0073 / **Fax:** 416-325-9195 / **TDD/TTY:** 416-325-7539 / **Email** info@ipc.on.ca

## UPDATES

We may update this statement from time to time and encourage you to refer back to it regularly. This statement is current as of the “last revised” date which appears at the top.

**THANK YOU FOR READING OUR PERSONAL HEALTH INFORMATION PRACTICES STATEMENT!**

## Your Feedback

...is important to us! We can only provide **the best possible health and wellbeing for those we serve** if those we serve provide us the best possible feedback.

What do you like? What do you not like? What can be improved? Answering these questions and any other comments you wish to share can be done the following ways:

- Speaking directly to your Physician, Nurse Practitioner or other Healthcare Professional
- Submitting online feedback by visiting our website at [www.wechc.org](http://www.wechc.org) and accessing our compliments and complaints form
- Filling out our client surveys that are distributed periodically throughout the year
- Filling out a client compliments & complaints form in our waiting area
- Requesting to speak with a Director

We will do our best to address your compliments and/or concerns in a timely manner and if indicated, may offer to involve you in the process

## Connect With Us



<https://www.facebook.com/weCHC519/>



<https://twitter.com/wechc>

For General Inquiries: [communications@wechc.org](mailto:communications@wechc.org)