



Office Privacy Notice

I am pleased to be a provider of services for you, your family, your group, or your organization. I am committed to protecting the privacy of your personal information and have developed policies and procedures in compliance with the Personal Information Protection and Electronic Document Act, 2004 (PIPEDA) and the Personal Health Information Protection Act, 2004 (PHIPA). I would like to take this opportunity to inform you about the personal information I collect, how it is used, and how I protect its confidentiality and your rights of this information. The nature of personal information I collect may include: Information required to maintain a working file according to the standards of my profession and the Ontario College of Social Workers and Social Service Workers such as your name, address, phone numbers, date of birth, other contact information, names of others who are significant to your situation (family, your doctor, and other professionals) and sometimes their contact information. I also collect information about our work and my actions in this regard, any correspondence sent or received, any consents or other documents you have signed, copies of papers you have given me, and other documentation particular to the nature of our involvement. Information necessary for billing purposes which may include information about your Assistance Program and their standards, information about other third party payers, copies of all receipts given to you including copies of electronic payments, copies of invoices and billing records. Information related to the scheduling of appointments with you. I collect this information for the following reasons: To maintain a clinical file or working file that meets the standards of my profession and the Ontario College of Social Workers and Social Service Workers. To provide this service for you in a manner that ensures your safety. To maintain a high standard of professionalism in the provision of service. To assist in the process of billing for my services. To meet other legal and regulatory requirements. To maintain records pertaining to the operations of a business and to make these records available if requested. There will be times when I ask you if I may speak with others about you and your situation. There will be times when you will ask me to do this as well. On these occasions, I will always discuss this information-sharing with you and we will look at the benefits and consequences of speaking to others about your situation. I would then ask for your informed, written consent for me to share your information. There may be occasions when I must share information about you or your situation without your written consent. These situations are very exceptional but may include the following: If I have information about abuse or risk of abuse to a child then I must report this to the proper authority. If I have a concern about any risk that you may do harm to yourself or harm to another person then I must take action to ensure your safety or the safety of others. If I am required by law to release information such as receiving a subpoena to court. If I must report a colleague to the Ontario College of Social Workers and Social Service Workers. If I must defend myself against a complaint filed

with the Ontario College of Social Workers and Social Service Workers or any other court action. I make every attempt to safeguard personal information. I would like you to know the following: Your file contains all the personal information about you and your situation with the exception of copies of billing information such as receipts and electronic payments. Files are stored in a locked cabinet in a secure area. Only I have access to this area. I do not store information about you on my computer. If I prepare a document about you on the computer it may, on occasion, be stored in my email. Your file is maintained according to regulations set by my profession and the Ontario College of Social Workers and Social Service Workers and in accordance with other legal requirements. When information about you is no longer required, it is cross-cut shredded and disposed of by me. In the event of incapacity or death, a designated social worker would have some access to your information in order to assist you in a transfer to another therapist or to maintain the file according to legal and regulatory standards. This social worker would also be a member of the College of Social Workers and Social Service Workers and would be obligated to provide all services to the same standard that I would. You have the right to request to see any personal information that I have collected about you or your situation. You have the right to review your clinical file. I will assist you to understand all of what has been written in your file. If you believe that some information about you is incorrect, you may request that the information be changed. I will then correct this information with any third parties who may have been given the wrong information.

If you wish to view your file or if you have any concerns about the privacy of your information, please contact: Privacy Officer – Jenniffer Clifford, DSW, BSW, MSW, RSW Ph: 519-984-9909
Email: jcliffordcounselling@gmail.com