**TEMPLATE: PRIVACY NOTICE**

**Collection of Personal Health Information**

We collect personal health information about you directly from you or from the person acting on your behalf. The personal health information that we collect may include, for example, your name, date of birth, address, health history, record of your visits to **[name of agency]** and the support you received during those visits.

Occasionally, we collect personal health information about you from other sources if we have obtained your consent to do so or if the law permits us to do so. We make sure that only those people who need to see your personal records are allowed to look at them. We protect your information through our administrative policies and by adopting appropriate safeguards and security measures.

**Use and Disclosure of Personal Health Information**

We may use or disclose your personal health information to

* communicate with your various health care providers including your family physician and/or other health care institutions for continuity of care, in order to treat/support and care for you (unless you tell us otherwise);
* plan, administer and manage our internal operations, and conduct risk-management activities;
* conduct quality improvement activities (such as sending client satisfaction surveys);
* teach, conduct research (only under strict rules overseen by a research ethics board) and compile statistics;
* comply with legal and regulatory requirements; and
* fulfill other purposes permitted or required by law.

We can assure you that only staff who need your personal health information for direct care or administrative purposes are authorized to access your record of personal health information.

A client’s instruction cannot prevent us from recording information that is required by law, professional standards or our practice.

To Access or Correct Your Information

If you believe a record of personal health information held by **[name of agency]** is inaccurate or incomplete, you may make a written request for correction. Please contact **[name of contact person, name of agency, address, other contact information]**.

For More Information, Comments or Complaints

If you would like more information or have questions or concerns about our privacy and information practices, please contact: **[name of contact person, name of agency, address, other contact information].**

You may also make a complaint about our information and privacy practices to the Information and Privacy Commissioner at:

Information and Privacy Commissioner/Ontario   
2 Bloor Street East, Suite 1400

Toronto, Ontario M4W 1A8

Tel: (416) 326-3333

Toll-free: 1-800-387-0073

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