



**DR. LAUREL L. JOHNSON**  
CLINICAL CHILD & ADOLESCENT PSYCHOLOGIST

Suite 408 - 3621 Highway 7 East  
Markham, ON. L3R 0G6

---

## Privacy Statement

I am committed to respecting and protecting your privacy. This statement outlines my policies and procedures with respect to collecting, using, and disclosing your personal health information. It also provides information about how you can access records of your personal health information and request correction of recorded information.

### Definition of “Personal Health Information”

The practice of psychology in Ontario is regulated under the provincial Regulated Health Professions Act. As such, all identifiable information collected by a psychologist or psychological associate about an individual, in the course of practicing psychology, is considered “personal health information” under the Personal Health Information Protection Act, 2004 (PHIPA). This includes your name and contact information, as well as any information collected/recorded in the course of providing services to you.

### Collection of Your Personal Health Information

I collect your personal health information only directly from you, except: a) when you have provided consent to obtain such information from others (e.g., reports of previous assessments or of other services); and b) where the law requires or allows us to collect information without my consent (e.g., in an urgent situation, when information is needed to prevent potential harm).

I collect only information from you that I believe is needed: a) to provide you with the services you have requested and/or for which you have been referred; b) to maintain contact with you for service-related or future consent purposes; c) to prevent or offset harm (e.g., asking for an emergency contact).

By law and in accordance with professional standards, I am required to keep a record of services provided to and contacts with you. My record includes information you provide or authorize me to receive, results of any assessments, my service plan, consent forms, contact notes, progress summaries, billing information, and correspondence that I have sent or received related to my service. The physical records are the property of my practice. However, you have rights regarding access to my record and regarding disclosure of information from my record (see below).

### Use of Your Personal Health Information

In my office, the primary use of your personal health information is to provide services to you. This includes carrying out all of the functions reasonably necessary to provide those services (e.g., service planning and monitoring, maintaining my record, billing, etc.).

I may involve other individuals who may, in the course of their duties, have limited access to your personal information. These include computer consultants, bookkeepers and accountants. These

providers who come in contact with your personal information are trained in the need for privacy and confidentiality, as well as in my practice's privacy policies and procedures, including prevention of record loss and unauthorized access. They are allowed to access only that information they have a "need-to-know." This means that those involved in billing, for example, are allowed to access only the information needed to carry out their billing function. They are not allowed to access other information. Paper information and electronic hardware are either under supervision or secured in a restricted area at all times. In addition, passwords are used or computers are in secure places.

### **Disclosure of Your Personal Health Information**

With only a few exceptions, your personal health information will not be disclosed to persons outside this office without your knowledge and express consent. The exceptions are circumstances in which disclosure is allowed by law:

- When there is a clear and imminent risk of serious bodily harm to someone, including the possibility of self-harm.
- When disclosure is needed to receive professional or legal consultation.
- For mandatory reporting of a child who might be in need of protection.
- For mandatory reporting of a regulated health professional who has sexually abused a client.
- In compliance with a court order to release information from a record.
- To comply with professional regulations established by the College of Psychologists of Ontario, who may inspect records and interview staff as a part of their regulatory activities (e.g., quality assurance) in the public interest.
- To comply with regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the College of Psychology of Ontario for fulfilling their respective mandates under the RHPA, as well as for a defence of a legal issue.
- To insurance companies, employee assistance programs, or other third-party payers as needed, who may have consent or legislative authority to direct me to collect and disclose to them certain information in order to demonstrate my entitlement to this funding and to answer questions about my services you have received.

All persons involved in these activities are required by law to maintain the confidentiality of any accessed information. The above exceptions are called "limits of confidentiality." If there are other limits of confidentiality in your situation, I will identify and discuss them with you before proceeding with my service.

When consenting to the disclosure of your personal health information to another health professional who is providing services to you, you may restrict me from sharing all or any part of your personal information. However, if in my opinion the information is reasonably necessary for another health service provider to provide appropriate service, I am required by law to inform the other provider that you have refused consent to provide some needed information.

### **Retention and Destruction of Personal Information**

I am required by legislation and my regulatory body to retain personal information for approximately no less than 10 years, and in the case of children and youth, for 10 years after the child is 18.

### **Your Right of Access to Your Personal Health Information Record**

With only a few exceptions, you have the right to access any record of your personal health information, and to request copies of the information. If the physical record contains personal health information about another individual, that individual's information must be able to be severed from the record before you may access the record. Because of the nature of certain

services, severing information in some, not all places of the record can be difficult and at times impossible.

Other exceptions include access to copyrighted psychological test information (test items, protocols, manuals), information provided in confidence by a third party, and information that could result in serious harm to someone's treatment or recovery, or in serious bodily harm to someone.

If you are the custodial parent or guardian of a child receiving service, you may not access (without the child's consent) the personal health information of a child, who was deemed competent and who consented to the service on his/her own. In addition, there are restrictions on custodial parents/guardians access to individual therapy notes regarding their children.

If you request your personal file:

- I may need to confirm your identity, if you have not received service for some time before providing you with this access.
- I reserve the right to charge a nominal fee for such requests, including the cost of retrieving your file from storage and separating out your information from those of other affected parties.
- If I cannot give you access, I will tell you within 14 days and explain why not.
- If you believe there is a mistake in the information, you have the right to ask for it to be corrected. This applies to factual information and not to any professional opinions I may have formed. I may ask you to provide documentation that my files are wrong.
- Where we agree there is an error, I will make the correction and notify anyone to whom I have sent the incorrect information. If we do not agree that I have made an error, you may provide a notice of disagreement that will be included in the file and I will forward that notice to anyone else who received the earlier information.

### **Concerns and Further Information**

If you would like more detailed information at any time, would like to access or ask for a correction of your record, have a concern about my privacy policies and procedures, or have a concern about the way your privacy has been handled, please do not hesitate to speak or write to me.

This privacy policy has been developed in accordance with the Personal Health Information Protection Act, 2004 (PHIPA) and professional regulations and ethical standards. PHIPA is a complex Act and provides some additional exceptions to the information protection and privacy principles that are too detailed to set out here.

Further details of the applicable laws, regulations, and standards may be found at the Websites of the Ontario Ministry of Health and Long Term Care ([www.health.gov.on.ca](http://www.health.gov.on.ca)), the College of Psychologists of Ontario ([www.cpo.on.ca](http://www.cpo.on.ca)), the Canadian Psychological Association ([www.cpa.ca](http://www.cpa.ca)), and the Personal Health Information Protection Act ([www.ipc.on.ca](http://www.ipc.on.ca)).

For more general inquiries, the Information and Privacy Commissioner of Ontario oversees the administration of the privacy legislation in the private sector. The Commissioner can be reached at:

80 Bloor Street West, Suite 1700  
Toronto, Ontario M5S 2V1  
Phone (416) 326-3333  
Web: [www.ipc.on.ca](http://www.ipc.on.ca) E-mail: [commissioner@ipc.on.ca](mailto:commissioner@ipc.on.ca)