**PRIVACY POLICY:**

**Wayside House of Hamilton is committed to protecting the privacy of personal information and is compliant with the Personal Health Information Protection Act (PHIPA), 2004, set out by the Government of Ontario. Wayside shall ensure that the security and confidentiality of personal information is made a top priority.**

Wayside House staff members cannot and will not share information about you with others, except to those directly related to or associated with your treatment within Wayside House. This means that you must give us written permission to release information about you to anyone who is not involved in your treatment at Wayside House.

There are exceptions, required by law, where information shall be shared without your consent. These include:

* Suspected child abuse or neglect which must be reported to the Children’s Aid Society and/or Family and Children’s Services
* When someone is intending to harm themselves or someone else
* When a subpoena or summons is served by the Courts
* When a person arrives impaired and insists on driving, the Police will be notified
* Suspected elder abuse
* Reporting communicable and reportable diseases, if this becomes relevant while accessing Wayside House services
* A medical emergency (this includes EMS services, hospitals, emergency dentist or doctor visits and/or pharmacies)

Wayside House will store your personal file in a manner that is secure and maintains your confidentiality. Hard copies of information will be stored in locked filing cabinets. Electronic information is stored on password protected computers. Personal files are accessed only by staff members and students that are involved with your care at Wayside House. **Files are kept for 7 years and then shredded and destroyed in a secure manner.**

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| Your personal file will contain 2 sections of confidentiality:  **Level 1** – Standardized documents will include, but are not limited to: Admissions package, referral forms, and discharge summary. These can be released with a Circle of Care Agreement.  **Level 2** – Individualized documents will include, but are not limited to: case notes, medical forms, and incident reports. **These can only be released to you, your power of attorney or by an order of the court.**  ***You may ask to have any information moved from Level 1 into Level 2 with just cause.*** |

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| Wayside House enters information about you into the secure Provincial database called DATIS. DATIS uses your information to create statistics and make reports to funders about demographics, the use of services and needs for future services. No identifying information about you will be used in the statistics or reports. Collecting information is a requirement for Wayside House’s funding. Wayside House is required to report personal data collection refusals to DATIS.  I agree to have my information put into DATIS  I do not want my information put into DATIS |

It is important that you keep personal information that you hear from other people private and confidential when you are not at Wayside House. This creates a safe environment where you and others can share and build trust.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to keep other people’s information private and confidential outside of Wayside House. ***“What you hear here, let it stay here.”***

Here at Wayside House, consent is important to confidentiality; you must know and understand the following:

* That only you can consent to the collection, use or disclosure of information that is about you (unless you have a substitute decision-maker with your best interests in mind)
* You can withdraw/ withhold consent at any time
* Your information will only be collected or used in order to provide you with quality services
* You are freely giving your consent

By signing below I am stating that I understand the information above, that there are 2 Levels of confidentiality in my file, that I agree to keep other people’s personal information private and confidential and that I am freely giving my consent for Wayside House to collect, use and hold my personal information to provide quality service to me.

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Signature Witness Signature

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Print name Witness Print name

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Date Date