

Privacy Form

PATIENT CONSENT FORM FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Privacy of your personal information is an important part of our clinic, while providing you with quality naturopathic care. We understand the importance of protecting your personal information. We are committed to collection, 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.

In this clinic, Pamela Thornton-Pow acts as the Privacy Information Officer.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate use and protection of your information.

Our privacy policy outlines what our 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 Our Clinic Collects, Uses and Discloses Patients' Personal Information

Our clinic understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our clinic is using and disclosing your information.

This 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 send you any pertinent information and mailings
- ❑ To remind you of upcoming appointments

- ❑ To communicate with other treating health-care providers
- ❑ To allow us to efficiently follow-up for treatment, care and billing
- ❑ To complete claims for insurance purposes
- ❑ To comply with legal and regulatory requirements of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy acting under the authority of the *Drugless Practitioners Act*
- ❑ To invoice for goods and services
- ❑ To process credit card payments
- ❑ To collect unpaid accounts
- ❑ To assist this clinic to comply with all regulatory requirements
- ❑ To comply generally with the law
- ❑ To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale

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

Patient Consent

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

I agree that the Lakeview Naturopathic Clinic can collect, use and disclose personal

information about _____ as set out in the information
(patient name)
 about the clinic’s privacy policies.

 signature

 print name

 date

 signature of witness