



WEST END RECOVERY

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Tel: (416) 386-4595
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Personal Health Information	
<p>We collect personal health information about you, directly from you or your Substitute Decision Maker, and from others who are involved in your care. The type of information we collect include: your name, date of birth, address, health history, medication 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 information about you from any other source unless we have your consent to do so or if the law permits.</p>	
Your choices	Important Information
<ul style="list-style-type: none"> You have the right to have control over your own personal health information – how it is collected, used and shared. You may access and correct your personal health record or withdraw or restrict your consent for any/all of the uses above by contacting us (subject to legal exceptions). 	<ul style="list-style-type: none"> We take steps to protect your personal health information from theft, loss and unauthorized access, copying, modification, disclosure and disposal. 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 share personal health information, in a manner which is not described in this statement, we will ask for your consent to do so and document the information used or shared in your health record.
How we use the information	How to make a complaint
<p>We use and share your personal health information in written and electronic health record systems with your other health service providers and organizations when necessary to:</p> <ul style="list-style-type: none"> To provide integrated, collaborative and timely quality health services and support Comply with legal and regulatory requirements Plan and manage our clinic Teach other professionals Conduct risk management and quality improvement activities Conduct Client satisfaction surveys 	<ul style="list-style-type: none"> You have the right to complain to the Information and Privacy Commission of Ontario if you think your rights related to the collection, use and disclosure of your personal health information have been violated. Send a written complaint to: 2 Bloor Street East, Suite 1400 Toronto, ON M4W 1A8 Phone Number: 1-800-387-0073 Fax Number: 1-416-325-9195 Online: http://www.ipc.on.ca