

Opt-Out Form

We sometimes contact patients for feedback on their care, or our Foundations may contact them about funding needs of the hospital.

If you do not want to participate in our patient satisfaction surveys or to receive requests for donations, let us know by completing the form below.

The care you and your family receive at the Hospital will NOT be affected if you choose to complete this "Opt-Out" form.

"Please take my name off the list."

Patient's Name:

First Name Last Name

Date of Birth Patient Number

Name of the person completing this form:

First Name Last Name

Phone Number Date

Check one or both of these options:

I do NOT want to get:

Patient satisfaction surveys

Requests for donations

Return completed form to your caregiver
or to Health Records.

How Does MSH Protect Your Personal Health Information?

1. Your information is collected, used and disclosed:
 - To provide patient care
 - To support activities related to the administration of health care services
 - To compile statistics and support research efforts
 - To comply with legal and regulatory requirements
 - For fundraising purposes
2. Your information will be protected with appropriate physical, technical and administrative safeguards.
3. We strive to keep your information up-to-date and accurate. At your request, we have a process for you to have your information updated or corrected.
4. We investigate any complaints about our privacy practices and take the necessary action to resolve such complaints.

How to Contact Us

- For general inquiries on the Hospital's privacy policy, contact: **Janet Guevara, Privacy Officer** at **905-472-7373 ext. 6004**
- View the Hospital privacy policy and contact information on our website: **www.msh.on.ca**
- To contact the Office of the Information and Privacy Commissioner/Ontario

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

The Office of the Information and Privacy Commissioner of Ontario can be reached at **416-326-3333**.

Markham Site
381 Church Street
PO Box 1800
Markham ON
L3P 7P3

905.472.7000
TTY: 905.472.7585

BROPHIP (6/14)
(9504 08/07)

Uxbridge Site
4 Campbell Drive
PO Box 5003
Uxbridge ON
L9P 1S4

905.852.9771

www.msh.on.ca

PRIVACY

and Personal Health Information



A GUIDE FOR PATIENTS

Our Commitment to **PRIVACY**

At Markham Stouffville Hospital, we are committed to upholding patient confidentiality and the protection of personal health information.

The Hospital has a privacy policy that guides how your personal health information is used, how it is protected, and how you can access it.

Why We Collect Your Personal Health Information:

We collect personal health information directly from you or from the person acting on your behalf so that you can be easily identified each time you visit the Hospital. The personal health information that we collect may include, for example:

your name, date of birth, address, health history, records of your visit to the Markham Stouffville Hospital, and the care that you received during those visits.

We may also access personal health information from other health care organizations and professionals that may be relevant to your current care.

Access to your personal health information is available to only those who need it in order to provide you with the care that you need.

Your Personal Health Information



How We Use Your Personal Health Information

1. To identify your record quickly and accurately each time you visit the Hospital.
2. To provide you with the most appropriate care and treatment when you visit the Hospital. All of this information is recorded in your chart and made available to those involved in your care. We also keep a history of your health information for future care.
3. To comply with legal and regulatory requirements. For example, we collect your health insurance number because it is required to fund health care services.
4. To improve the quality and efficiency of the health care services that we provide, through our patient satisfaction surveys.
5. To share your contact information with our Foundations. They work to support excellence in health care by raising funds for equipment, education and the improvement of patient care.

When Do We Disclose Your Personal Health Information?

Your personal health information may only be disclosed to support the delivery of your care.

Health Regulatory Agencies
Example: for OHIP billing

Our Foundations
Complete the Opt-Out form if you do not wish to be contacted

Patient Satisfaction Surveys
Complete the Opt-Out form if you do not wish to be contacted

Your next of kin or legal representative
A person YOU choose

Other Healthcare Organizations/ Professionals
As part of your care

Public Authorities
As permitted and required by law, for example: Public Health