

## Privacy Code

Privacy of personal information is important to Vitality for Life. We are committed to the collection, use and disclosure of this information in a responsible way. We will also try to be as open and transparent as to how we handle personal information.

### Personal Information

Personal information is information about an identifiable individual. Generally, the information we collect is limited to your name, home contact information, gender and age. As part of your patient file we retain your health history, physical examination, related tests, diagnosis and progression through the treatment plan. We also maintain records for payment and billing purposes. We only share your information with your consent; the use, retention and destruction of your personal information complies with existing legislation and privacy protection protocols. Privacy protocols comply with privacy legislation, standards of the regulatory body, the College of Chiropractors of Ontario and the law.

### Staff Members

Staff members who come into contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate uses and protection of your information. These individuals include the chiropractor, clinical receptionist, and, when necessary, authorized individuals who may inspect our records as part of the regulatory activities in the public interest. Health practitioners within our clinic with a mutual patient may discuss information pertinent to the case to provide more comprehensive care unless requested otherwise.

### Disclosure of Personal Information

- We understand the importance of protecting your personal information. Our clinic will use the information in the following ways:
- To deliver safe and effective patient care
- To assess your health concerns, provide health care and advise you of treatment options
- To communicate with outside health care providers if permission is granted
- To communicate with practitioners within the clinic to provide comprehensive care
- To complete claims for insurance purposes and process credit card payments
- To comply with legal and regulatory requirements under the Chiropractic Act and the Regulated Health Professions Act
- To process payments and generate receipts
- To establish and maintain contact with you, send you newsletters or other informative mailings

**AFTER YOUR VISIT**

After your visit we often call or email to follow up with you. You may receive occasional emails about clinic information.

Do not call:  Do not e-mail:

By signing the consent section of this 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.

**Patient Consent**

I have reviewed the above information that explains how the clinic will use my personal information.

I agree that Vitality for Life can collect, use and disclose my personal information as set out above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)