

STOP PROGRAM PRIVACY STATEMENT AND CONSENT TO INFORMATION COLLECTION, USE AND DISCLOSURE

The Smoking Treatment for Ontario Patients (STOP) Program is a program designed to help support your decision to quit or reduce using nicotine products, such as tobacco cigarettes and/or e-cigarettes through the provision of Nicotine Replacement Therapy (NRT) and access to informational and educational resources through an online portal (STOP Portal). Many health care organizations in Ontario have chosen to participate in the STOP Program in partnership with the Centre for Addiction and Mental Health (CAMH). The STOP Program is funded by the Ontario Ministry of Health, and is free of cost to you.

If you take part in the STOP Program, CAMH collects certain information, including personal information, from you. This form explains the purposes for which CAMH collects, uses, and discloses your information and our management of that information for the STOP Program.

ELIGIBILITY AND ENROLLMENT

You may take part in the STOP Program if you use nicotine products, are a resident of Ontario, and if your health care provider determines it is appropriate for you.

To enroll, you must first speak with a health care provider at one of the health care organizations participating in the STOP Program. If you have not spoken with a health care provider at a participating health care organization, please do so first before completing this form.

Re-enrollment in the STOP Program is possible after one year from the previous enrollment. You should discuss with your health care provider at the participating organizations the appropriateness of re-enrolling, and any questions you may have about treatment options offered to you by your health care provider, including the benefits and risks, side effects and any contraindications.

If you previously participated in STOP, including when it was a research study, CAMH will link your information from these previous enrollment(s) to your information from this current enrollment for STOP Program planning, evaluation, and research on nicotine use and quitting or reducing nicotine use. This means if you ever participated in STOP previously, including when it was a research study, CAMH will look into your information from those enrollment(s) and put it together with information from your current enrollment. By consenting to the STOP program, you are agreeing to this data transfer. You cannot participate in the STOP program if you do not agree to have data transferred if you were a STOP research participant or past STOP program user.

Your consent to receive treatment through your health care provider and any withdrawal of such consent will be managed by your health care organization in accordance with their policies. **Any information provided to you by CAMH in connection with the STOP Program, either directly or indirectly (including any resources provided through the STOP Portal), is not a substitute for professional medical advice, diagnosis or treatment. If you require medical advice, diagnosis or treatment, please contact a qualified health care professional. No physician-patient or other health care provider relationship is created between you and CAMH as a result of your enrollment in the STOP Program.**

INFORMATION COLLECTED BY CAMH

- **Full name:** first name and last name.
- **Contact information,** for example, your mailing address including postal code, e-mail address, telephone numbers.
- **Nicotine use information,** for example, your cigarette use, e-cigarette use.
- **Other substance use information,** for example, cannabis use, alcohol use, caffeine use.
- **Behavioural information,** for example, physical activity, fruit and vegetable intake.
- **Physical and mental health information,** for example, past and current diagnosis of high blood pressure, pain, mood, and related medication use.
- **Sociodemographic information,** for example, your date of birth, sex, gender, employment, education.
- **Technical information,** for example, your internet browser type, operating system, date and time of STOP Portal access, IP address.
- **OHIP number (optional)**

REQUIRED AND OPTIONAL INFORMATION

Some information that you are asked to provide when completing the STOP Program questionnaires, such as your name and address, are required to participate in the STOP Program to ensure safe and effective program delivery; these questions are marked with a red asterisk (*). Other information you are asked to provide is not required; these questions do not have a red asterisk. However, the optional information is extremely valuable to help make sure your health care provider can offer the best possible chance of quitting or reducing nicotine use, and to evaluate the STOP Program for the purpose of improving it for others trying to quit or reduce their nicotine use. Please complete all questionnaires as best as you can.

METHODS OF COLLECTING YOUR INFORMATION

CAMH collects most information directly from you online using the STOP Portal, CAMH's web application for the STOP Program. The STOP Portal includes the *My STOP Portal*, which is the patient-facing interface of the STOP Portal. Other times we collect your information from your health care provider when you interact with them or when you speak with a CAMH STOP Team member by phone.

Other information is collected when you access the STOP Portal. When you access the STOP Portal it will automatically collect some standard types of technical information such as the types and versions of internet browser and operating system used to access the STOP Portal, the Internet Protocol (IP) address of the device being used to access the STOP Portal, dates and times users access the STOP Portal, etc. This information is collected to support troubleshooting of the STOP Portal software program and for traffic monitoring and statistical purposes. The STOP Portal also uses cookies. Cookies are small pieces of data stored by an internet browser on your device when you visit the STOP Portal. Cookies are often used to retain information about preferences and pages you have visited. The STOP Portal uses cookies for a few functions, such as to authenticate users, manage the online session, and prevent multiple logins and duplicate records.

| INFORMATION USED | USE OF YOUR INFORMATION BY CAMH |
|---|--|
| Full name and contact information | <ul style="list-style-type: none"> • Deliver NRT to you • Conduct STOP follow-up surveys • Ask if you are interested in learning about other CAMH offerings that may be beneficial to you • Data quality checks, such as finding duplicate entries and/or errors in the program database |
| Nicotine use Other substance use Behavioural Physical and mental health Sociodemographic Location data (postal code) | <ul style="list-style-type: none"> • Evaluate and improve the program, identify where we need to improve access to services. STOP Program progress, outcomes, and findings (using aggregate data that does not identify you) are shared with our funder, the Ontario Ministry of Health, health care and scientific communities, as well as policy makers (e.g., publications, presentations, media updates) • Research about nicotine use and quitting or reducing nicotine use, and factors related to health and health outcomes of individuals who smoke or use nicotine. Your de-identified STOP information also may be combined with information collected from other people in other programs and studies. |
| Technical information | <ul style="list-style-type: none"> • Find and fix issues / bugs in the STOP Portal and other troubleshooting • Monitor STOP Portal traffic |

DISCLOSURE OF YOUR INFORMATION BY CAMH

CAMH will not sell your information. It will share your information only with the parties listed below.

