

Statement: Personal Health Information Practices

Last Revised: March 22, 2024

OUR COMMITMENT TO PRIVACY

At Windsor Essex Community Health Centre (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 examples, physicians, specialists, nurse practitioners, nurses, dietitians, social workers, occupational therapists, physiotherapists and psychologists. We may send copies of all or part of your health record to your circle of care.
- 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 de-identified.
- 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 de-identify the information, 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 diagnosed 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 access your health care record, a weCHC representative may ask to review your record with you at a scheduled time. Access may be in electronic format (subject to certain requirements) and you may have copies of your health care record if requested. We may ask that you pay reasonable costs for access. 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: 3325 College Avenue, Windsor, Ontario N9C 4E6 / **Tel:** 519-253-8481 Ext 246 / **Fax:** 519-253-4362 /
Email: 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!**