

## Woman's Health Options Patient Consent Form for the Collection, Use and Disclosure of Personal Information

Maintaining the privacy of the personal information you provide us is very important to all the staff at Woman's Health Options. We are all professionals who have signed an Oath of Confidentiality and have training in the collection and use of personal information.

The way we collect, use and disclose your information to others is in accordance with the Health Information Act (HIA). If you have any questions or concerns about the way we use the information you provide us, please talk to a staff member or ask to speak directly to our manager.

We collect information about you for the following purposes:

1. Assessment of your needs to provide you with the highest quality patient- centered care we can;
2. To comply with regulations established by the College of Physician and Surgeons and Alberta Health Services;
3. Contact you when you have given us permission to do so; or in an emergency
4. The collection of statistics for research and/or educational purposes;
5. Billing to Alberta Health Services for the cost of services we have provided;
6. To process credit card and other form of payments for additional services/ products you request;

There are circumstances when we will disclose information about you:

1. If you required emergency care while in our clinic and we transferred you to the hospital. Our medical staff will talk about your case to the hospital staff to ensure a continuity of care.
2. If there is a positive result for a Sexually Transmitted Infection we must report it to the Public Health Department (in accordance with the Public Health Act). These are also professionals who will keep your information confidential.
3. If you have a Molar pregnancy we must report it to the Cross Cancer Institute (in accordance with the Public Health Act). A Molar pregnancy is an extremely rare (.1%) occurrence where the pregnancy is not a real pregnancy, but a potentially harmful cancer tumour/ pregnancy.
4. If there is a person under the age of 18 being physically/sexually/mentally abused and the parents or guardians are unable to protect them (in accordance with the Child, Youth and Family Enhancement Act).
5. If you are going to harm yourself or others (in accordance with the Mental Health Act of Alberta).

You also have a right to see or request a copy of your medical chart from our clinic. This can be made available to you with your request in writing and a copying fee. The fee may vary depending on how long it has been since you were a patient at the clinic. Information released to you becomes your responsibility and Woman's Health Options is not responsible for it once it leaves the clinic.

Patient Consent:

I agree that I have read (or had read to me and explained) the above terms of my information collection, use and disclosure. I have had a chance to ask questions and get any further clarification I needed.

I also agree that \_\_\_\_\_, my \_\_\_\_\_, may be with me in the clinic and hear information about me that I give, or receive from, the staff at Woman's Health Options.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Interpreter