

## HOW TO CONTACT US

If you have any questions or concerns about our information and privacy practices

### PLEASE CONTACT OUR

Privacy Officer.

Requests for records must be made in writing.

### PRIVACY OFFICER—CMHA HALTON

388 Main Street East  
Milton , Ontario  
L9T 1P8

Phone: 905 693 4270  
Fax: 905 693 9183  
1877 693 4270  
[www.cmha-halton.ca](http://www.cmha-halton.ca)

If you have concerns about our information and privacy practices you have the right to contact the Ontario Commissioner at:

### Information and Privacy Commissioner Ontario

2 Bloor Street East Suite 1400  
Toronto, Ontario  
M4W 1A8  
416 326 3333  
[www.ipc.on.ca](http://www.ipc.on.ca)

For more information,  
and to view CMHA Halton's Privacy Statement  
visit our website at [www.cmha-halton.ca](http://www.cmha-halton.ca)



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1 877 693 4270

## CMHA HALTON

# YOUR PRIVACY.... OUR COMMITMENT

## WHAT YOU SHOULD KNOW



CANADIAN MENTAL  
HEALTH ASSOCIATION

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ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE

## AT CMHA HALTON PROTECTING YOUR PRIVACY IS IMPORTANT TO US.

Ontario's Personal Health Information Protection Act requires anyone that provides health services to protect your personal health information. We have to tell you what we do with it and in certain circumstances ask permission before we collect it, use it or share it with others.

The law also gives you the right to see the information and to ask for it to be changed or corrected if you think there is an error or inaccuracy in the record.



## CONSENT

When you seek health care there is an *implied consent* to collect, use and share your personal health information among health care providers who provide or assist in providing health care to you. However it is our practice to ask you for your verbal or written permission to share your personal health information.

For purposes other than health care such as research or for insurance companies or employers we must get your *express consent*. It is our practice in this instance to ask for verbal or written consent to use or share your personal health information.

In some circumstances you can tell us not to use, share or give out some or all of your personal health information to other people who provide you with health care. If you chose to *limit consent* in this way we will, when giving out information, inform others that the information is limited.

We are allowed or may be required by law to use and/or give out some of your personal health information without consent in certain circumstances.

## QUESTIONS?

For questions concerning consent please contact our Privacy Officer.

905 693 4270

OR

1 877 693 4270

## PROTECTING YOUR PRIVACY

We take steps to protect your personal health information from theft, loss and unauthorized access, copying, modification, use, disclosure and disposal.

## YOUR CHOICES

You have the right to ask for a copy of your personal health information. You can ask us to make corrections to your personal health records if they are in error (subject to some legal restrictions). You also have the right to withdraw consent previously given to us to use or share your personal health information

If you have any concerns about how information about you is handled, please speak to the staff person you are working with or to the Manager of the program where you are receiving service. We will make every effort to resolve your concerns. If you have any additional concerns feel free to contact our Privacy Officer.