

to protecting your information. You will be notified if your information is lost, stolen, or inappropriately used.

If you think that your information has been used inappropriately, please contact the Privacy Office and your concerns will be investigated.

If you would like to access a copy of your health record, please contact the Health Information Management's Release of Information Office at 519-685-8500:

University Hospital: ext. 35842 Victoria Hospital: ext. 52865

London Regional Cancer Program: ext. 53254

# Privacy Office

#### London Health Sciences Centre

800 Commissioners Road E P.O. Box 5010, Stn. B London, ON N6A 5W9

519-685-8500 ext. 32996 privacy@lhsc.on.ca Fax: 519-667-6706

www.lhsc.on.ca/privacy

Please contact the Privacy Office if you have any questions or concerns about LHSC's privacy practices, or your rights as a patient.

If at any time you are not satisfied with the outcome of an inquiry to the Privacy Office you may contact the Information and Privacy Commissioner of Ontario at:

1-800-387-0073 www.ipc.on.ca



# Patient Guide: Privacy

London Health Sciences Centre (LHSC) is committed to patient privacy.

This brochure highlights how we collect, use, and share your personal health information and what rights you have as a patient.



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# What information may LHSC **collect**?

- Contact information
- Medical history
- Health care details
- Health card number and health insurance information



# How may LHSC **use** my information?

- Health care
- Education
- Quality assurance
- Research
- Health system planning
- Fundraising
- Patient surveys
- Communication (email and phone, including appointment reminders)



# Who may LHSC **share** my information with?

- Family physicians
- Health care providers and/or organizations
- OHIP
- Ministry of Health and Long-Term Care
- Provincial networks and registries
- Shared electronic patient records
- London Health Sciences Foundation and/or Children's Health Foundation
- Members of the public (your room number and a condition update)

Information may be shared with others as required or permitted by law, or with your express consent.





## Patient **Requests**

As a patient you are entitled to make certain requests related to your health information. Please contact the Privacy Office for more information about these options, including limitations and the request process.

### **Health Record Correction**

You may request a correction to your health record if you feel the information is not accurate or correct.

### **Lockbox / Denial of Access**

You may request that your health information not be used for the purposes of health care, or that a specific LHSC physician or staff not be given access to your information.

### **Opt Out**

You may request that your information not be used for:

- Fundraising
- Surveys
- Appointment reminders

### **Anonymous**

If you wish to remain anonymous to members of the public while you are in the hospital, please speak to the Registration Clerk or any of your care providers.