



YOUR PRIVACY CHOICES

Please speak to your Case Facilitator to:

See your own assessment:

You can request a copy of your assessment at any time.

Correct your own assessment:

You can ask to have information in your assessment corrected or updated.

Opt-Out:

You may choose not to share your information with other health service providers.

If you would like to know more about how your personal health information is handled and shared with our partner organizations, feel free to ask our Personal Information Officer Heather Olszewski. She will be happy to answer any questions that you might have.

BICR'S PERSONAL INFORMATION OFFICER

Heather Olszewski
Phone: 905-687-6788 ext. 663
Toll Free: 1-800-996-8796
Email: holszewski@bicr.org



CONTACT INFORMATION

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ACCESSIBLE FORMATS & COMMUNICATION SUPPORTS

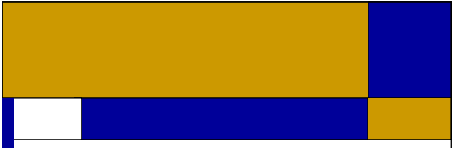
Special accessibility accommodations and materials in alternate formats can be arranged by contacting Brain Injury Community Re-entry (Niagara) Inc. at 905-687-6788 ext. 663 or www.bicr.org.

Disclaimer:

Brain Injury Community Re-entry (Niagara) Inc. acknowledges funding support for many of our programs and services from the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) and the government of Ontario.

The views expressed in this publication are the views of Brain Injury Community Re-Entry (Niagara) Inc. and do not necessarily reflect those of the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) or the government of Ontario.

BICR Publication ~ Created 7/30/2012 ~ Revised 11/1/2016



BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.



Privacy &
Your
Assessment

YOUR PERSONAL HEALTH INFORMATION

Your Personal Health Information is important in allowing us to provide you with better services.

Often times that information is used when performing assessments to determine your health service and support needs.

Your assessment may include details on:

- ◆ Your physical and mental health.
- ◆ Your personal health history.

Unless you tell us not to, we share your assessment information with other health service providers who will provide you with support now and in the future.



SHARING YOUR PERSONAL HEALTH INFORMATION

We use a secure electronic system to share your health information with other health service providers. This allows them to view the information they need to provide you with the services you need.

If you have agreed to share your Personal Health Information, the information in your assessment will be used to:

- ◆ Provide health support and services based on your needs.
- ◆ Make sure your providers have the most up-to-date and complete record of your health history and needs.
- ◆ Help us see where there might be gaps or overlaps so we can provide services where they are most needed.
- ◆ Make sure everyone is getting the right support and services.



PRIVACY & SECURITY OF YOUR INFORMATION

The personal health information collected in your assessment belongs to you. The privacy and protection of your Personal Health Information is a priority.

In the assessment process, we only collect the health information we need in order to determine your service and support needs. This information cannot be used for any other purposes without your permission.

- ◆ Your health information is kept in a secure place.
- ◆ Your health information will only be viewed by authorized people who deliver your services.
- ◆ All health service providers have signed contracts to keep your information confidential.
- ◆ When a person views your information, it is recorded in a log. This log is reviewed regularly to make sure there has been no unauthorized access to your information.
- ◆ Information is stored and/or disposed of according to the law.
- ◆ We will investigate any suspected breach or unauthorized access to your personal health information.