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	Document Owner: Health Records	Issued by: Hornepayne Community Hospital	
	Manual: Privacy and Health Records	Effective Date: Feb 2026	
	Version: 1.0	Revision Date:	
Public Privacy Notice			

Hornepayne Community Hospital is committed to promoting privacy, protecting the confidentiality of the health information we hold about our patients, and being transparent about how we collect, use, and disclose personal health information. Hornepayne Community Hospital is a health information custodian under the *Personal Health Information Protection Act, 2004* (PHIPA).

YOUR HEALTH RECORD

Your health record includes information relevant to your health including your date of birth, contact information, health history, family health history, details of your physical and mental health, record of your visits, the care and support you received during those visits, medication, laboratory results, diagnostic imaging, results from other tests and procedures, and information from other health care providers.

Your record is our property, but the information belongs to you.

With limited exceptions, you have the right to access the health information we hold about you, whether in the health record or elsewhere.

You can request a copy of your record. If you wish to view the original record, one of our staff members must be present. If you need a copy of your health record, please contact us in writing at:

Health Records Department
278 Front Street
PO Box 190
Hornepayne, ON
P0M 1Z0

We will help you identify relevant records and help you understand the content of those records (eg. by explaining acronyms and simplifying technical language). In rare situations, you may be denied access to some or all of your record (with any such denial being in accordance with applicable law). We may charge you a fee for access to cover our reasonable cost recovery; if we do so, we will provide you with a fee estimate ahead of time.

We try to keep your record accurate and up-to-date. Please let us know if you disagree with what is recorded, and we may be able to make the change (unless the record reflects our professional opinions made in good faith), or otherwise, we will ask you to write a statement of disagreement and we will attach that statement to your record.

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CONFIDENTIALITY

Everyone at the Hornepayne Community Hospital is bound by confidentiality. We take steps to protect your information from theft, loss and unauthorized access, copying, modification, use, disclosure, and disposal. We conduct audits and complete investigations to monitor and manage our privacy compliance. We take steps to ensure that everyone who performs services for us protects your privacy. If there is a privacy breach, we will tell you (and we are required by law to tell you).

OUR PRACTICES

We collect, use, and disclose (meaning share) your health information to:

- Treat and care for you
- Provide appointment or preventative care reminders to you
- Send patient surveys to hear from you about the quality of care and services you received
- Update you of upcoming events, activities and programs
- Coordinate your care with your other health care providers including through shared electronic health information systems such as the Ontario Health Team, Ontario Laboratory Information Systems (OLIS), Hospital Diagnostic Image Repository Services, ConnectingOntario, and local, regional and provincial programs
- Deliver and evaluate our programs
- Plan, administer and manage our internal operations
- Be paid or process, monitor, verify or reimburse claims for payment
- Conduct risk management, error management and quality improvement activities
- Educate our staff and students
- Dispose of your information
- Seek your consent (or consent of a substitute decision-maker) where appropriate
- Respond to or initiate proceedings
- Conduct research (subject to certain rules)
- Compile statistics
- Allow for the analysis, administration and management of the health system
- Comply with legal and regulatory requirements
- Fulfill other purposes permitted or required by law

Our collection, use and disclosure (sharing) of your personal health information is done in accordance with Ontario law. When we hire technology vendors to help us, we ensure our contracts follow PHIPA.

If there is temporary storage or processing of data by some of our vendors outside of Canada. These vendors are bound by the laws of the jurisdiction in which they are located and may disclose personal information in accordance with those laws.

We use provincially recommended tools for integrated care, such as eReferral Ontario, through which Ontario Health may collect data, including personal health information. As a Prescribed Entity under PHIPA, Ontario Health is permitted to collect personal health information for the management and planning of the health care system.

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SHARING YOUR INFORMATION IN THE HEALTH SYSTEM

We may provide your health information to Ontario Health to update your provincial electronic health record to help facilitate and coordinate your care with other health care providers.

