

# Gleeson Clinic

# **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL AND OTHER INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

Gleeson Clinic is required, by law, to maintain the privacy and confidentiality of your protected health and personal information and to provide you with notice of our legal duties and privacy practices with respect to such information.

**Personal information** is information about an identifiable individual that relates to their personal characteristics (e.g. gender, age, address, phone number, family status), their health (e.g. health history, health conditions, treatment received) or their activities. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate uses and protection of your information and all have signed a confidentiality agreement.

### We collect personal information for the following purposes:

#### **Treatment**

- Only necessary information is collected about you.
- We only share your information with your consent.
- We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.
- On occasion, it may be necessary to seek consultation regarding your condition from other health care providers, with your consent.
- It is our policy to provide a substitute health care provider, authorized by Gleeson Clinic, to provide assessment and/or treatment to our patients in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.
- Worker's Safety and Insurance Board We may disclose your health information as necessary to comply with Provincial Workers' Compensation Laws.
- Insurance Companies The cost of some of the services provided by our office is paid for by third parties. These third party payers often have your consent or legislative authority to direct us to collect and disclose to them certain information in order to demonstrate patient entitlement to this funding.
- Emergencies We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency.

### **Financial Purposes**

- To process credit card payments.
- To complete and submit claims for third party adjudication and payment.
- To invoice for goods and services.
- To collect unpaid accounts.

#### Privacy of our email lists

- We do not sell, rent, loan, trade, or lease the addresses on our list to anyone.
- Individuals must specifically consent to join our mailing lists using forms provided by us or verbally.
- Your privacy is important and we strive to send e-mail only to those who want to receive it. If you would not like to receive future e-mails from us, reply to any email with "UNSUBSCRIBE" as the subject.

# **Protecting Personal Information**

- Paper information is stored in supervised areas.
- Electronic Hardware is password protected.
- Electronic information (e.g. WSIB, 3<sup>rd</sup> Party Insurance) is transmitted through a direct line.

#### **Retention and Destruction of Personal Information**

- We need to retain personal information for some time to ensure that we can answer any questions you might have about your care and for our own accountability to external regulatory bodies.
- We keep our files for approximately seven years after your last visit with us. For patients who are minors, we keep their files for seven years past their 18th birth year.
- We destroy paper files by shredding. We destroy electronic information by deleting it and, when the hardware is discarded, we ensure that the hard drive is physically destroyed.

ANY INFORMATION YOU GIVE TO US WILL BE HELD WITH THE UTMOST CARE, AND WILL NOT BE USED IN WAYS TO WHICH YOU HAVE NOT CONSENTED.

IF YOU HAVE ANY QUESTIONS REGARDING OUR PRIVACY POLICY, PLEASE ASK OUR OFFICE MANAGER.