

Privacy Notice

A Guide to the Collection, Use and Sharing of Your Personal Health Information

The Alzheimer Society is committed to protecting individual privacy and the confidentiality of the personal health information it holds.

YOUR HEALTH RECORD

Your health record includes important information about your health including your date of birth, health card number, contact information, health history, details of your physical and mental health, record of your visits, the care and support you received during those visits and information from other health care providers.

OUR PRACTICES

We collect, use, and share your health information to:

- Provide health support and services based on your needs
- Deliver our programs
- Communicate with other healthcare professionals involved in your care
- Seek your consent (or consent of a substitute decision maker) where needed
- Plan, administer and manage our internal operations
- Perform risk management, error management and quality improvement activities
- Gather statistics
- Complete research
- Carry out client surveys
- Follow 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 following the Personal Health Information Protection Act, 2004 (PHIPA).

YOUR CHOICES

For most health care purposes, your consent to use your health information is implied as a result of your consent to using our programs and services, unless you tell us otherwise. From time to time, we may communicate about your care with your other health care providers, including collecting, using and sharing your personal health information through electronic medical information systems (sometimes called electronic health records, eHealth records, electronic medical records, etc.), unless you tell us you do not want us to do so. 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, unless the law permits or requires us to do so.

YOUR RIGHTS

With limited exceptions, you have the right to access the health information we hold about you.

You have a right to ask for a correction to your record if you believe the information is inaccurate or incomplete.

FOR MORE INFORMATION OR COMPLAINTS

If you would like a copy of our Privacy Policy, please visit the link below or ask us for a copy.

The link will be to come in the near future.

The link for the Privacy Notice:

file:///C:/Users/LarocheM.ASCD/Desktop/Work%20information/Privacy%20and%20confidentiality%20020/AS%20Cornwall%20ENG%20Privacy%20Notice%20Brochure_%20completed.pdf

The link for Standardized Privacy Notice/PHIPA FAQs:

<file:///C:/Users/LarocheM.ASCD/Desktop/Work%20information/Privacy%20and%20confidentiality%20020/Privacy%20Notice%20%20PHIPA%20%20TO%20BE%20TRANSLATED.pdf>

If you would like to access your record, request a correction or know more about our privacy practices, please contact our Privacy Officer:

Caroline Guimond
Executive Director

Tel: 613-932-4914 ext. 204

Toll-Free: 1-88-222-1445

Email: caroline.guimond@one-mail.on.ca

If, after contacting us, you feel that your concerns have not been answered 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
Tel: 1-800-387-0073
Fax: 1-416-325-9195
www.ipc.on.ca