



PATIENT PRIVACY CONSENT FORM

Privacy of your personal information is an important part of our office along with providing you with quality care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

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 all trained in the appropriate uses and protection of your information.

In this consent form, we have outlined 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, the College of Chiropractors of Ontario, the College of Massage Therapists of Ontario, the Ontario Association of Osteopathic Practitioners, and the law

Do not hesitate to discuss our policies with any member of our staff.

Please be assured that every staff member in our office is committed to ensuring that you receive the best quality care.

HOW OUR OFFICE COLLECTS, USES AND DISCLOSES PATIENT'S PERSONAL INFORMATION

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined below how our office is using and disclosing your information. This office will collect, use and disclose information about you for the following purposes:

- to provide health services and therapy (chiropractic, osteopathy and massage therapy)
- to deliver safe and efficient patient care
- to identify and to ensure continuous high quality services
- to advise you of treatment options
- to communicate with other treating health care providers
- to allow us to maintain communication and contact with you to distribute health care information and to book and confirm appointments
- to allow us to efficiently follow-up treatment, care and billing



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- to comply with legal and regulatory requirements, including the delivery of patient's charts and records to governing bodies in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act.
- for insurance claims verification - appointment date and time, and amount charged for services
- to invoice and process payments for goods and services
- to collect unpaid accounts
- to assist this office in complying with all regulatory requirements
- to comply generally with the law

By signing the consent section of this 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 that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

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 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.

You may withdraw your consent for use or disclosure of your personal information at any time.

PATIENT CONSENT

I have reviewed the above information that explains how your office, Sellars Chiropractic and Wellness Centre will use my personal information and the steps your office is taking to protect my information.

I agree that Sellars Chiropractic and Wellness Centre can collect, use and disclose personal information about me as set out above in the information about the office's privacy policies.

Signature: _____ Print Name: _____

Date: _____ Witness Signature: _____

Phone: (519) 208-6900

Web: www.sellarswellness.com

Sellars Chiropractic & Wellness Centre

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