



## **For Collection, Use and Disclosure of Personal Information**

Providing quality treatment includes protecting the privacy of your personal information. It is an essential part of our service to you and your family. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our clients.

### **AT SPEAK YOUR MIND THE PRIVACY INFORMATION OFFICER IS: BRIAR CIPRYK**

All volunteers or supportive personnel who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

In this consent form, we have outlined what our clinic is doing to ensure that

- only necessary information is collected about you and your child
- we only share your information with your consent
- storage, retention and destruction of your child's personal information complies with existing legislation, and privacy protocols
- our privacy protocols comply with privacy legislation, standards of our regulatory body CASLPO and the law.

Do not hesitate to discuss our policies with me. Please be assured that every member in the clinic is committed to ensuring that your information is kept confidential.

### **How Speak your Mind Collects, Uses And Discloses Clients' Personal Information**

- to identify and to ensure continuous high quality service
- to assess your child's communication development
- to advise you of treatment options
- to enable us to contact you
- to establish/maintain communication with you via telephone, newsletters, postcard reminders etc.
- to offer and provide treatment, care and services
- to communicate with other treating health-care providers, including community therapists, teachers and referring doctors (with your permission)
- to allow us to maintain communication and contact with you to distribute home programs, treatment amendments, and to book and confirm appointments
- to allow us to efficiently follow-up for treatment, care and billing

- for teaching on an anonymous basis
- to comply with agreements/undertakings entered into voluntarily by the member with governing bodies, including the delivery and/or review of clients' chart and records in a timely fashion for regulatory and monitoring purposes
- to invoice for goods and services
- to process payments (cheque)
- to collect unpaid accounts
- to assist this office to comply with all regulatory requirements
- to comply generally with the law

By signing the consent section of this client consent form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your child's personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Speak Your Mind will not under any conditions supply your insurer with your child's confidential medical history. In the event this kind of a request is made, we will forward the information directly to you for review, and for your specific consent. When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

**Client Consent**

I have reviewed the above information that explains how your clinic will use my child's personal information, and the steps your clinic is taking to protect my child's information.

I \_\_\_\_\_ allow BRIAR CIPRYK to collect, use and disclose personal information about my child, as set out above in the clinic's privacy policies.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_