

## Your Choices

You may withdraw your consent to share your personal health information for research, fundraising or patient satisfaction surveys, post-discharge follow up phone calls and regional health information repositories. Withdrawal of consent is not retroactive and must be submitted in writing to Patient Registration. Forms are available from the Registration staff.

You have the right to see and request correction to your personal health records or withdraw your consent for some of the above uses and disclosures by contacting the Privacy Office (subject to legal exceptions, such as where disclosures are required by law).

## Important Information

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

We take steps to ensure that everyone who performs services for us protects your privacy and only uses your personal health information for authorized purposes.

We conduct audits and complete investigations to monitor and manage our privacy compliance.

## How to Contact Us

If you have any questions or concerns about privacy compliance at our hospitals or about how to access your personal health information, please contact the office of the Privacy Officer at:

265 Dundas Street East  
Belleville, ON K8N 5A9

Phone: (613) 969-7400 ext. 2218  
or (613)-332-2825

Email: [privacy@qhc.on.ca](mailto:privacy@qhc.on.ca)

You have the right to complain to the Information and Privacy Commissioner of Ontario if you think we have violated your rights. The Commissioner can be

reached at:

2 Bloor Street, East  
Suite 1400

Toronto, ON M4W 1A8

Phone: (416) 326-3333  
or 1-800-387-0073

Fax: (416) 325-9195

[www.ipc.on.ca](http://www.ipc.on.ca)

# Our Privacy Commitment to Patients



## Collection of Personal Health Information

Protecting patient privacy is not only the law, but it is an essential part of Quinte Health's commitment to treating our patients with dignity, compassion and social responsibility.

Personal health information includes information such as your name, date of birth, address, health history and records of your visits to the hospital and the care that you received during those visits.

Occasionally, we collect personal health information about you from other sources if we have obtained your consent, or as the law permits.

## Uses and Disclosures of Personal Health Information

- ✓ Plan and deliver your health care programs and services. This may include sharing your health information with:
    - Other approved health information organizations or providers (e.g. Home and Community Care, family physicians, community mental health)
    - Regional health information repositories (e.g. Regional Infection Control System, South East Health Integrated Information Portal, Connecting Northern and Eastern Ontario)
    - Other allied health care professionals who will provide your follow-up care
  - ✓ Perform activities to improve and maintain the quality of care that we deliver to you
  - ✓ Conduct risk management activities
  - ✓ Teach health care professionals
  - ✓ Plan, administer and manage our internal operations
  - ✓ Obtain payment for delivery of your health care (e.g. from OHIP, WSIB or others)
  - ✓ Fundraise to improve our healthcare services and programs (information limited to name and address)
  - ✓ Support approved health care research
  - ✓ Comply with legal and regulatory requirements
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