- **Your health care organization(s):** CAMH shares identifiable information (meaning it can be used to identify you) with your health care organization so that your health care provider(s) can deliver the STOP Program to you and decide the best treatment plan for you. Your health care organization may also use the information for other purposes in compliance with, and to the extent permitted by, applicable laws; if you have questions about your health care organization's use of your information, please connect directly with your health care organization/provider(s).
- **Researchers:** CAMH may share your de-identified information (meaning it cannot be used to identify you) with researchers within and outside of CAMH for specific research or evaluation projects. Your information may be combined with information collected from other people in other programs and studies.
- **Institute for Clinical Evaluative Sciences (ICES):** We will share your questionnaire answers with ICES so they can link it with your publicly-funded health care information held by ICES. If you agree to the Optional Consent below, CAMH will share your OHIP number with ICES for the purposes of facilitating this linkage; if you do not wish to provide your OHIP number for this purpose, CAMH will share your full name and date of birth with ICES instead. The data ICES gives back to CAMH is aggregated (grouped by age

groups, for example) to help CAMH measure the impact of the STOP Program on the future health of its participants.

COMMERCIALIZATION

The results of the STOP Program, or in the course of designing and delivering the STOP Program, CAMH may create methods, tools, software and other products with commercial value. You will have no rights to any of these tools, programs or products created as a result of the STOP Program or any future programs/studies that may use your de-identified information. You will not receive money or other compensation or benefits from these tools, programs or other products.

CONFIDENTIALITY AND PROTECTION OF YOUR INFORMATION

The information you provide as part of the STOP Program will be kept for as long as required by the Ministry of Health and CAMH retention policies. Information will be kept confidential to the extent permitted by law and will only be available to CAMH and the parties mentioned above. The STOP Portal is a secure electronic database that encrypts information in transit and at rest. The CAMH STOP Team also stores a copy of STOP participants' information in a password-protected database on a secure CAMH server. Any paper documentation will be kept in locked cabinets with limited access to the STOP Team only. CAMH conducts periodic privacy reviews and Technical Vulnerability or Threat Risk Assessments to safeguard all information against unauthorized access.

WITHDRAWING YOUR CONSENT

You may withdraw from the STOP Program at any time by contacting stop.support@camh.ca. Withdrawing your consent to participate in the STOP Program means declining all aspects of the STOP Program, including the NRT offered by your health care provider and withdrawing your consent for further collection of information by CAMH. The information you provided up to that point will remain available to be used by CAMH for program reporting, evaluation, improvement, and research purposes as described above.

QUESTIONS ABOUT THE STOP PROGRAM?

Before you consent to the STOP Program and at any time after you have provided your consent, if you have any questions about the NRT provided, you can ask your health care provider. If you have questions about how your information is collected, used, or disclosed by CAMH, you can contact stop.support@camh.ca or 416-535-8501 ext. 34455. If you have questions about the privacy of your information in the STOP Program, then please reach out to privacy@camh.ca or 416-535-8501 x33314.

CONSENT

I understand that my participation in the STOP Program is voluntary. I may refuse to participate in the STOP Program without any impact on any other care I am currently receiving or am eligible to receive at my health care organization. If I consent to participate in the STOP Program and change my mind, I understand I may withdraw my consent at any time without any impact to any other care I am currently receiving or am eligible to receive at my health care organization.

By clicking “I Agree”, I hereby:

- Agree to participate in the STOP Program and consent to the collection, use, and disclosure of my information by CAMH for the STOP Program.
- Confirm that I have read the information provided in this form and understand how the information I provide will be used and shared by CAMH.
- Confirm that I understand that I need to speak with a health care provider about my decision to receive NRT from the STOP Program or stop using NRT (if applicable), and to ask any questions related to my treatment provided by my health care provider.
- Understand that if I previously participated in STOP, CAMH will link information from this enrollment with my previous enrollment(s) to answer new research and evaluation questions to better understand factors that influence nicotine use and quitting or reducing nicotine use.

If you do not agree with any of the above, click “I do not agree”

- I AGREE
- I DO NOT AGREE

Optional Consent: You have the option of consenting to allow CAMH to collect your OHIP number to link your STOP information (as set out above) to your publicly-funded health care information at ICES for STOP Program planning and evaluation. You can refuse to provide your OHIP number without any impact on your eligibility to participate in the STOP Program.

- I consent
→ (If consent provided) Provide OHIP #: _____
- I do not consent

Optional Consent: You have the option of consenting to allow CAMH to contact you about future research studies, programs, or resources on smoking and other factors that may be relevant to you based on your STOP information. You can refuse to consent to being contacted without any impact on your eligibility to participate in the STOP Program. If you consent to be contacted, CAMH will use the CONTACT INFORMATION you have provided below (or any updated or subsequent contact information you provide) to contact you.

- I consent
- I do not consent