

Welcome to the Oasis Medical Clinic

To better serve your health care needs, please answer the following questions.

Please Check all that apply

- I Use injection drugs
- I smoke crack or meth
- I Work in the sex trade
- I Have HIV and/or Hep C
- I'm taking or prescribed Methadone, Suboxone, Kadian or Sublocade, safe supply (Dilaudid)
- I sometimes inject drugs/ smoke crack or meth

What is the reason for your visit to Oasis today? Please Check all that apply

- Infection
- Prescriptions
- Dressing
- Opioid replacement therapy (Methadone/Suboxone)
- Looking for a doctor
- Medical referral (Specialist)
- Social services (Case worker, Housing, ODSP, CMHA)
- Identification (Birth Certificate, Health Card)
- Other _____



REGISTRATION FORM

Ce formulaire est aussi disponible en français

We ask because we care! Our CHC believes that health is determined by many factors including housing, environment, education, social supports, opportunities for employment, marginalization and societal/structural factors. Please help us provide services and programs that meet your needs by answering the questions below. We appreciate your contribution, but know that answering these questions is NOT mandatory to receiving care. All records are confidential.

CLIENT INFORMATION (Name must match Health insurance card or Birth certificate)

Last name:		Preferred Pronoun:	Date of Birth: (MM/DD/YY)
First Name:	Middle Name:		Preferred Name:
Current address (if applicable):			
City:	Province:	Postal Code:	
No Fixed Address: <input type="checkbox"/> Living in Shelter <input type="checkbox"/> On the street <input type="checkbox"/> Other (YMCA, with friend)	Preferred phone number: (____)____-____ Other phone number (1): (____)____-____ Other phone number (2): (____)____-____	Message allowed? (y/n) Message allowed? (y/n) Message allowed? (y/n)	
Country of Birth:	Date of arrival in Canada: DD/MM/YY		
Ontario Health Card Number:	Code:	Expiry: DD/MM/YY	
Sex as marked on your official identification documents <input type="checkbox"/> Female <input type="checkbox"/> Male			

IN CASE OF EMERGENCY

Contact Person:	Relationship to Client:
Preferred Phone Number: (____) ____ - _____	Other Phone Number: (____) ____ - _____

Gender Identity is your sense of self, for example, your sense of being male, female, both or neither. It may be different from your physical sex and includes the options below (check one only):

- Female Trans - Masculine Two-spirit Questioning
 Male Trans - Feminine Prefer not to answer Do not know
 Intersex Trans – Non binary Other (please specify)_____

Sexual Orientation is who you are attracted to romantically. People define their sexual orientation in various ways. What is your sexual orientation?

- Heterosexual/Straight Gay Queer Questioning Pan sexual
 Bisexual Lesbian Two-spirit Prefer not to answer
 Other (specify)_____

Education

What is your highest completed level of education?

- Too young for primary completion Primary or equivalent (grades 1-8)
 Secondary or equivalent (grades 9-12) College
 University Bachelor's University Post-Graduate
 No formal education Other Do not know Prefer not to answer



REGISTRATION FORM

Income (Combined Annual Household income):

- \$0 – 14,999 \$15,000 – 19,999 \$20,000 – 29,999
 \$30,000 – 39,999 \$40,000 – 59,999 \$60,000 +
 Prefer not to answer Do not know Not applicable

How many people are supported by this income? _____

Household Composition

(who lives in your household?) check one only

- One member Extended Family
 One parent family (mother) Grandparents with grandchildren
 One parent family (father) Siblings
 Couple without child(ren) Unrelated housemates
 Same sex couple Other
 Two parent family with children

What is your mother tongue (the language that you first learned at home in childhood and still understand)?

- English French Arabic Somali Inuktitut Ojibwe Cree
 Spanish Cantonese Mandarin Other: _____

If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable? English French

What best describes your ethnic or racial group?(Please check all that apply)

- Asian - East First Nations Black – North American Latin American
 Asian – South Metis Black - African White North American
 Asian South East Inuit Black - Caribbean White European
 Middle Eastern Indigenous Indian - Caribbean Mixed Heritage
 Do not know Other (please specify)_____ Prefer not to answer

Health and Accessibility (any ongoing condition(s) you want us to know about):

- Chronic Illness (e.g. Diabetes) Developmental Disability
 Problematic Substance Use Learning Disability (e.g. ADHD, Dyslexia)
 Mental Health Issues Physical Disability
 Sensory Disability (e.g. hearing or vision loss)
 None Do not know
 Prefer not to answer Other (please specify):_____

WELL BEING INDICATORS

Sense of Community Belonging

How would you describe your sense of belonging to your community?

