

### ACCESS TO YOUR HEALTH INFORMATION

You have the right to see, update and ask for a copy of your PHI, subject to some exceptions and a required fee.

To access your health record, ask one of your healthcare providers. If you would like to have access to the record after discharge or wish to obtain a copy of it, please contact the Health Information Services Department.

If you believe that the PHI we have recorded about you is inaccurate or incomplete, please alert your healthcare provider or contact:

**Health Information Services Department**  
416-762-7316 ext. 2118  
healthinfoservices@runnymedehc.ca

### PROTECTING YOUR PERSONAL HEALTH INFORMATION

- Runnymede protects your PHI from theft, loss and unauthorized access, copying, modification, use, disclosure and disposal.
- We conduct audits and complete investigations to monitor and manage our privacy compliance.
- We take steps to ensure everyone who performs services for us protects your privacy and only use your PHI for the purposes you have consented to.

### RUNNYMEDE INFORMATION AND PRIVACY OFFICE

For more information or to submit a request, contact our Information and Privacy Office. We have 30 days to respond to your request.

**Information and Privacy Office**  
416-762-7316 ext. 2117  
info.privacy@runnymedehc.ca

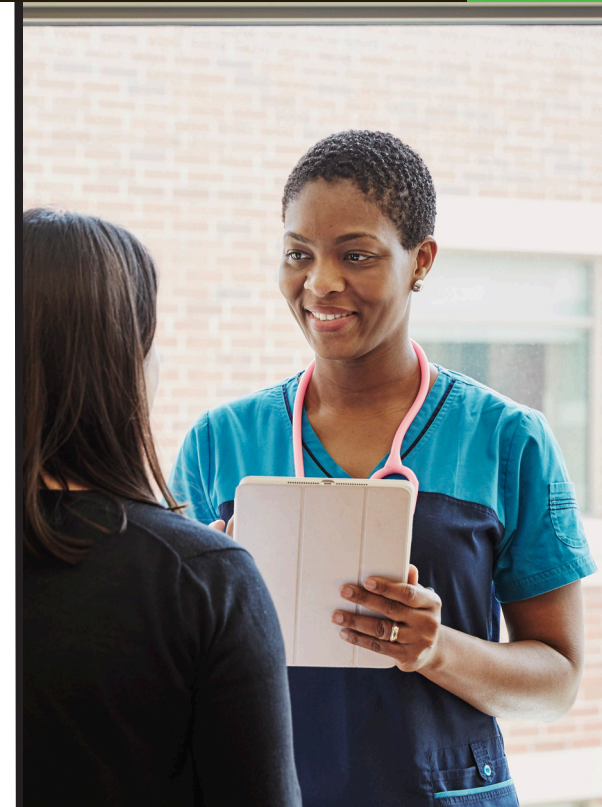
If dissatisfied with the outcome of a complaint lodged with Runnymede's Information and Privacy Office, it is your right to make a complaint by contacting the:

**Information and Privacy Commissioner of Ontario**

Phone: 1-800-387-0073  
Email: info@ipc.on.ca  
Mail: 2 Bloor Street East, Suite 1400  
Toronto, Ontario M4W 1A8  
Website: www.ipc.on.ca



625 Runnymede Rd.  
Toronto, ON M6S 3A3  
T 416 762 7316  
F 416 762 3836  
www.runnymedehc.ca



Protecting your  
privacy

*We make it possible.*

## OUR COMMITMENT TO PRIVACY

At Runnymede Healthcare Centre, we believe that quality in healthcare delivery requires a trusting relationship between patients and healthcare providers. To support this, we respect your right to:

- Access your personal health information (PHI).
- Request a correction of incomplete or inaccurate information in your health record.
- Have your PHI kept confidential.
- Limit the collection, access, use and/or disclosure of PHI.

## WHAT IS PERSONAL HEALTH INFORMATION?

PHI is information related to your:

- Physical or mental health.
- Healthcare you've received.
- Health number and contact information.
- Substitute decision maker.
- Health record.

## TYPES OF CONSENT

**Implied Consent** - As a patient at Runnymede there is an implicit understanding that we have your permission to collect, access, use

and disclose your PHI to healthcare providers and support staff in your circle of care. This is the team who delivers or assists in delivering our healthcare to you.

**Express Consent** - Runnymede is not allowed to give your PHI to individuals who do not deliver your healthcare. Runnymede must obtain your verbal or written consent to release your PHI to individuals outside your circle of care.

## WHEN CONSENT IS NOT NEEDED

In special cases, the law says we can or must share PHI with others without your permission or consent. This may include:

- Public health units.
- Other healthcare providers (in an emergency).
- The police.
- The courts.

## HOW WE COLLECT, USE AND DISCLOSE PERSONAL HEALTH INFORMATION

We collect PHI directly from you or from the person acting on your behalf. We access, use and disclose your PHI to:

- Receive payments for your treatment and care (from OHIP, WSIB, your private insurer or others).
- Plan, administer and manage the hospital and its programs.

- Conduct risk management activities.
- Conduct quality improvement activities (such as sending you a patient satisfaction survey).
- Teach and compile statistics.
- Fulfill other purposes as required by law.

## YOUR PRIVACY, YOUR CHOICES

You can choose to withdraw consent to disclose PHI to the following:

**General Public** – Your name, location and general health status are given to people who telephone the hospital asking about you.

**Foundation** – Runnymede foundation may use your contact information to conduct fundraising activities.

**Religious Affiliations** – Your name and location in the hospital will be provided to a hospital chaplain who may visit with you.

If you do not want to be contacted for any of the above, please inform the Health Information Services Department.

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healthinfoservices@runnymedehc.ca

**For more information on Runnymede's privacy policies, please visit [www.runnymedehc.ca](http://www.runnymedehc.ca).**