The following shared systems are used to support patient care:

- ConnectingOntario

ConnectingOntario enables doctors and clinicians to share your medical information in a safe, secure digital format that will improve the care you receive. This means that authorized members of your health care team have immediate access to your important personal health information including: medical history, medication information, emergency department visits, lab results, hospital reports, home and community care services information, diagnostic imaging reports and images (e.g. X-rays). Access to the [ConnectingOntario Clinical Viewer](#) is restricted to those who provide or assist with patient care.

Contact eHealth Ontario at 416-946-4767, 1-888-411-7742 ext. 64767, or privacy@ehealthontario.on.ca:

- If you don't want to share your information in ConnectingOntario
 - To receive copies of your information from ConnectingOntario
 - To request a correction to your information in ConnectingOntario
 - To make an inquiry
- Ontario Laboratory Information System (OLIS)

Ontario Laboratory Information System (OLIS) allows hospitals, community laboratories, public health laboratories, and physicians to share laboratory, cytology, and pathology test results. Visit [eHealth Ontario - Lab results](#). If you wish to restrict access to your information in OLIS, please contact Service Ontario at [1-800-291-1405](tel:1-800-291-1405) (TTY [1-800-387-5559](tel:1-800-387-5559)).

- Diagnostic Imaging Repository (DIR)

The Diagnostic Imaging Repository (DIR) includes images, x-rays, CTs, and MRIs collected from hospitals and integrated community health service centres (ICHSCs) (also known as independent health facilities, or IHFs) across Ontario and makes them available for viewing to health service providers involved in providing care to you. If you wish to restrict access to your information in DIR, please contact the Hornepayne Community Hospital Privacy Officer.

- Integrated Assessment Record (IAR)

The Integrated Assessment Record (IAR) is a tool that provides a central repository for clinical assessment data collected from multiple community care sectors. It allows authorized health service providers involved with your care to view your previous assessment information from other care providers, enabling collaborative care planning and enhanced communication. If you wish to restrict access to your information in IAR, please contact the Hornepayne Community Hospital Privacy Officer.

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YOUR CHOICES

You have a right to make choices and control how your health information is collected, used, and disclosed, subject to some limits.

We assume that when you come to receive health care from us, you have given us your permission (your consent) to use your information, unless you tell us otherwise.

We may also collect, use, and share your health information in order to talk with other health care providers who are involved in your care, unless you tell us you do not want us to do so. This may include providers who do not work at Hornepayne Community Hospital. The information that is shared may include access to your electronic health record and/or use of shared electronic systems that securely share electronic information to provide timely and coordinated patient care.

Before we connect with you by virtual meeting or use an artificial intelligence (AI) scribe to assist with notetaking and documentation of our encounters with you, we will explain what that means and seek your consent.

Unless you ask us not to, we will provide general information about your health status to family or friends who ask. This includes the name of the clinical program caring for you (e.g. Cardiology), where your room is located, and your general health status, such as “stable” or “no change”. Your consent is required to disclose any further information.

If you tell us about your religious or other organizational affiliation, we may give your name and location to someone from that organization who may visit you and offer support, such as spiritual care, unless you tell us not to.

Unless you tell us not to, we, or others working on our behalf, may use your name and address for fundraising. If you do not want to be contacted for fundraising after you leave the hospital, please tell us.

Sometimes we get your permission before we collect, use, or share your health information for research. However, some research projects do not require your consent under certain conditions. These research projects must be approved by a research ethics board and must have privacy safeguards in place.

We may also use your health information for educational purposes and to plan our services and may share this information with certain organizations for health system planning and management.

There are cases where we are not allowed to assume we have your permission to share information. We may need permission to communicate with any family members or friends with whom you would like us to share information about your health (unless someone is your substitute decision-maker). For example, we will also need your permission to give your health information to your school or your boss or to an insurance company. If you have questions, we can explain this to you.

When we require and ask for your permission, you may choose to say no. If you say yes, you may change your mind at any time. You may withhold or withdraw your consent at any time by contacting Health Records. Once you say no, we will no longer share your information, use virtual visits, or use an AI scribe unless you say so. Your choice to say no may be subject to some limits.

