

## Entrance Form Privacy Clause

We value patient privacy and act to ensure that it is protected. Our Privacy Officer is responsible for any of your privacy concerns. We are committed to collecting, disclosing, retaining, and disposing of your personal health information responsibly. We follow provincial and federal privacy legislation in regards to handling of your personal health information.

### Collection of Personal Health Information

Grange Lewis Estates Chiropractic, Massage, and Acupuncture clinic will follow provincial and federal privacy legislation in regards to collecting, retaining, and disposing of personal health information. All our clinic staff has signed confidentiality agreements. You may call our clinic to speak with our Privacy Officer if you have any concerns. We use Jane Software Inc. (a third party service provider) to store and process your data. Your data is stored on very secure servers in a certified SOC2 Type2 audited facility. The following are reasons why we would use or disclose your personal health information:

- To help with providing safe patient care (assessing, treating, plan of management of your health concerns, and providing you with treatment options)
- To use when communicate with other treating healthcare providers (including but not limited to massage therapists, acupuncturists, physiotherapists, and medical doctors)
- To comply with the law (legal and regulatory rules) including delivery of patient's chart notes to governing bodies when required according to the provisions of the Regulated Health Professions Act
- To allow us to contact you to establish communication (via phone, email, and voicemail) regarding treatment, follow-up on treatment, provide health care information, billing, to book and confirm appointments.
- To invoice for goods and services
- To submit and complete your claim to your extended health insurance provider
- To collect unpaid accounts and to process credit card payments

We will seek your approval in advance if a new reason requires us to use and/or disclose your personal information. Your information may be accessed for the defense of a legal issue and/or by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA). Your confidential medical history will not be given to your insurer without your consent. When unusual requests for your personal health information are received, we will contact you for permission to release it.

### Patient Consent

I have reviewed the above information regarding the use of my personal information, and the steps taken to protect my information. I am giving my informed consent to use and/or disclose my personal information for the reasons listed above. I authorize Grange Lewis Estates Chiropractic, Massage, and Acupuncture Clinic to collect, use and disclose my personal health information for the reasons identified above. I understand the risks and benefits of consenting or refusing to consent. I understand I may revoke this consent in writing at any time.

Date of Consent: \_\_\_\_\_(DD-MM-YYYY)

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Name of Patient/Client or Authorized Representative Signature

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Name of Witness

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Signature