



CAN-AM CRYOSERVICES

PERSONAL HEALTH INFORMATION PROTECTION POLICY

At CAN-AM Cryoservices Corp. (CAN-AM), privacy of personal information, particularly Personal Health Information (PHI), is an important part of providing you with quality service. The collection and disclosure of PHI is regulated under the Provincial Personal Health Information Protection (PHIP) Act of 2004.

HOW YOUR PERSONAL INFORMATION IS COLLECTED AND DISCLOSED

Information may be collected or disclosed by law, on your behalf or upon your Consent, by electronic means or by phone, mail, courier, fax or in person. This collection or disclosure may include any of the following:

- Inquiries and requests made by you or by your physician/clinic relating to Client Depositor or Andrology products or services, or Donor Sperm products or services.
- Communications regarding service delivery, accounts and payment.
- Disclosure between CAN-AM, your physician/clinic and/or medical laboratories of your health records and medical testing results.

PHI SECURITY

CAN-AM takes steps to protect your personal information from theft, loss and unauthorized access. Additionally, CAN-AM's laboratory records system is inspected annually by the HPFB Inspectorate of Health Canada

COMPLAINTS AND CONCERNS

Under the PHIP Act, you have the right to access, review and make corrections to your Personal Health Information and records, where applicable, or to withhold or withdraw your consent for some stated uses and disclosures. These requests must be made to the Privacy Information Officer *in writing*, by fax or mail. An administrative fee may apply.

Our Privacy Information Officer is available to answer any questions or concerns:

Privacy Information Officer

1057 Main St. W, Suite 102 1-888-245-3471
Hamilton, ON L8S 2B7 F: 905-245-3936

Requests or complaints will be acknowledged in writing and investigated thoroughly. You will receive a written decision or notice within 30 days. If you are dissatisfied with the decision, or believe that CAN-AM has violated your privacy rights, you may submit a complaint to the Privacy Commissioner of Ontario:

Office of Information and Privacy Commissioner/Ontario

2 Bloor Street East, Suite 1400
Toronto, ON M4W 1A8
Tel: 416-326-3333 | Fax: 416-325-9195
Toll-Free: 1-800-387-0073 (within Ontario)

PLEASE COMPLETE THE REVERSE SIDE AND SUBMIT TO CAN-AM STAFF.

WHY WE COLLECT PERSONAL INFORMATION

- To establish and maintain a responsible relationship with you and to provide ongoing service.
- To communicate with fertility clinics/physicians, laboratories or other Health Information custodians regarding your care and treatment, and to allow us to efficiently follow-up outcome of treatment and billing.
- For instructive, academic and demonstration purposes.
- To plan, administer and evaluate our internal operations, in order to ensure continuous high quality service.
- To obtain payment for your treatment from OHIP, private insurers or others, where applicable.
- To generate billing statements for services rendered or products distributed and to process credit card payments or to collect unpaid accounts.
- To comply with legal and regulatory requirements, including Regulatory Agency Inspections.



1057 Main Street West, Suite 102
 Hamilton, Ontario L8S 1B7
 Telephone (905) 524-3342
 Fax (905) 524-3936

Toll Free 1-888-245-3471
 Toll Free Fax 1-877-772-6387
 info@canamcryo.com
 www.canamcryo.com

CONSENT TO THE DISCLOSURE, TRANSMITTAL OR EXAMINATION OF PERSONAL HEALTH INFORMATION

I, _____ have reviewed the Personal Health Information (PHI) *(Full Legal Name of Patient or Substitute Decision-Maker)*

Protection Policy concerning the collection, use and disclosure of PHI by CAN-AM Cryoservices Corp.

I understand my express consent is being requested to disclose the following PHI, or portions thereof*:

_____ *Results of testing or assessments; copies of medical records; and/or Consent documentation*

_____ *OR OTHER:*

To: **CAN-AM Cryoservices**
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(T)1-888-245-3471 / (905) 524-3342
(F)1-877-772-6387 / (905) 524-3936
info@canamcryo.com

From the medical record of the following patient:

I understand that the information is to be used only for the purposes of: Preservation of sperm for future use

OR OTHER: _____

I understand that I may withdraw this consent before the disclosure occurs by giving written notification to the Privacy Information officer of CAN-AM Cryoservices Corp. as outlined in the Privacy Policy. .

I hereby waive any and all claims against CAN-AM Cryoservices Corp. in connection with the disclosure of this Personal Health Information.

Signature of Patient or Substitute Decision-Maker

(and relationship to patient, if applicable)

Witness (Name)

Dated this _____ day of _____, 20____

Witness (Signature)

*Transmission of disclosed information includes by Facsimile, E-mail, Courier or Post.