

Privacy Code for Bridgepoint Chiropractic Clinic

Privacy of personal information is important to the Bridgepoint Chiropractic Clinic. 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; health measurements and examination results; health conditions, assessment results and diagnoses; the health services provided to you or received by you, and the prognosis and other opinions formed; compliance with treatment; and the reasons for your discharge and discharge recommendations. We also maintain records for payment and billing purposes. Only necessary information is collected about you. 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 our 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 clinic administration and, when necessary, authorized individuals who may inspect our records as part of the regulatory activities in the public interest.

DISCLOSURE OF PERSONAL INFORMATION

Our clinic understands the importance of protecting your personal information. To help you understand how we are doing that, we outline below our clinic use and disclose this information:

- To deliver safe and effective patient care
- To enable us to contact you
- To communicate with other health care providers
- For teaching and demonstrating on an anonymous basis
- To complete and submit claims on your behalf to third party payors
- To comply with legal and regulatory requirements under the Chiropractic Act and the Regulatory Health Professions Act
- To process payments and collect unpaid accounts
- For research purposes

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.

AFTER YOUR VISIT

Occasionally, we may need to contact you with regards to treatment and/or scheduling. New privacy laws require that we obtain your permission before contacting you. Please check which numbers we may reach you at and whether we may leave a message.

Home Phone Leave Message: Yes No

Business Phone Leave Message: Yes No

Cell Phone Leave Message: Yes No

Please do not call me:

Do you want to be included in future e-mails regarding events and information?
 Yes No

E-Mail: _____

PATIENT CONSENT

I have reviewed the above information that explains how our clinic will use my personal information. I know that the Bridgepoint Chiropractic Clinic has a Privacy Code and I may ask to see it at any time.

I agree that the Bridgepoint Chiropractic Clinic can collect, use and disclose my personal information as set out above in the Clinic's Privacy Code.

Print Name

Signature

Date