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PRIVACY POLICY

Linda Libis recognizes the importance of privacy and the sensitivity of personal information.

YOUR PRIVACY RIGHTS

On November 1, 2004, the Government of Ontario proclaimed the *Health Information Protection Act*. This Act gives individuals rights concerning the privacy of their personal information.

WHY DO I NEED PERSONAL HEALTH INFORMATION?

In providing therapy services I need to collect personal health information for various reasons including: compiling a history of your health, understanding your needs, and to meet regulatory standards.

WHAT INFORMATION DO I COLLECT?

I collect information such as age, place of birth, family history, and your current and past emotional health. I must collect and use personal health information to provide therapy services

HOW DO I COLLECT INFORMATION?

I collect information in the normal course of your assessment and treatment. Information regarding your treatment needs is generally gathered from yourself directly. There may be circumstances in which family members, a legal representative, or other health care providers also provide information to us in order to facilitate your assessment and treatment.

CONSENT

I ask individuals to specifically consent, if I collect, use, or disclose their personal health information. Permission may be expressed in writing or be implied and may be given to us verbally, electronically, or through an authorized representative. Individuals may withdraw permission to collect, use and disclose their personal health information at any time.

USE OF INFORMATION

I use information to provide treatment and services to my clients. Where services are paid by a third party (such as Workplace Safety and Insurance Boards, motor vehicle insurers, Criminal Injuries Compensation Boards, or extended health benefit insurers), I may invoice these third parties directly. No information regarding the content of treatment is provided, only your name, identification, dates of treatment, and costs of service.

IS MY INFORMATION SECURE?

I take all reasonable precautions to ensure that your information is kept safe from loss, unauthorized access, modification or disclosure. Among the steps taken to protect your information are: premise security; restricted file access with all files stored on-site in locked cabinets; technological safeguards such as computer passwords and security software. Closed files are stored for period of 10 years after which they are destroyed.

DISCLOSURE OF INFORMATION

Under certain circumstances, I may be required to disclose personal and/or health information. For example:

- If I am concerned that you intend to harm yourself.
- If you are concerned that you may seriously harm another person.
- If I am concerned that a child, dependant adult, or elder is being abused.
- If you report that you have been sexually abused by another health practitioner and tell us the name of that person.
- If our clinical notes or records are ordered by a judge during a criminal or civil trial.

ACCESS TO INFORMATION

You are entitled to view your file upon request and correct any information on file, which may be inaccurate.

ACKNOWLEDGEMENT

Please sign here to indicate that you read and understood the above.

Signature

Date

Witness

Date