(Sense of belonging is feeling like you are part of something, connected, accepted)

Would you say it is:

- Very weak Somewhat weak Somewhat strong Very Strong

Self-rated Physical Health

In general, would you say your overall physical health is:

- Poor Fair Good Very good Excellent

Self-rated Mental Health

In general, would you say your overall mental health is:

- Poor Fair Good Very good Excellent



Informed Consent Form Personal Health Information

Note to Clients

This statement explains your privacy rights and the actions our centre takes to ensure your personal health information is protected under the Personal Health Information Privacy Act (PHIPA).

Statement of Confidentiality

The Sandy Hill Community Health Centre (SHCHC) has a range of health programs and services. A variety of health professionals and volunteers working at the Centre offer holistic, comprehensive health care for our clients. We work together to give you the best possible, quality service.

SHCHC is a “health information custodian”. This means we store your personal health information in our systems in order to provide you with comprehensive health care. This information is used for the purposes outlined in the Personal Health Information Protection Act, 2004 (PHIPA). In accordance with PHIPA, we collect personal health information directly from you or from the person acting on your behalf. Your personal health information may be shared among those staff members who are directly involved with your care. Sharing of information is done only when necessary and appropriate to provide you with quality service. Occasionally, we collect personal health information about you from other sources only if we have obtained your consent or if the law permits. Such other sources could include other health service providers working with us to provide care to you.

All SHCHC staff and volunteers are committed to maintaining and protecting the confidentiality of your personal information.

Types of Information We Collect

Sandy Hill CHC may collect the following types of information from you:

- Your name, address, telephone, identification and health card numbers
- Demographic information (Age, gender, date of birth, language, living arrangements, education, income level)
- Medical, social, or other health information
- Family members and contacts.

How we Use and Disclose Personal Health Information

With your consent, which may be express or implied depending on the specific information, we use and disclose your personal health information to:

- Treat and care for you with the people in your “Circle of Care.” These are the people responsible for your care (e.g. doctors, nurses, nurse practitioners, social workers,

dietitians, community workers, facilitators, psychologists, psychiatrists and traditional healers)

- Enable you to participate in SHCHC programs
- Get payment for your treatment and care (e.g. from agencies that fund services, WSIB, your Private insurer or others)
- Inform funding agencies such as the Ontario Ministry of Health and Long Term Care and Local Health Integration Network (LHINs) for health system management purposes
- Guide the planning, administration and continuous improvement of our services and operations
- Conduct quality improvement activities (e.g. surveys),
- Ensure SHCHC complies with legal and regulatory requirements
- Conduct research as approved by the Management Team

Personal health information will not normally be shared with outside persons or agencies without your prior written consent. If you agree to a referral to a professional outside of SHCHC, your information relevant to that referral will be sent to that professional. There are situations in which we are required by law to disclose information without your consent. These situations include:

1. If we suspect that a child under the age of 16 is at risk of harm
2. If we believe you are a danger to yourself or others
3. If your records are subpoenaed by the courts
4. If you are considered by law to be unable to make informed decisions for yourself. In this case your parent, guardian or public trustee may have access to information about you.
5. Cases of a reportable communicable disease that must be reported to a Public Health agency.

SHCHC is required to provide information to the Ontario Ministry of Health and Long Term Care that is used for determine the effectiveness and funding needs of community health centres.

Consequences of Not Providing Information

Each service provided through Sandy Hill CHC requires different types of information from you. If you choose not to provide requested information, we may not be able to provide you with specific services. However, you are still able to use other services offered through the Centre.

