



CANADIAN MENTAL HEALTH ASSOCIATION  
WINDSOR-ESSEX COUNTY BRANCH

L'ASSOCIATION CANADIENNE POUR LA SANTE  
MENTALE

## Statement of Information Practices

### Collection of Personal Health Information

We collect personal health information about you directly from you or from the person acting on your behalf. The personal health information we collect may include, for example, your name, date of birth, address, health history, employment status, OHIP number, education, personal interests and personal support systems. Spiritual and cultural information may also be collected. We make records of your visits and the care you receive during those visits. We will not collect personal health information about you from any other source unless we have your consent to do so or if the law permits.

### How we use the information and who we will share it with

We use and share the information to :

- Treat and care for you
- Provide statistics to those that fund and regulate our agency
- Comply with legal and regulatory requirements, and fulfil other purposes permitted or required by law
- Plan and manage our agency and compile statistics
- Teach other professionals
- Conduct risk management and quality improvement activities such as sending client satisfaction surveys

Get payment for your treatment (from OHIP, ODSP, WSIB, private insurance or others)

### Your choices

You may access and correct your personal health record or withdraw your consent for some of the uses above by contacting us (subject to legal exceptions).

### How to contact us

Our privacy contact person can be reached by calling this number :  
Phone Number: (519) 255 9940 Ext. 327  
Fax Number: (519) 255 7817

### Important Information

- We take steps to protect your personal health information from theft, loss and unauthorized access, copying, modification, disclosure and disposal.
- We conduct audits and complete investigations to monitor and manage our privacy compliance.
- We take steps to ensure that everyone who performs services for us will protect your privacy and use your personal health information only for the purposes you have consented to or as required by law.
- When we believe it is in your best interest to use or to share personal health information, in a manner which is not described on this statement, for example, with a housing provider or a potential employer or a person who may be supporting you in your recovery, we will ask for your consent to do so and keep a note of the information used or shared in your health file.

You have right to complain to the Information and Privacy Commission/Ontario if you think your rights have been violated. Send a written complaint to the Information and Privacy Commission of Ontario at :

2 Bloor Street East, Suite 1400  
Toronto, ON M4W 1A8

Phone Number: 1 800 387 0073

Fax Number: 1 416 325 9195

**Developed by the Chief Privacy Officer CMHA –WECB and approved by the Chief Executive Officer**

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