

Confidentiality

To provide quality care and maintain compliance with our provinces **Health Information Protection Act (HIPA)**, I keep a record of relevant information regarding the service you receive.

HIPA describes the right you have with respect to your personal information. You have the right

- To decide whether to consent to the use and disclosure of your personal information. It should be noted there are exceptional circumstances in which consent is not required.
- To revoke consent to the use or disclosure of your information.
- To be informed about-anticipated uses and disclosures of your information.
- To be informed of disclosures without your consent.
- To access your personal health information about yourself.
- To request amendments to your record.to request a review of the information and Privacy Commissioner or appeal to a court.
- To designate another person to make decisions about your health information

For additional information visit <http://www.saskatchewan.ca/residents/health/accessing-health-care-services/your-personal-health-information-and-privacy>

There may be a need to consult with a colleague about the quality of your care. If that occurs your identity will not be disclosed.

When it is helpful and appropriate to release information about you or your care to someone outside of therapy (e.g., family physician, another professional, the person who referred you), I will obtain your permission to release that information.

I will not release information about you or your care to any outside party without your consent, with the exception of some limited circumstances. Although rare in occurrence, there are situations in which it may be necessary for the sharing of your information without your consent. The situations are as described below.

1. Where, in the judgment of myself, there is serious risk to the health and safety of yourself, other members of the community, some of your personal information may be shared with the appropriate parties in order to ensure your safety or that of others. In such instances, the nature and detail of the information shared would depend of specific circumstances.
2. If there is suspected neglect or harm to a child (physical, sexual, verbal and/or emotional) I may be legally obligated to share the information with relevant authorities (e.g., Child Protection Services, Crisis intervention Services) in order to protect the child(ren) involved. In some instances, release of information about past neglect of or harm to a child may also be required when there is the possibility of current r future risk to another child.
3. In the event of a court order to release information I will be required to comply.

Should one of the above situations arise, only the minimum amount of information necessary to resolve the situation would be communicated.

I have read and understand the above information.

I have been provided an opportunity to ask questions.

I voluntarily consent to the collection and use of my personal information.

Client signature: _____

Date: _____