

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

Privacy of your personal information is an important part of our office providing you with quality chiropractic care and massage therapy. We understand the importance of protecting 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, \_\_\_\_\_ Dr. Paul J. Meschino \_\_\_\_\_ acts as the Privacy Information Officer.

All staff members who come in 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 you 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 College of Chiropractors of Ontario and College of Massage Therapists of Ontario, and the law.

Do not hesitate to discuss our policies with me or any member of our office staff.

Please be assured that every staff person in our office is committed to ensuring that you receive the best quality 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 is using and disclosing your information.

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

- ◆ to deliver safe and effective patient care
- ◆ to identify and to ensure continuous high quality service
- ◆ to assess your health needs
- ◆ to assess your health care
- ◆ to advise you of treatment options
- ◆ to establish and maintain communication with you
- ◆ to offer and provide treatment, care and services in relationship to chiropractic care and massage therapy
- ◆ to communicate with other treating health-care providers, including medical doctors and specialists
- ◆ 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 effectively follow-up for treatment, care and billing

- ◆ for teaching and demonstrating purposes on an anonymous basis
- ◆ to complete and submit claims for third party adjudication and payment or verify your attendance at our clinic
- ◆ to comply with legal and regulatory requirements, including the delivery of patients' charts and records to the College of Chiropractors of Ontario and the College Of Massage Therapists of Ontario in a timely fashion when required, according to the provisions of the Regulated Health Professions Act
- ◆ to comply with agreements/undertakings entered into voluntarily by the member with the College of Chiropractors of Ontario and the College of Massage Therapists of Ontario including the delivery and/or review of patients' charts and records to the College in a timely fashion for the regulatory and monitoring purposes
- ◆ to permit potential purchasers, practice brokers or advisors to evaluate the chiropractor and/or massage therapy practices
- ◆ 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 chiropractor's or massage therapist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- ◆ to prepare materials for the Health Professions Appeal and Review Board (HPARB)
- ◆ to invoice for goods and services
- ◆ 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 information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the College of Chiropractors of Ontario and College of Massage Therapists of Ontario fulfilling its mandate under the RHPA, and for the defence of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of a 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 for use or disclosure of your personal information, and 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 Dr. Paul J. Meschino and any associated personel or partner can collect, use and disclose personal information about \_\_\_\_\_ as set out above in the information about the office's privacy policies.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness