

Student Wellness Services
Health and Counselling
STATEMENT OF PRIVACY AND CONFIDENTIALITY OF
YOUR HEALTH INFORMATION

At Student Wellness Services (SWS) we are committed to protecting your privacy and the confidential nature of the information you share. This statement outlines the personal health information practices we use to protect your privacy, and to tell you of your rights under Ontario law known as PHIPA (Personal Health Information Protection Act, 2004). This statement applies to individuals accessing health care services from a doctor, nurse, occupational therapist, personal counsellor, social worker, psychologist, psychotherapist, or psychiatrist at Student Wellness Services.

The Collection and Use of your Information

In order to provide you with quality health care, we keep an electronic record of information about your health status and of the care that we have provided to you. The team of health care providers at Student Wellness Services use an integrated electronic health record to document the provision of care. Personal health information is collected, used, and disclosed by Student Wellness Services as permitted or required by law. Your personal health information is only to be accessed by a SWS health care provider or staff member as part of fulfilling their job duties and providing or assisting in the provision of health care.

Consent to Use and Share your Information in Order to Provide You with Health Care

In almost all cases, your consent is required to collect, use, and disclose your personal health information. Consent means you are knowledgeable and informed about the collection, use and disclosure of your personal health information. Consent can be implied (assumed) or explicit (verbal or written).

Implied Consent

- When you seek health care from us, we assume that we have your permission to collect, use and share your personal health information among the health care providers and administrative staff at Student Wellness Services who provide or assist in providing health care to you. The sharing of personal health information among the Student Wellness Services team streamlines and enhances the care provided to you (e.g. a doctor may ask a nurse to call you with lab results; a counsellor may consult a manager)
- We also rely on implied consent to share your personal health information on a 'need-to-know' basis with other health care providers outside of Student Wellness Services who are directly involved in your health care (e.g. fax a prescription to your pharmacist, or send a referral to a specialist).

Express Consent

- In most cases, your verbal or written consent is required to receive or share personal health information from or with anyone who is not directly involved in providing or assisting in providing health care services to you.

Limits to Confidentiality and Requirement of Consent to Receive or Disclose Information

We must also meet legal requirements to receive and disclose personal health information in specific circumstances without your consent (e.g. situations where you are thought to be at risk of harm to yourself or others; a request from a legal authority under PHIPA; in cases of suspected child abuse).

Withdrawing or Restricting Consent ("Lockbox") to Access to Personal Health Information

You have the right to withdraw or restrict partial or complete access (other than to those with legal authority under PHIPA) to the personal health information within our health record. If you have concerns related to your privacy or the confidentiality of your information, please speak to your health care provider and we will work with you to address those concerns. Written instructions from you (lockbox form) are required to restrict access to your file. Requesting a lockbox may result in implications for your health care, and possible risks will be reviewed with you individually should you request a lockbox from Student Wellness Services.

Security and Protection of your Information

We will take reasonable steps to keep accurate records of your health information and will follow all legal requirements and Queen’s security standards and best practice for the security, retention and destruction of these records. All medical records are kept for a period of time determined by the medical licensing authority or other professional oversight body.

All healthcare professionals and administrative staff at SWS work under PHIPA and adhere to the privacy and security policies of Student Wellness Services. If you become aware of any inappropriate use of your personal health information or a breach of confidentiality, please inform us immediately.

Access to your Health Record

Unless there are unusual circumstances, you have the right to review and/or obtain copies of your health record. If access or copies are provided, our clinic may charge a reasonable fee to cover our expenses.

Changes to your Health Record

You can request a change to the information in your health record if you think that there is an error or an omission in the record. The health care practitioner will consider your request and either grant or refuse it based on their review. We will place a notation on your health record that you requested the amendment, along with the details of the decision made.

Third Party Consent

If there are individuals in your life whom you wish to have involved in your health care while at Queen’s we will ask you to sign a third party consent form for each person. Please note you can choose what type of personal health information you want us to receive or share and you can withdraw consent at any time.

Campus Community

Student Wellness Services may be contacted by an individual (e.g. parent, sibling, spouse, significant other, housemate, friend, faculty or staff member, residence life, Student Affairs, campus security, chaplain) who is concerned about your well-being. We collect a minimum amount of information from these individuals and will reach out to you as appropriate to follow-up on the concerns that have been brought to our attention, and to connect you to supports if needed. We inform the concerned individual that we have “made contact” or that we have “not made contact” with you but will not provide any details of that contact without your consent. Please note we do not disclose any personal health information about you or your use of our services at any time, unless there is believed to be an imminent risk to your safety or the safety of someone else.

For more detailed information on privacy and confidentiality, please see our Health Information Practices Policy on the SWS website or ask to speak to a Privacy Officer.

Acknowledgement and Acceptance

I acknowledge that I have had the opportunity to review the above **Statement of Privacy and Confidentiality** about my personal health information. In using Student Wellness Services, I acknowledge that I have read, understand and accept the practices described above.

Name (please print): _____ Student Number: _____

Signature: _____ Date: _____

Students registered with Queen’s Student Accessibility Services (QSAS) – Consent to Share Information

Queen’s Student Accessibility Services (QSAS) is part of Student Wellness Services but is governed by different privacy legislation than the rest of Student Wellness Services. We cannot share any information between the health care providers and the QSAS team without your explicit consent. Your consent to share information on a need to know basis for the purpose of academic accommodation planning can streamline the process for you.

I agree to the sharing of personal health information on a need to know basis with the QSAS team. I understand that only information relevant to the accommodation planning process will be shared.

Signature: _____ Date: _____

