

PRIVACY STATEMENT

As a medical professional, I am bound by law and ethics to safeguard your privacy and the confidentiality of your personal health information.

This includes:

- collecting only the information that may be necessary for your care;
- keeping accurate and up-to-date records;
- safeguarding the personal health information records in our possession;
- sharing information with other health care providers and organizations on a “need to know” basis where required for your health care;
- disclosing information to third parties only with your consent or where required by law; and
- retaining or destroying records in accordance with the law.

Your request for care implies consent for the collection, use and disclosure of your personal information for purposes related to your care. As noted above, other purposes require your express consent.

You have the right to request access to or correction of your health records. Please ask for further information.

If you have any specific questions or concerns regarding the use, collection or disclosure of your personal health information, or would like to contact the Information and Privacy Commissioner of Ontario, please feel free to speak with me.

Please ask if you would like to review a copy of the Privacy Policy in place for _____!

Dr. _____

Client's signature _____

Date Received _____