

# PATIENT REGISTRATION AND PRIVACY CONSENT FORM (Bring with you to your appointment)

LAST NAME: _____ FIRST NAME: _____ (AS IT APPEARS ON HEALTH CARD)	(✓) CHECK MARK to let us know what your phone preferences are
DOB: ___/___/_____ (Day/ Month/ Year)	HOME PHONE: _____ <input type="checkbox"/> PRIMARY <input type="checkbox"/> Ok to Leave Message
HEALTH CARD _____ VER: _____	CELL PHONE: _____ <input type="checkbox"/> PRIMARY <input type="checkbox"/> Ok to Leave Message
ADDRESS: _____	OTHER: _____ <input type="checkbox"/> PRIMARY <input type="checkbox"/> Ok to Leave Message
CITY: _____ PROVINCE: _____ PC: _____	PATIENT LABEL

(✓) CHECK MARK below for consent - leave blank if you do not consent

- I CONSENT to discuss my personal health information with my partner in my absence and consent to allow my partner to update or change my personal health information as needed.
- I CONSENT to receive correspondence and clinic information by e-mail and understand that I may withdraw my consent at any time.  
Email: \_\_\_\_\_
- I CONSENT to possible review of my chart by designated research personnel of the OFC to determine if I am eligible for research studies at the OFC, If I am eligible this consent will allow OFC to contact me to discuss the study or studies.

**THE OTTAWA FERTILITY CENTRE (OFC) IS COMMITTED TO MAINTAINING THE CONFIDENTIALITY AND SECURITY OF YOUR PERSONAL HEALTH INFORMATION AND TAKES NECESSARY PRECAUTIONS TO PROTECT THE PRIVACY OF YOUR PERSONAL HEALTH INFORMATION.**

The Ottawa Fertility Centre (OFC) is committed to maintaining the confidentiality and security of your personal health information and takes necessary precautions to protect the privacy of your personal health information.

**COLLECTION OF PERSONAL HEALTH INFORMATION:**

We collect personal health information about you so that we may provide you with quality health care and promote and protect your health. The personal health information collected can include:

- name, address, date of birth and facts about your health and individual/family health history
- records of your visits to the Ottawa Fertility Centre and care received during your visits

**USE & DISCLOSURE OF PERSONAL HEALTH INFORMATION**

We collect, use, disclose, and retain personal health information for the purposes of:

- providing clinical care to patients of the OFC and the Ottawa Fertility Ultrasound Corporation
- planning for the development and delivery of care and services, monitoring and evaluating outcomes of care
- quality assurance, research, teaching, and statistics (e.g. national/provincial registry). Names not disclosed.
- complying with federal and provincial legal and regulatory requirements

**PROTECTION OF PERSONAL HEALTH INFORMATION**

We make sure your information is not lost, stolen or used by someone that should not have access; all personal health information is kept private and is stored and/or disposed of in a secure way.

**ACCESS TO PERSONAL HEALTH INFORMATION**

Your personal health information is collected and used with your implied consent. Under PHIPA you have the right to:

- see and correct your personal health records
- withdraw your consent from the Ottawa Fertility Centre for some of the ways in which your information is used

If you would like to access your personal health information or have questions, please contact the Director of Business Operations at: (613) 686-3378 extension 210.

**CORRESPONDENCE BY E-MAIL**

The OFC obtains consent from patients so that it may communicate medical information to patients. Consent may be withdrawn at any time by notifying your physician's office.

**THE INFORMATION & PRIVACY COMMISSIONER (IPC) OF ONTARIO**

IPC oversees the administration of provincial privacy legislation for health information custodians. If you are concerned with how we have handled your Personal Health Information, the Commissioner can be reached at:

2 Bloor Street East, Suite 1400, Toronto, Ontario, M4W 1A8. Phone: 1-800-387-0073. Website: www.ipc.on.ca

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date