Virtual Care at SHCHC

Care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems. The Centre will use virtual care when appropriate or necessary situations arise that the Centre believes may result in care being delivered more safely, efficiently, and/or effectively. The following should be considered prior to consenting to Virtual Care at SHCHC:

- The Centre has taken a significant number of steps to ensure the confidentiality and privacy for virtual care between clients and providers, however, the Centre cannot fully guarantee the security of internet transmissions during virtual care sessions.
- Email messages sent from SHCHC, including any attachments, are for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient of the email message that is received, please contact the Centre and destroy all copies of the original message.
- Videoconferencing sessions occur in real-time and are never recorded by the Centre. Clients that consent to Virtual Care at SHCHC are aware of the potential for technical issues that can disrupt the connection between the provider(s) and the client(s) including, but not limited to, internet connectivity issues, server maintenance, sound issues, software issues, internet malware, or other equipment issues. Issues such as these are not the fault of the Centre, the provider, nor the client(s) involved.
- Clients are aware that interruptions may occur at any time during the Virtual Care session. Should an interruption occur, the Centre will contact the client as soon as possible, by email or phone, to reschedule the appointment.
- Clients are aware that Virtual Care sessions must be done in a private setting with no one else present, unless discussed and consented to by both the client and the provider.
- There may be cases where technical difficulties are unresolvable and Virtual Care is not possible. In those cases, the Centre will discuss alternate options with the client.

Access to your medical records

You may access and correct your personal health records, or withdraw your consent for the above uses and disclosures by contacting us. A service provider can review the record with you by appointment. If you choose to withdraw your consent, this does not operate retroactively and your withdrawal of consent may be subject to legal exceptions. All records remain the property of Sandy Hill CHC.

Consent Statement

I understand that Sandy Hill Community Health Centre (SHCHC) is seeking my consent for it to collect, use and/or disclose my personal health information (or the personal health information of the person on whose behalf I am acting as a substitute decision-maker). I understand that SHCHC will only collect, use and disclose my personal health information (or the personal health information of the person on whose behalf I am acting as a substitute decision-maker) with my consent as set out in the Informed Consent Form unless a particular collection, use or disclosure is permitted or required by law without my consent. I also understand that I can refuse to sign this consent form. I can also choose to withdraw my consent any time through written notice.

I hereby authorize SHCHC to collect, use and disclose my personal health information (or the personal health information of the client, for whom I am the substitute decision-maker) for the purposes mentioned above.

Consent to Virtual Care at SHCHC (see attached handout)

I hereby authorize SHCHC to communicate and provide care using virtual and other telecommunications tools, including email, as described above. I have been explained the risks related to unauthorized disclosure or interception of personal health information and steps I can take to protect my information. I am aware that Virtual Care does not replace the need for physical examination or an in person visit for some disorders or urgent problems and I understand the need to seek urgent care in an Emergency Department as necessary.

Client Rights and Responsibilities (see attached handout)

I have been provided information on Clients Rights and Responsibilities and on how to provide feedback to the Sandy Hill Community Health Centre.

Print Name

Signature

Date



**Sandy Hill
Community Health Centre**
Centre de santé
communautaire Côte-de-Sable
Every One Matters.
Chaque personne compte.



ConnectingOntario ClinicalViewer is a province-wide database where we will be able to see your personal health information, including medications you are being prescribed, your lab results, and your hospital visits.

- I hereby authorize SHCHC to collect my personal health information from ConnectingOntario ClinicalViewer before my appointment.

Name : _____

Signature : _____

Date : _____

Le visualiseur clinique de ConnexionOntario est une base de données provinciale nous permettant de consulter vos renseignements personnels sur la santé, y compris les médicaments qui vous sont prescrits, vos résultats d'analyse et vos visites à l'hôpital.

- Par la présente, j'autorise le CSCCS à recueillir mes renseignements personnels sur la santé auprès du visualiseur clinique de ConnexionOntario avant mon rendez-vous.

Nom : _____

Signature : _____

Date : _____

How to Contact the Privacy Officer and/or the Information and Privacy Commissioner of Ontario

For more information about the privacy practices or to raise a concern you have with our practices, contact us:

SHCHC Privacy Officer: Kyle Heney 221 Nelson Street Ottawa, ON K1N 1C7 Email: pofficer@sandyhillchc.on.ca Website: www.shchc.ca	Information and Privacy Commissioner of Ontario (IPC): You have the right to contact the IPC if you think we have violated your rights. The Commissioner can be reached as follows: Information and Privacy Commissioner of Ontario 2 Bloor Street East, Suite 1400 Toronto, Ontario M4W 1A8 Tel: 416-326-3333 or 1-800-387-0073 Fax: 416-325-9195 Web site: www.ipc.on.ca
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Do not send personal information via email or fax.



