

**PATIENT CONSENT FORM FOR COLLECTION
AND DISCLOSURE OF PERSONAL INFORMATION**

Privacy of your personal information is an important part of your Naturopathic healthcare. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We will try to be as open and transparent as possible about the way we handle your personal information.

It is understood that your personal information is of a sensitive nature. Any staff member who comes in contact with this information will have your signed consent and will be trained in the appropriate use and protection of your information.

Our privacy policy outlines what this clinic is doing to ensure that:

- Only necessary information is collected about you;
- We only share your information with your consent;
- Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- Our privacy protocols comply with privacy legislation and standards of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy.

How the Clinic collects, uses and discloses patients' personal information

This clinic understands the importance of protecting your personal information. To help you understand how that is done, the following outlines how this clinic is using and disclosing your information.

The clinic will collect, use and disclose information about you for the following purposes:

- To assess your health concerns
- To provide health care
- To advise you of treatment options
- To establish and maintain contact with you
- To remind you of upcoming appointments
- To follow-up for treatment, care and billing
- To complete claims for insurance purposes
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To comply with all regulatory and legal requirements including court orders, statutory requirement to advise authorities of child abuse, reportable diseases and individuals who may be an imminent threat to harm themselves or others

By signing this Patient Consent Form, you have agreed that you have given your consent to the collection, use and/or disclosure of your personal information as outlined above.

FAMILY HEALTH CHIROPRACTIC

PATIENT CONSENT

I have reviewed the above information that explains how my personal information will be handled, and the steps that the clinic is taking to protect my information.

I consent to the collection, use and disclosure of my personal information as set out in the above privacy policies.

Signature

Print name

Date