

Health Zone

Nurse Practitioner-Led Clinic

Business Office
PO Box 25087
London ON N6C 6A8

Clinic Locations
Allan Rush Gardens
Merrymount Children's Centre
Southdale

Protecting Your Privacy

Health Zone Nurse Practitioner Led Clinic (HZNPLC) is committed to protecting your personal information.

- 1) We have policies to protect the confidentiality of the personal information we hold about you
- 2) You can ask staff about our policies and practices related to the management of personal information
- 3) Every client or their legally authorized representative will sign an agreement about how we can use their personal information
- 4) We only collect and use information that is necessary to: provide care or services to you; evaluate, manage and plan our services; and meet our legal and funder requirements unless we are otherwise required by law
- 5) We work in a team model where your information is shared about health providers involved in your care to be able to help you most effectively
- 6) You can access your records by requesting to do so in writing

Your information will not be released to any person or organization that is not a health care provider without your written or verbal consent, except under the following circumstances:

- Where an individual appears to be a danger to themselves or others
- Where child abuse is suspected
- Where HZNPLC is required by law, statute, or regulation
- Or as authorized

You have the right to withdraw your consent or to limit the information that you provide us. However, this may result in a change in the care that we can provide.

I, _____ have read and understand the above information on privacy.

Signature

_____/_____/_____
month day year

Witness

_____/_____/_____
month day year

If you have questions about HZNPLC's Privacy Policy, please ask any staff member.

EXPECTATIONS

Health Zone Nurse Practitioner Led Clinic (HZNPLC) management, staff, and students, agree to be courteous, professional, and respectful to clients at all times. HZNPLC will provide high quality, confidential services in an environment free of discrimination. In turn, clients of HZNPLC are expected to treat everyone in a courteous and respectful manner, without discrimination.

Nurse Practitioners (NPs) are able to provide most primary health care services, however:

- NPs are not able to prescribe narcotics or controlled substances¹

Off-site consulting physicians participate with our team and we can refer you to other health care providers, if needed.

AS A CLIENT/CLIENT GUARDIAN OF HZNPLC, I AGREE:

- To be committed to maintaining and/or improving health
- To treat others courteously, with respect and fairness, and without discrimination
- To be accountable for my actions and to accept the consequences of my behaviour
- To be on time for appointments and to call and cancel if I am not able to attend

AS A CLIENT/CLIENT GUARDIAN, I UNDERSTAND THAT I HAVE THE FOLLOWING RIGHTS:

- To express my opinion and be heard in a manner that is open, honest, and accepting
- To be treated courteously, respectfully, fairly in a manner that fully recognizes my dignity, privacy, and individuality
- To have my personal information kept confidential in accordance with the law
- To be treated in a manner that is sensitive to my individual needs and preferences and which respects my individual differences including various ethnic, psychological, familial, spiritual, language or cultural factors

¹College of Nurses of Ontario (2011). *Practice Standard—Nurse Practitioner*. Retrieved from http://www.cno.org/Global/docs/prac/41038_StrdRnec.pdf

- To raise concerns with or recommend changes in policies and services to HZNPLC
- To be fully informed about the services provided to me, all aspects of my care, and who will be providing the services
- To be informed of services and treatment options, to give consent or refuse consent for services and/or treatment and be informed of the consequences of this decision
- To feel safe and free from all forms of abuse

I have read, understand and agree to the above Expectations of HZNPLC, the role of the Nurse Practitioner, and my Rights and my Responsibilities:

_____	_____	____/____/____
Print name	Signature	month day year
_____	____/____/____	
Witness	month day year	