What is Virtual Care at SHCHC?

Virtual Care at SHCHC is care that is provided through secure video or audio communications and may include the use of email to communicate information about upcoming appointments, or other non-urgent information. The Centre will use virtual care when appropriate or necessary situations arise that the Centre believes may result in care being delivered more safely, efficiently, and/or effectively.

Virtual Care **cannot** replace the need for physical examination or an in-person visit for some disorders or urgent problems.

What are the risks of using Virtual Care at SHCHC?

While the Centre will use reasonable means to protect the security and confidentiality of information sent and received using electronic communications, because of the risks outlined below, the Centre cannot guarantee the security and confidentiality of electronic communications:

- Use of Virtual Care to discuss sensitive information can increase the risks of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Virtual Care can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Virtual Care may be subject to disruptions beyond the control of the Centre and/or the client that may prevent the Centre from being able to provide services
- Virtual Care sessions can be overheard or viewed by others in the immediate area. Clients must ensure there is no one else present in their immediate area (unless agreed upon with the Provider prior to the encounter) and that the area they are in is quiet, safe, and appropriate for the type of session taking place. Headphones are suggested to ensure the privacy of matters being discussed.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order, as per the Personal Health Information Protection Act, 2004 (PHIPA).

What are the conditions of using Virtual Care at SHCHC?

- Virtual Care will not and should not be used for medical emergencies or other time-sensitive matters.
- Virtual Care may not be an appropriate substitute for some services that the Centre offers.
- Clients are responsible for ensuring confidentiality by closing other programs on their device while in a Virtual Care session, planning ahead to minimize distractions, and not answering calls or text messages while in a session.
- Clients will not record Virtual Care sessions without prior knowledge and permission of the Provider.
- The Provider will ensure they are only using a secure form of Virtual Care that has been reviewed and approved by the Centre for use.
- The Provider will ensure that all other noises and distractions are eliminated during the session.
- If the session is interrupted due to technical problems, the Provider will attempt to resolve the issues and continue the session. If this is not possible, the session may be rescheduled or an alternate type of session may be suggested.
- The Provider will continue to follow all of the Centre's policies and procedures that exist for in-person services.
- The Provider will exercise care to protect the client's Personal Health Information that is in the Provider's possession and control, as well as restrict unauthorized use, access, copy or disclosure in any manner of this information.



Client's Rights and Responsibilities

Welcome to the Sandy Hill Community Health Centre! We look forward to working with you to reach your health goals!

Our first priority is the safety of everyone who comes to our Centre. A safe space is essential for everyone to get healthy.

Everyone who comes to Sandy Hill CHC has the right to:

- A safe, secure and welcoming space
- Participate in services in a way that respects your race, ethnicity, national origin, gender, gender identity, age, level of income, language, religion, sexual orientation and disability.
- Be serviced based on current best evidence in a way that is professional and confidential.
- Be provided with the information about treatment options so that you can make informed choices and be a part of decisions about your health care.
- Provide feedback to the Centre when you are satisfied or dissatisfied with your care or if you have ideas that might improve our services.
- Refuse service from a student.

In order for you to get the care you need and to have a safe and respectful space for everyone, we ask that you:

- Be involved and make informed choices treatments and activities that affect your health.
- Not use tobacco (including electronic cigarettes), alcohol or drugs on our property except in designated non-public areas allowed by law. Ontario law says that tobacco cannot be smoked within 15 metres (35 feet) of our main door.
- Treat staff and volunteers and other clients with respect which includes
 - No verbal abuse (name calling, yelling)
 - No violence or threats of violence
 - No comments of a sexual nature
 - No comments or actions that would make another person feel unwelcome due to their race, ethnicity, national origin, gender, gender identity, age, level of income, religion, sexual orientation or disability.
- Respect the confidentiality of couples' counseling, group counseling or group activities.
- Follow staff direction about safety and in emergency situations.
- Provide feedback to the Centre when you are satisfied or dissatisfied with your care or if you have ideas that might improve services.

You may be refused services at our Centre if we consider that your actions create an unsafe space for clients and staff.

We will work with you to identify strategies that will allow you to access services again.