

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

Privacy of your personal information is an important part of our office providing you with quality naturopathic 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.

### **In this office, A.J. Coombs acts as the Privacy Information Officer**

All staff members who come into 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. Attached to 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 protection protocols

Our privacy protocols comply with privacy legislation, standards of our regulatory body, The Board of Directors of Drugless Therapy—Naturopathy, and the law.

Do not hesitate to discuss our policies with any member of our staff. Please be assured that every staff person in this office is committed to ensuring that you receive the best quality naturopathic care.

### **How Our Office Collects, Uses, and Discloses Patients' Personal Information**

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office will use and disclose your information.

This office will collect, use, and disclose information about you for the following purposes:

- To deliver safe and efficient patient care
- To identify and to ensure continuous high quality care
- To assess your health needs
- To provide health care
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care, and services in relationship to preventative medicine, acute and chronic naturopathic health care generally
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- To communicate with other treating health-care providers, including specialists, family practitioners, referring physicians, and any other provider involved in the care of a patient
- 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 for treatment, care, and billing
- For teaching and demonstrating purposes on an anonymous basis
- To comply with legal and regulatory requirements, including the delivery of patient's charts and records to the Board of Directors of Drugless Therapy—Naturopathy, in a timely fashion, when required, according to the provisions of the Drugless Practitioners Act
- To comply with the agreements/undertakings entered into voluntarily by the member with the Board of Directors of Drugless Therapy—Naturopathy, including the delivery and/or review of patient's charts and records to the Board in a timely fashion for regulatory and monitoring purposes
- To permit potential purchasers, practice brokers or advisors to evaluate the naturopathic practice
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- To deliver your charts and records to the naturopathic doctor's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the Board of Directors of Drugless Therapy—Naturopathy complaints committee
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To assist this office to comply 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.

Your information may be accessed by regulatory authorities under the terms of the Drugless Practitioners Act for the purpose of the Board of Directors of Drugless Therapy—Naturopathy in Ontario fulfilling its mandate under the Drugless Practitioners Act, and for the defense of a legal issue.

Our office will not, under any circumstances, supply your insurer with your confidential medical history. In the event this kind of 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 to 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 the Code at any time.

I agree that Monika Lukacena ND, can collect, use, and disclose personal information about \_\_\_\_\_ (patient name) as set out above in the information about the office's privacy policies.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**