



Our Privacy Commitment to You

We are committed to protecting your privacy and ensuring the confidentiality of your personal health information. The types of personal health information we collect may include your name, date of birth, health history, and records of the care we provide to you. We collect, use and disclose personal health information for the following purposes:

- To provide you with health services and therapy (chiropractic, naturopathic, osteopathy and massage therapy)
- To remind you of upcoming appointments
- To communicate with other treating health-care providers
- To obtain payment for services provided
- For insurance claims verification – appointment date and time, and amount charged for services
- To comply with our regulatory obligations to the College of Chiropractors of Ontario, the College of Massage Therapists of Ontario and the College of Naturopaths of Ontario
- To notify you of new services or goods available at Sellars Chiropractic & Wellness Centre
- For other purposes permitted by law

We will collect, use and disclose as much health information as is needed to achieve these purposes. You can withhold or withdraw your consent to the collection, use or disclose of your personal health information by contacting us (details below).

Access the Health Records

You have the right to seek access to your health records that we keep and to ask us to correct a record if you believe it is inaccurate or incomplete. Please contact us for more information.

Questions or Concerns?

If you have questions or want to make a complaint about our privacy practices, please contact us at:

Sellars Chiropractic & Wellness Centre
69 Margaret Avenue, North, Waterloo, Ontario, N2J 3P8
Telephone/Fax: (519) 208-6900
www.sellarswellness.com

You also have the right to complain to the Information and Privacy Commissioner of Ontario at the address below if you have concerns about our privacy practices or how your personal health information has been handled:

Information and Privacy Commissioner/Ontario
2 Bloor Street East, Suite 1400, Toronto, Ontario, M4W 1A8
Telephone: Toronto Area (416/local 905): (416) 326-3333
Long Distance: 1 (800) 387-0073 (within Ontario)
TDD/TTY: (416) 325-7539
FAX: (416) 325-9195
www.ipc.on.ca



Consent to the Collection, Use and Disclosure of Personal Health Information

Note to client: We want your informed consent. We want you to understand what we do with the personal health information we collect about you. Please ensure that you have read and understood our written statement, "Our Privacy Commitment to You". If you have any questions, please ask.

I, _____, understand that to provide me with chiropractic care, naturopathic care, osteopathic care and/or massage therapy, Sellars Chiropractic & Wellness Centre will collect personal information about me (e.g., birth date, home contact information, health history, etc).

I have reviewed Sellars Chiropractic & Wellness Centre's written statement on the collection, use and disclosure of personal health information. I understand how the written statement applies to me. I have been given an opportunity to ask questions about Sellars Chiropractic & Wellness Centre's privacy policies and they have been answered to my satisfaction.

I understand that Sellars Chiropractic & Wellness Centre will only collect, use or disclose my personal health information with my express or implied consent, unless a collection, use or disclosure without consent is permitted or required by law.

Sellars Chiropractic & Wellness Centre will collect, use and disclose my personal health information for the following purposes:

- To provide me with health services and therapy (chiropractic, naturopathic, osteopathy and massage therapy)
- To remind me of upcoming appointments
- To communicate with other treating health-care providers
- To obtain payment for services provided
- For insurance claims verification – appointment date and time, and amount charged for services
- To comply with their regulatory obligations to the College of Chiropractors of Ontario, the College of Massage Therapists of Ontario and the College of Naturopaths of Ontario
- To notify me of new services or goods available at Sellars Chiropractic & Wellness Centre
- For other purposes permitted by law

I understand that I can withdraw my consent at any time by contacting Sellars Chiropractic & Wellness Centre.

I agree to Sellars Chiropractic & Wellness Centre collecting, using and disclosing personal health information about me as set out above and in the written statement.

Signature: _____ Print Name: _____

Date: _____