

Patient Privacy Consent Form

For Collection, Use and Disclosure of Personal Information

Privacy of your personal information is an essential part of our office providing you with quality service. We understand the importance of protecting your personal information and are committed to collecting, using and disclosing your personal information responsibly.

Every staff member in our office is committed to ensuring that your privacy is protected and that you receive the best quality care possible. All staff members that come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed and are trained in the appropriate uses and protection of your information.

In our office, the “**Privacy Information Officers**” are **Jenn Holland** and **Marnie Kerr**. Please do not hesitate to discuss our privacy policies with them or any member of our staff.

This consent form outlines what our office 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 protocols;
- our privacy protocols comply with privacy legislation, standards of our regulatory body and the law.

How Our Office Collects, Uses and Discloses Patients’ Personal Information

To help you understand how we are protecting your personal information, we have outlined how our office collects, uses and discloses the personal information of patients below.

*We may **collect, use and disclose** your personal information for the following purposes:*

- to provide health care including the delivery of safe and efficient patient care
- to identify and to ensure continuous high quality service
- to assess your health care needs and to advise you of treatment options including potential risks and benefits of care
- to provide examinations, treatment, and other related health care services
- to invoice for goods or services, process payments, and collect unpaid accounts
- to allow us to establish and maintain contact and communication with you to distribute health care information and to book or confirm appointments
- to communicate with other health care practitioners, including specialists and referring doctors, if necessary, regarding your health
- for teaching and demonstrating purposes on an anonymous basis
- to complete and submit claims for third party adjudication and payment
- to deliver our records to an insurance carrier to enable them to assess liability and quantify damages, if necessary in the case of loss or damage to the office
- to permit potential purchasers, brokers or advisors to evaluate and/or audit the practice in preparation for a sale of practice
- to prepare materials for the Health Professions Appeal and Review Board
- to comply with legal and regulatory requirements, including the delivery of patient records to governing bodies in a timely fashion, when required, according to provisions of the Regulated Health Professions Act
- to comply generally with the law

DISCLOSURE OF PERSONAL INFORMATION

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

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) and for the defence of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of a request is made, we will forward the information directly to you for review, and for your specific consent. When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, 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 information.

I know that your office has a **Privacy Code**, and I can ask to see this Code at any time.

I agree that your office, the practitioners or their assistants can collect, use and disclose personal information about me as set out above in the information regarding this office's privacy policies.

Signature _____ Print Name _____

Date _____ Witness _____