

MacMillan Counselling & Consulting

E-COUNSELLING PRIVACY AND CONFIDENTIALITY STATEMENT OF PRACTICE

I am pleased to be a provider of service to you. I am committed to protecting the privacy of your personal information. This statement outlines my policies and procedures with respect to collecting, using, sharing and disclosing your personal health information in compliance with the *Personal Information Protection and Electronic Documents Act, 2004* (PIPEDA) and the *Personal Health Information Protection Act, 2004* (PHIPA).

The following outlines personal information I collect, how it is used, and how I protect its confidentiality and your rights in respect to this information.

The nature of the 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 (OCSWSSW) such as demographic information, names of others who are significant to your situation (family, your doctor and other professionals, past and present) and their contact information. I also collect information about our work together and this would include notes detailed enough to reflect the scope of the 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 health insurance plans, information collected promptly with the policies of your Employee Assistance Plan (EAP) 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 working copy file that meets the standards of my profession and the Ontario College of Social Workers and Social Service Workers
- To provide service for you 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 operation of a business

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 ask me to do this as well. On these occasions, I will always discuss this 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.

However, there may be occasions when I must share information about your or your situation without your consent. These situations are very exceptional by may include the following:

- If I have any information about abuse or risk of abuse of 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 OCSWSSW
- If I must defend myself against a complaint filed with the OCSWSSW or any other court action

Please remember that there are limits with any emails sent through the internet. Communication through the internet can be subject to human errors, breakdowns with computer systems and networks. While attempts are made to ensure security of email exchanges, communication over the internet cannot be guaranteed.

It is not advisable to send therapeutic emails from a computer which is designated for your employment. Additionally, it is your responsibility to ensure your confidentiality is secure when using your personal computer. Remember to log out if you are in the midst of a therapeutic email and do not share your passcode/password with anyone.

I have reviewed, been provided with an opportunity to ask for clarification and understand about the collection, use and disclosure of my personal information and how this information is protected.

Please print, sign, scan and email this document to me at christine@macmillancounselling.ca

Printed Name: _____ Signature: _____

Date of Birth: _____ Phone #: _____

Address: _____ Date: _____
