

## **PRIVACY POLICY**

### **COMMITMENT TO PRIVACY**

Protecting your privacy and the confidentiality of your personal information has always been an important aspect of The Network Care Center's operations. The appropriate collection, use and disclosure of patients' personal health information is fundamental to our day-to-day operations and to your care.

We strive to provide you with excellent chiropractic care and service, which includes treating your personal information with respect. Each member and employee of the practice must abide by our commitment to privacy in the handling of personal information.

### **APPLICABILITY OF THIS PRIVACY POLICY**

Our Privacy Policy informs you of our commitment to privacy and tells you the ways we ensure that your privacy is protected. Our Privacy Policy applies to protect the personal health information of all our patients that is in our possession and control.

### **WHAT IS PERSONAL HEALTH INFORMATION?**

Personal health information means identifying information about an individual relating to their physical or mental health (including medical history), the providing of health care to the individual, payments and health number.

### **The 10 Principles Of Privacy**

Our Privacy Policy reflects our compliance with fair information practices, applicable laws and standards of practice.

#### **1. ACCOUNTABILITY**

We take our commitment to securing your privacy very seriously. Dr. Anthony Posa and every employee associated with the Practice is responsible for the personal information under his/her control. Our employees are informed about the importance of privacy and receive information periodically to update them about our Privacy Policy and related issues.

In addition to establishing this Privacy Policy, we have appointed Dr. Anthony Posa for privacy matters.

#### **2. IDENTIFYING PURPOSES: WHY WE COLLECT INFORMATION**

We ask you for information to establish a relationship and serve your chiropractic needs. We obtain most of our information about you directly from you, or from other health practitioners whom you have seen and authorized to disclose to our Privacy Statement. We will limit the information we collect to what we need for those purposes, and we will use it only for those purposes. We will obtain your consent if we wish to use your information for any other purpose.

### **3. CONSENT**

You have the right to determine how your personal health information is used and disclosed. For most health care purposes, your consent is implied as a result of your consent to treatment, however, in some circumstances your express, sometimes written, consent may be required.

### **4. LIMITING COLLECTION**

We collect information by fair and lawful means and collect only that information which may be necessary for purposes related to the provision of your chiropractic care.

### **5. LIMITING USE, DISCLOSURE AND RETENTION**

The information we request from you is used for the purposes defined. We will seek your consent before using the information for purposes beyond the scope of the posted Privacy Statement.

Under no circumstances do we sell patient lists or other personal information to third parties. There are some types of disclosure of your personal health information that may occur as part of this Practice fulfilling its routine obligations and/or practice management. This includes consultants and suppliers to the Practice, on the understanding that they abide by our Privacy Policy, and only to the extent necessary to allow them to provide business services or support to this Practice.

We will retain your information only for the time it is required for the purposes we describe and once your personal information is no longer required, it will be destroyed. However, due to our on-going exposure to potential claims, some information is kept for a longer period.

### **6. ACCURACY**

We endeavour to ensure that all decisions involving your personal information are based upon accurate and timely information. While we will do our best to base our decisions on accurate information, we rely on you to disclose all material information and to inform us of any relevant changes.

### **7. SAFEGUARDS: PROTECTING YOUR INFORMATION**

We protect your information with appropriate safeguards and security measures. The Practice maintains personal information in a combination of paper and electronic files. Recent paper records concerning individuals' personal information are stored in files kept onsite at our office. Older records may be stored offsite.

Access to personal information will be authorized only for the chiropractors and employees associated with the Practice, the College of Chiropractors (the regulatory body for chiropractors in Ontario) and to those otherwise authorized by law.

We provide information to health care providers acting on your behalf, on the understanding that they are also bound by law and ethics to safeguard your privacy. Other organizations and agents must agree to abide by our Privacy Policy and may be asked to sign contracts to that effect. We will give them only the information necessary to perform the services for which they are engaged, and will require that they not store, use or disclose the information for purposes other than to carry out those services.

Our computer systems are password-secured and constructed in such a way that only authorized individuals can access secure systems and databases.

If you send us an e-mail message that includes personal information, such as your name included in the “address”, we will use that information to respond to your inquiry. Please remember that e-mail is not necessarily secure against interception. If your communication is very sensitive, you should not send it electronically unless the e-mail is encrypted or your browser indicates that the access is secure.

## **8. OPENNESS: KEEPING YOU INFORMED**

The practice has prepared this plain-language Privacy Policy to keep you informed. You may ask to receive a copy of it from Dr. Anthony Posa.

If you have any additional questions or concerns about privacy, we invite you to contact us (by phone, fax, mail, e-mail or our website) and we will address your concerns to the best of our ability.

## **9. ACCESS AND CORRECTION**

With limited exceptions, we will give you access to the information we retain about you within a reasonable time, upon presentation of a written request and satisfactory identification.

We may charge you a fee for this service and if so, we will give you notice in advance of processing your request.

If you find errors of fact in your personal health information, please notify us as soon as possible and we will make the appropriate corrections. We are not required to correct information relating to clinical observations or opinions made in good faith. You have a right to append a short statement of disagreement to your record if we refuse to make a requested change.

If we deny your request for access to your personal information, we will advise you in writing of the reason for the refusal and you may then challenge our decision.

## **10. CHALLENGING COMPLIANCE**

We encourage you to contact us with any questions or concerns you might have about your privacy or our Privacy Policy. We will investigate and respond to your concerns about any aspect of our handling of your information.

In most cases, an issue is resolved simply by telling us about it and discussing it. You can reach us at:

**Dr. Anthony Posa, D.C.**  
**Network Care Center**  
**2801 Keele Street, Suite 202**  
**Downsview, Ontario M3M 2G6**  
**Tel: (416) 638-2225**  
**Fax: (416) 638-1730**

If, after contacting us, you feel that your concerns have not been addressed to your satisfaction, we will provide information on other complaint procedures that may be available to you.

**CONCLUSION**

Any changes to our Privacy Policy shall be acknowledged in this Privacy Policy in a timely manner. You may see when this Code was last updated by referring to the modification date found below.

Last modified on the 20<sup>th</sup> day of May, 2008

**PRACTICE MEMBER CONSENT**

I have read and understood all the details of the Network Care Center's Privacy Policy as described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness