

First Canadian Chiropractic and Acupuncture Centre
PATIENT CONSENT FORM FOR COLLECTION, USE AND DISCLOSURE OF
PERSONAL INFORMATION

Privacy of your personal information is an important part of our centre providing you with quality health care. We understand the importance of protecting your personal information. We are committed to the collection, use, and disclosure of your personal information in a responsible manner. We attempt to be as open as possible about the way we handle your personal information. This is an important service we provide to our patients.

The **PRIVACY INFORMATION OFFICERS** for First Canadian Chiropractic and Acupuncture Centre are:

Dr. Doris Mertins, Dr. Darcie Sinclair and Dr. Michelle Basil
P.O. Box 119, 1 First Canadian Place
Toronto, Ontario M5X 1A4
Telephone: (416) 368-4858
Fax: (416) 368-7632 E-mail: info@healingeffect.com

All centre staff members who come in contact with your personal information are aware of the sensitivity of the information that you have disclosed to us. The staff is trained in the appropriate uses and protection of your information. Outlined in this consent form, you will find what our centre is doing to ensure that:

- ~ **only necessary information is collected about you**
- ~ **we only share information with your consent**
- ~ **collection, use, storage, and destruction of your personal information complies with existing legislation, privacy protection protocols, and the standards of our regulatory body, the College of Chiropractors of Ontario and the law**

Please do not hesitate to discuss our policies with Doctors Mertins or Sinclair or any one of our staff.

HOW OUR OFFICE COLLECTS, USES AND DISCLOSES PATIENTS’
PERSONAL INFORMATION

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

Our centre will collect, use and disclose information about you for the following purposes:

- ~ **to deliver safe and efficient health care**
- ~ **to ensure high quality service**
- ~ **to assess your health care needs**
- ~ **to advise you of your treatment options**
- ~ **to provide you with health care**
- ~ **to enable us to contact you**
- ~ **to establish and maintain communication with you**
- ~ **to communicate with other treating health-care providers**
- ~ **to allow us to maintain communication with you to distribute health care information and to book and confirm appointments**

First Canadian Chiropractic and Acupuncture Centre

- ~ to allow us to efficiently follow-up for treatment, care and billing
- ~ to complete and submit claims for third party adjudication, pre-approval when necessary, and payment including but not limited to the Ministry of Health and Long Term Care, Workers' Safety and Insurance Board, the insurance provider particular to your individual case
- ~ to comply with legal and regulatory requirements, including the delivery of patient records to the College of Chiropractors of Ontario in a timely fashion, when required, according to the provisions of the *Regulated Health Professions Act*
- ~ to comply with the College of Chiropractors of Ontario *Peer Review Program* which assures protection of the public, through the development of programs to assist in establishing, maintaining and improving the base line standards of knowledge, skill and competency of College of Chiropractors of Ontario members
- ~ to permit potential purchasers, practice brokers or advisors to evaluate and/or audit the chiropractic and acupuncture practice in preparation for a practice sale
- ~ to allow potential purchasers to purchase information but only as part of the purchase of the practice
- ~ to deliver your charts and records to the chiropractor's insurance carrier to enable the this carrier to assess liability and quantify damages, if any
- ~ to invoice for goods and services
- ~ to process credit card, debit and cheque payments
- ~ to assist the centre to comply with all regulatory requirements
- ~ to comply generally with the law

By signing the consent section of this particular Patient Consent Form, you have agreed that you have given your informed consent to the collection, use, storage and/or disclosure of your personal information for the listed purposes. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Our office will not under any conditions supply anyone with your confidential medical history. In the event that this kind of a request is made, we will forward the information directly to you for review and your specific consent. You may withdraw your consent for use and/or disclosure of your personal information at any time and we will explain the ramifications of that decision, and the process.

PATIENT CONSENT

I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my personal information. I know that your office has a Privacy Policy, and I can ask to see this policy at any time.

I agree that First Canadian Chiropractic and Acupuncture Centre can collect, use, and disclose personal information about me as set out in the above information.

Signature _____

Print Name _____

Date _____

Signature of Witness _____