

## ***THE PRIVACY OF YOUR MEDICAL INFORMATION***

The physician and staff of this clinic are committed to protecting your privacy. This brochure is intended to tell you what steps we are taking to protect your privacy, and to tell you of your rights under Saskatchewan law.

### ***The Collection and Use of your Information***

In order to provide you with quality health care, I keep a record of information about your health status and a record of the care that I have provided to you. I may need to share this information with other health professionals or institutions who are involved in your care. However, I will only share your information on a "need to know" basis and will share only the information necessary to provide you with proper care.

I may provide information to other physicians or health professionals who are treating you, pharmacists who dispense drugs that we prescribe, and hospitals or other medical facilities where you are receiving care.

I also must meet legal requirements to disclose medical information in certain specific circumstances. I may be required to provide information about your medical care: To agencies who pay for the care I provide to you; When the law requires me to report a patient's condition. For example, I am required to report information about child abuse or neglect, some communicable diseases, and medical conditions that may interfere with a patient's ability to drive safely; To respond to an investigation by the College of Physicians and Surgeons; In response to a court order.

### ***Access to your Patient Record***

Unless there are unusual circumstances, you have the right to review and/or obtain copies of your patient chart.

If access or copies are provided, our clinic may charge a reasonable fee to cover our expenses.

### ***Changes to your Patient Record***

You can request a change to the information in your patient record if you think that there is an error or omission in the record. We will place a notation on your chart that you requested the amendment, and may include a notation of our opinion about the accuracy of your amendment.

### ***Security and Protection of your Information***

We will keep accurate records of your health information and will follow all legal requirements for the security, retention and destruction of these records.

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