

# Merivale Medical Imaging Patient Consent Form: For Collection, Use and Disclosure of Personal Information

Protecting the privacy of personal information is an important component in the provision of quality diagnostic imaging services to our patients. We are committed to collecting, using and disclosing your personal information in a responsible fashion, and only to the extent necessary for the services we provide. We also try to be as open and transparent as possible about the way we handle your personal information.

In this facility, Christina Michelli acts as the Privacy Information Officer.

The facility's staff are aware of the importance of maintaining the security and confidentiality of all personal information in our possession. They are all trained in the appropriate uses and protection of your information.

We collect, use and disclose personal information for the following purposes:

1. to ensure accuracy of information so that we may deliver quality diagnostic imaging services to our patients
2. to identify and to ensure continuous high quality service
3. to assess your health needs
4. to advise you and/or your physician with respect to health related matters, and to render a diagnosis and/or treatment recommendation
5. to enable us to contact and maintain communication with you, including, without limitation, to distribute health-care information and to book and confirm appointments
6. to communicate with your physician and/or other health-care providers and organizations where required for your health care
7. to allow us to efficiently follow-up for testing, treatment, care and billing
8. for teaching and demonstrating purposes on an anonymous basis (numerical identification only)
9. for research, health surveillance and statistical analysis of data purposes (anonymous and/or numerical identification only)
10. to determine whether you may be a good candidate for a particular research study (patient would have to consent to participate if deemed an appropriate candidate)
11. to complete and submit claims for payment to OHIP and to other third parties (such as private health insurance plans) in order to be paid for the services rendered
12. to collect unpaid accounts and to process payments in general
13. to comply with legal and regulatory requirements, including the delivery of patients' charts and records to the College of Physicians and Surgeons of

Ontario or others as required under the Independent Health Facilities Act or the Healing Arts Radiation Protection Act (or successor legislation) in a timely fashion, when required, and to comply with any other agreements/under takings entered into with the College or the Ministry of Health and Long Term Care

14. to deliver your charts and records to our insurance carrier to enable the insurance company to assess liability and quantify damages, if any
15. to prepare materials for the Health Professions Appeal and Review Board (HPARB)
16. For administrative/management activities such as planning resource allocation, reporting or evaluation .
17. to assist this office to comply with all regulatory requirements (Independent Health Facilities Act , College of Physicians and Surgeons of Ontario, Ministry of Health-X- ray Inspection Services, Canadian Nuclear Safety Commission)
18. to comply generally with the law

By signing this Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes set out above. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

You may limit or withdraw your consent for use or disclosure of your personal information, and we will explain the consequences of that decision, and the process. For further details on our privacy policies and the steps we are taking to protect your privacy, we refer you to our Privacy Policy, available on request.

Please do not hesitate to discuss our policies with the Privacy Information Officer or any member of our staff.

I agree that Merivale Medical Imaging can collect, use and disclose personal information about me as set out above.

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Signature

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Print Name

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Date

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Signature of Witness