



## COLLECTION, USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

Privacy of your personal health information is an important part of providing you with quality hearing care. We understand the importance of protecting your personal health information. We are committed to collecting, using and disclosing your personal health information responsibly.

All staff members who come in contact with your personal health information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

We want to assure you that we:

- Collect only necessary information about you.
- Only share your information with your consent.
- Store, retain and destroy your personal health information in ways that comply with existing legislation, and privacy protection protocols.

This office will collect, use and disclose personal health information about you for the following purposes:

- To deliver safe and efficient patient care.
- To assess your health needs and provide health care.
- To advise you of treatment options.
- To enable us to contact you, to establish and maintain communication with you, to book and confirm appointments, to invoice and process credit card payments, to collect unpaid accounts.
- To communicate with other treating health care providers, and family physicians.
- To communicate with other third parties including, but not limited to, insurance companies, WSIB, DVA, ODSP.
- To complete and submit hearing related claims for third party adjudication and payment.
- To comply with legal and regulatory requirements, including the delivery of patients' chart and records to the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act.
- To comply with agreements/undertakings entered into voluntarily by the member with CASLPO, including the delivery and/or review of patients' charts and records to the College in a timely fashion for regulatory monitoring purposes.
- To permit potential advisors to evaluate the Audiology practice.

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal health information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal health information, we will seek your approval in advance. You may withdraw your consent for use or disclosure of your personal health information at any time.

**Patient Consent**

I have reviewed the above information that explains how your office will use and protect my personal information.

I agree that Advanced Hearing Ontario can collect, use and disclose my personal health information for the purposes stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Witness