

Privacy Policy

The psychologists in this practice are committed to respecting and protecting your privacy to the fullest extent. This statement outlines our policies and procedures for collecting, using, and disclosing your personal health information. It also outlines your rights where accessing and protecting your information are concerned.

We collect, use, and disclose personal health information primarily in order to serve our clients. Information collected typically includes personal physical and mental health history, details of the presenting problem and the clients' current living situation. Collecting detailed personal information is essential to enabling your psychologist to make sound clinical impressions and judgements. Secondary purposes for collecting information pertain to billing. 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), we may invoice these third parties directly. For billing purposes, no information regarding the content of our sessions is provided. We share only your name, identification, dates and type of treatment (e.g., individual or couple psychotherapy), and costs of services.

We take all reasonable precautions to ensure the safekeeping and confidentiality of your personal information. Among the steps taken to protect your information are: a security system on the premises; locked offices and restricted file access (psychologist access only) and technological safeguards such as computer passwords and security software. Once you are no longer a patient your file is closed, and is then stored securely for a period of 10 years after which it is destroyed. In the event of the death of your psychologist, your files are in the care of another, pre-appointed psychologist for storage and eventual destruction.

We collect information in the normal course of your assessment and treatment, typically from you 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. We sometimes ask individuals to specifically consent in certain circumstances so that we can share information that we have collected with a third party (e.g., family physician, WSIB Case Manager, Insurer). This consent is given in writing, and can be withdrawn at any time.

Under the following circumstances we may be required to disclose personal and/or health information without your consent:

- If we are concerned that you will seriously harm yourself or another person.
- If we are concerned that a child or a resident of a long-term care facility is being abused.
- If you report that you have been abused by another regulated health practitioner and tell us their name.
- If our clinical notes or records are ordered by a judge during a criminal or civil trial.

As regulated members of the College of Psychologists of Ontario we are required to submit to quality assurance reviews, during which we may be interviewed by another psychologist representing the College. Administrative practices are discussed as part of this review and files may be reviewed to ensure proper standards are met for file maintenance. All members of the College of Psychologists are required to adhere to strict standards of confidentiality for any files they may review as part of this process.

Finally, you are entitled to access and view your file upon request at any time, and are also entitled to correct any information on file which may be inaccurate.

Signature of Client

Date

Signature of Witness

Date