



YOUR RIGHTS

Whenever you wish, you may ask to review and update your personal information, withdraw your consent for its use, or review our privacy policy. If you restrict the use of your health information, this may limit the type and quality of service we are able to provide to you.

Upon written request you may:

Have access to your health care record and assistance in understanding it

Ask for a correction of information in your record

Ask for a copy of your record, which will be provided from 30 to 60 days from the date of your request. You may be charged a reasonable fee to cover the costs.

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WHAT WE ASK OF YOU

Let us know when your personal information has changed, so that we may keep it as accurate, complete, and up to date as possible.

Let us know when you have any questions or do not understand why your information is being collected or how it is being used.

If you have any questions or complaints regarding privacy and your personal information, contact our Executive Director **(Privacy Officer) by phone at: 905-303-8490 or by email at: privacy@vaughanchc.com**

If we are not able to satisfactorily resolve your complaint, we will explain how you may make your complaint to the Information and Privacy Commissioner of Ontario.

A DIFFERENT KIND OF HEALTHCARE



Your Privacy Is Important To Us!

It is our policy to treat all personal and personal health information (PHI) with respect. We have policies and procedures to protect the security of your information and to ensure its privacy. We take all reasonable steps to keep your information confidential and secure by ensuring that your information is protected from loss, destruction or unauthorized use.

All staff members, students and volunteers have signed a confidentiality agreement.

Volunteers are not permitted access to personal health information, unless they receive proper training, sign a confidentiality agreement and are working on a supervised project.



Information Collection

We will only ask you for the information we need to give you the best service possible, or fulfill our funding obligations. If we would like to collect or use your personal information for any other purpose, we will only do so with your consent.

We will collect your personal information from other sources only when we have your consent.

The VCHC participates in accreditation reviews that involve a mandatory client journey component. This component requires an accreditation reviewer to access clients' personal health information to learn about clients' experience in accessing service at the VCHC. To this end, some clients are invited to participate in the client journey process. Interested clients are asked to sign a consent form to share their personal health information with the accreditation reviewer.

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Information Use

Your information may be used:

To provide with the best service possible.

To help us improve the quality of our services.

To fulfill provincial regulatory requirements.

To keep you up to date on the activities of VCHC, including giving you information on our programs, services, special events, and opportunities to volunteer.

Location & Contact Information

VAUGHAN SITE

9401 Jane Street, Suite 206 Vaughan,
Ontario L6A 4H7

PHONE: 905-303-8490

FAX: 905-303-9444

EMAIL: info@vaughanchc.com

KESWICK SITE

716 The Queensway South
Keswick, Ontario L4P 4C9

PHONE: 905-476-5621

FAX: 905-476-3008



 www.vaughanchc.com

 @vaughan_chc

 vaughan.vchc

 @vaughancommunityhealthcentre

Information Disclosure

To provide you with the best care possible, your personal health information may be shared, as necessary, with staff members and students who are involved in providing your care.

Your personal information will only be shared with other sources with your consent or when the law permits or requires us to do so.

Personal Health Information (PHI) includes any identifying information about an individual's health care history, such as your family medical history, details of a recent visit to your doctor, or your Ontario health card number.