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BUT there are some circumstances when we may collect, use, or share your health information without your permission, as permitted or required by law. For example, we do not require your permission to use your information for billing, risk or error management, or quality improvement purposes. We also do not need your permission to share your health information to keep you or someone else safe (in order to eliminate or reduce a significant risk of serious bodily harm); or to meet reporting obligations under other laws such as for health protection of communicable diseases, child safety, or safe driving.

CONSENT DIRECTIVE - LOCKBOX

You have the right to ask that we not share some or all of your health record with one or more of our team members or ask us not to share your health record with one or more of your external health care providers. This is known as asking for a “lockbox”. If you would like to know more, please ask us about “**Patient Lockbox: How to Restrict Access to your Health Record**”. If you request restrictions on the use of and disclosure of your health record, a member of our team will explain your choices and potential repercussions for those options.

WHO DECIDES

You may make your own decisions if you are “capable”. Your physician, nurse practitioner, or other health care provider will decide if you are capable based on a test the law sets out. You may be capable of making some decisions and not others. If you are not capable – you will have a substitute decision-maker who will make your information decisions for you. Who can act as a substitute decision-maker and what they have to do is also set out in law.

For children, there is no specific age when you become able to make your own decisions about your health information. If you are capable, you make your own decisions. However, if you are under the age of 16, there are some additional rules to know:

If you are under the age of 16, your parent(s) or guardian will also be allowed to make some decisions about your health record. But they won't be able to make decisions about any records about treatment or counseling where we asked for your permission alone.

We encourage you to share information with your family and other caregivers to have supports you need. We also encourage you to ask your health care provider questions to find out more about privacy and your family and caregivers.

FOR MORE INFORMATION OR COMPLAINTS

If you would like a copy of our Health Privacy Policy, please check our website or ask us for a copy.

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We encourage you to contact us with any questions or concerns you might have about our privacy practices. Please contact us if:

- you do not want to receive our patient satisfaction survey
- you do not want your contact information shared for Hornepayne Community Hospital fundraising
- you wish to withdraw or place “conditions” on your consent for how your information is used or shared
- you would like more information about our information practices
- you have any privacy related questions and/or complaints
- For a copy of your health record or to ask for a correction to your personal health records, contact Health Records.

Phone: 807-868-2442 ext 5127

Email: pamela.moore@hpch.ca

Mailing address: 278 Front Street PO Box 190 Hornepayne, ON P0M 1Z0

Privacy Officer

Hornepayne Community Hospital

If, after contacting us you feel that your concerns have not been addressed to your satisfaction, you have the right to complain to the Information and Privacy Commissioner of Ontario. The Commissioner can be reached at:

Information and Privacy Commissioner of Ontario

2 Bloor Street East, Suite 1400

Toronto, Ontario M4W 1A8

1-800-387-0073

info@ipc.on.ca

or visit the IPC website: www.ipc.on.ca

Supporting Documents:

Document Title:	Document #

DOCUMENT CHANGE HISTORY:

Date of Implementation	Description and Change

STAKEHOLDERS:

Stakeholder:	Signature
<input type="checkbox"/> Board of Directors, Chair	
<input type="checkbox"/> Chief Executive Officer	
<input type="checkbox"/> Chief Financial Officer	
<input type="checkbox"/> Manager of Support Services	
<input type="checkbox"/> Chief Nursing Officer	
<input type="checkbox"/> Chief of Staff	
<input type="checkbox"/> Clinic	
<input type="checkbox"/> Lab	
<input type="checkbox"/> Diagnostic Imaging	
<input type="checkbox"/> Purchasing	
<input type="checkbox"/> Accounts Payable/Payroll	
<input type="checkbox"/> Pharmacy	
<input type="checkbox"/> Privacy	
<input checked="" type="checkbox"/> Health Records	
<input type="checkbox"/> Health and Safety	
<input type="checkbox"/> Infection Control	
<input type="checkbox"/> Other: _____	