



Doug Cochrane, MSW ■ 705-796-7759 ■ doug@foundationtherapy.ca

Privacy and Confidentiality Statement

As a registered Therapist, I am committed to respecting and protecting your privacy. The following information will outline my policies and procedures regarding collecting, using and disclosing your personal health information. I will also provide you with information about how you can access, review, and request correction of any recorded information related to your treatment.

Personal Health Information

As a registered Therapist, I am regulated under the provincial Regulated Health Professions Act. As such, all identifiable information (i.e. name, age, gender, address, phone number, background information, activities, beliefs, etc.) collected by me about a client, during the course of practicing, is considered “personal health information”.

Your Rights to Privacy

As a registered Therapist I adhere to the current requirements of the Personal Health Information Protection Act, 2004 (PHIPA), and the Personal Information and Electronic Documents Act, 2004 (PIPEDA).

Collection of Your Personal Information

All information collected will come directly from you, except: a) when you have provided consent for me to obtain information from others; and b) when I am required, by law, to collect information about you without your consent (i.e. in an emergency when additional information is required to prevent potential harm).

Information may be collected through interviews, forms, assessments, and questionnaires. I collect information from you that I believe to be: a) important for the purposes of providing you with the services you have requested and/or been referred for; b) to maintain contact with you for treatment-related or future consent purposes; and c) to prevent or minimize potential harm.

By law and in accordance with professional standards, I am required to keep a record of the services provided to you, and my contact with you. Your record includes information you provide me, assessment results, your treatment plan, relevant consent forms, contact notes, progress notes, billing and payment records, and any correspondence that I have sent or received related to your treatment. These records are the property of Foundation Therapy Services. However, you have a right to access your records, and to provide consent regarding disclosure of any part of your record, regardless of the form in which the information is recorded.



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Use of Personal Information

The primary use of your personal information is to provide you with appropriate treatment and services. I will collect information about your history and background, general health and current social supports. This information is used for the purposes of treatment planning, assessing your needs, advising treatment options for you, and (if you provide written consent) to release information to other professionals involved in your care. Your personal health information is also used for purposes of invoicing, and maintaining a record of your treatment.

Protecting Your Personal Health Information

I respect your right to privacy and confidential treatment. All paper files are under direct supervision, or maintained in a locked and restricted area. Electronic documents are also either directly supervised, or secured in a locked and restricted area. Additionally, computer passwords are used to protect your documents. With your consent, electronic information may be sent through email. Each email has a privacy clause included.

Disclosure of Your Personal Health Information

Your personal health information will be safe guarded at all times. However, there are a few circumstances that would legally permit me to disclose your personal information without your consent. Please see my Psychotherapy Consent Form for a list of these exceptions.

Retention and Destruction of Personal Health Information

I am required by legislation and my regulatory body (The Ontario Association of Registered Psychotherapists and Mental Health Professionals) to retain personal health information for a period of 10 years after your last appointment date, OR, if you are a minor, for a period of 10 years after your 18th birthday. When records are discarded, paper files are shredded and electronic files are deleted and/or hardware is both deleted and physically destroyed.



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Your Right to Access Personal Health Information

You have a right to access your treatment records. I am responsible to ensure that your access to your records is both timely and orderly.

If you would like to access your records, I will do the following:

- confirm your identity prior to providing access
- reserve the right to charge a nominal fee for such requests
- if you believe your records to be inaccurate in any way, you may request a correction (this applies to factual information and not to any professional opinions I may have documented)
- if you have requested a correction, I may request documentation to support the correction
- where we agree on the error, I make the correction and notify anyone who may have received inaccurate information

If You Have Questions or Concerns

If you have any concerns and/or a formal complaint about the way your privacy has been protected, please submit them to me in writing. I will respond to your complaint by investigating it and providing you with a formal, written response.

If you have concerns about competence or professionalism, I would ask you to discuss them with me first. However, you are entitled to contact my regulatory body, the Ontario Association of Registered Psychotherapists and Mental Health Professionals (www.oaccpp.ca).

For inquiries regarding privacy issues, please contact the Information and Privacy Commissioner at:

2 Bloor Street East, Suite 1400

Toronto, Ontario

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416-326-3333

www.ipc.on.ca

info@ipc.on.ca



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Consent

I _____ have read and understand, and consent to collection, use, authorized disclosure and storage of my personal health information, as outlined in this policy.

Signature: _____ Date: _____

I, Doug Cochrane of Foundation Therapy Services, have reviewed this information with my client and have responded to any questions they have regarding this policy.

Signature: _____ Date: _____