

Guiding Principles, Privacy & Cancellation Policy

Quinn Rehab (QR) endorses and strives for an inclusive environment, one that demonstrates respect, equity, and support for all individuals, regardless of race, ethnicity, gender identity, age, faith, ability, or sexual orientation. QR implements a top to bottom approach to achieve a welcoming environment for all, validated through words and actions.

On January 1, 2004, the Personal Information Protection and Electronic Documents Act (The Act) came into effect with a mandate to balance the privacy rights of the individual and the needs of commercial organizations to collect information for business purposes.

QR remains committed to you, to your health, and respects your right to confidentiality. The privacy policy of **QR** is founded on the following principles:

ACCOUNTABILITY: The staff of **QR** are responsible for maintaining and protecting all information collected by the clinic. Patty Staring, Privacy Officer for **QR** would be pleased to speak with you if you require any clarification.

LIMITED AND ACCURATE COLLECTION OF INFORMATION: **QR** limits the collection of personal information to that which is necessary for the provision of excellence in health care. This information is accurately maintained in its most current form to fulfill the purposes for which it was collected.

CONSENT: A decision to receive care at **QR** implies consent for the sharing of information internally, for purposes related to your health care only. Written consent is required from you to share your health care information externally. You may withdraw this consent in writing at any time.

TELE-REHABILITATION: If you and your therapist have determined that care delivered via an online platform is appropriate, the platform will be secure and encrypted to protect your privacy. In addition, there is a mutual understanding that online care has limitations associated with an inability to perform hands-on assessments, examinations, and treatments. In the case of failure of video transmission, please call the clinic at 705-726-2362.

DISCLOSURE AND RETENTION: Patient information is kept in a secure manner for a period of ten years. This information will only be utilized for the purposes for which it was collected or if required by law.

INFORMATION STORAGE: Appropriate security measures are utilized to secure the privacy of all information collected in the delivery of your health care services.

PATIENT ACCESS: You are entitled to view the information collected by **QR** regarding yourself. You may obtain a copy of your records. There is a fee for this service.

I hereby consent to the collection, use, maintenance, and disclosure of my personal information as indicated above, unless and until I withdraw consent in writing.

CANCELLATION POLICY

Please be aware that 24 hours' notice is required for an appointment cancellation, or you will be charged the full fee. NOTE: INSURANCE COMPANIES DO NOT PAY FOR AN UNCANCELLED APPOINTMENT.

Date

Name (please print)

Signature

