

PRIVACY POLICY

In order to comply with the regulations set out in the personal information protection and electronic documents act (PIPEDA) enacted on January 1, 2004, the following policy has been developed for use by this office. Privacy legislation applies to everyone who provides goods or services for a fee.

The privacy act applies to the collection, use, or disclosure of personal information. "Personal information" means any identifiable information about an individual that relates to personal characteristics eg. age, gender, colour, ethnic background, family status, education, health history, family medical history, etc.

Protecting the privacy of your personal information is an important part of providing you with quality naturopathic care. We are committed to collecting, using, and disclosing you personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information.

In this office, Dr. Jenny Henderson, ND acts as the privacy information officer for the information pertaining to naturopathic patients.

All staff 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. We 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 comply with existing legislation, the standards of our regulatory authority, and the law.

Feel free to discuss our policies with any member of our staff. Everyone in this office is committed to ensuring that you receive high quality naturopathic care.

How our office collects, uses, and discloses patient's personal information

We understand the importance of protecting your personal information. This office will collect, use, and disclose information about your for the following purposes:

- To assess your health needs and to provide safe and efficient health care
- To allow us to follow up for treatment
- To establish and maintain communication with you to book and confirm appointments
- To communicate with other health-care providers involved in your care as appropriate
- To invoice for goods and services and to collect unpaid accounts
- For teaching purposes anonymously
- To comply with legal and regulatory requirements when required
- To permit potential purchasers, practice brokers or advisors to evaluate the naturopathic practice or conduct an audit
- 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.

Our office will not, under any circumstances, supply your insurer with you confidential medical history. In the even this kind of request is made, we will forward the information directly to you for review, and for your specific consent.

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 agree that Dr. Jenny Henderson, ND can collect, use, and disclose personal information about _____ as set out above in the information about the office's privacy policy.

Name of patient (or guardian): _____

Signature _____ Date: _____

Witness: _____ Date: _____