

## **LAKEHEAD UNIVERSITY STUDENT HEALTH AND WELLNESS PRIVACY STATEMENT**

### **INTRODUCTION**

Student Health and Wellness collects, uses and discloses personal health information in the course of providing services and has the responsibilities of a health information custodian under the Personal Health Information Protection Act (PHIPA).

This statement provides a general description of Student Health and Wellness's information practices and provides other information about the privacy rights you enjoy as a patient of the Centre.

### **HOW WE USE YOUR INFORMATION**

When you seek health care from us, we assume that we have your permission to collect, use and share your personal health information among healthcare providers inside and outside the Centre for the purposes of providing and assisting in providing healthcare to you. Health care providers inside and outside the Centre who do not provide or assist in providing you with health care are generally not allowed to see your health information.

You should let us know if you do not want us to use, share or give out some or all of your personal health information to people who provide you with healthcare.

### **WE DO NOT SHARE INFORMATION WITH OTHERS WITHOUT YOUR PERMISSION**

In general, we are not allowed to share your information with people who do not provide or assist in providing you with health care unless you provide your written permission. This includes:

- Your professors
- University administrators and staff outside of the Centre
- Your family members and friends
- Your employer or your insurance company

If you feel it will help if we consult with or provide information to your family and friends you may let us know.

### **OUR ROLE ON CAMPUS VIOLENCE PREVENTION**

We play an important role in campus community health because we can help individuals who are dealing with medical problems that could lead to harmful behaviours. To be effective in this role, it is important that our services be offered on a confidential basis. We therefore do not participate in the program by which the University receives and assesses information about potential threats to campus safety.

Though we don't participate in the University's threat assessment program, we do, receive reports from the University about students with whom it has a health-related concern. If such reports relate to a current patient of the Centre, we consider that information for the purpose of providing appropriate health care.

In some very limited situations – generally when one of our clinicians believes there is a significant risk of serious bodily harm to a person or group of persons – we may take steps to prevent harm based on what we know from providing health care. We take such action in accordance with the professional and legal duties that bind all health care providers.

### **SEEING YOUR OWN HEALTH INFORMATION**

You have a right to see your personal health information and to get a copy of it by asking us for it, or by writing to us, and paying a reasonable fee. Some exceptions may apply.

We must respond to your request as soon as possible and within 30 days. There may be a delay if we have to ask others about the records or it will take time to find the record. You have a right to be notified of such delays. If you require a record urgently, we must consider responding as soon as possible.

### **CORRECTING YOUR INFORMATION**

Once you have seen your record of personal health information, if you believe it is inaccurate or incomplete, you may write to us and ask for a correction.

We must reply to your request within 30 days, or later if it is reasonable to do so. You are entitled to be told how long it will take to get back to you if it is longer than 30 days.

We may not correct a record that was completed by someone else and we do not know enough about the record to change it or where, for example, the opinions or observations in the record were made in good faith. You are entitled to be told the reasons for not making a correction and of your right to have a statement of disagreement attached to your records. You can also ask to have this statement made available to those who see the record.

If we correct a record, we will do so carefully so that the full corrected record remains visible or by ensuring that the correct information is readily available.

### **OUR DESIGNATED CONTACT PERSON**

Our designated contact person is the Director of Student Health and Wellness.

The contact person's main role is to facilitate compliance with the Personal Health Information and Protection Act by developing, maintaining and upholding proper information practices. This person also responds to inquiries, requests for access and correction and privacy complaints.

The contact person is supported in this role by the Director, Risk Management and Access to Information.

### **THE INFORMATION AND PRIVACY COMMISSIONER OF ONTARIO**

Sometimes we may be unable to resolve all of your concerns about how your personal health information has been handled. In this case, you may wish to contact the Information and Privacy Commissioner of Ontario, whose contact information is as follows:

Information and Privacy Commissioner/Ontario

2 Bloor Street East, Suite 1400

Toronto, ON M4W 1A8

Telephone: 1-800-387-0073

TTY: 416-325-7539

Email: [info@ipc.on.ca](mailto:info@ipc.on.ca)

The Commissioner is the person who has general responsibility for ensuring that the Personal Health Information Protection Act is followed. You must make your complaint within one year of the matter you are complaining about, and it should be in writing.

### **FOR FURTHER INFORMATION**

If you have inquiries about this statement or our information practices in general, if you want to see your personal health information or correct it or if you have a concern about how we have treated your personal health information, please communicate with our contact person.

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