

Privacy Consent

I understand that in signing this document I am giving permission to Fergus Family Chiropractic Wellness Centre, Dr. James Kaminski and any/all associates within clinic, to obtain and keep on file my personal information that I have provided to them. I understand that the personal information provided will not be publicly published without prior consent.

The private information may include, but is not limited to:

- a) Personal data
- b) Personal health history
- c) Financial information
- d) Mailing information
- e) Personal treatment data and outcomes

I understand that Fergus Family Chiropractic Wellness Centre may use and disclose this information in order to:

- Communicate with me in a timely and efficient manner via email, cellular texting or telephone
- Communicate with insurance companies, with your consent
- Assist with your care with other healthcare professionals
- Efficiently operate a chiropractic and associated health services clinic and/or:
- Prepare, mail and email documents to me, as appropriate.

I understand that as a patient of Fergus Family Chiropractic Wellness Centre I have the following rights concerning my privacy as follows:

- I have the right to know why an organization or individual collects, uses or discloses my personal information.
- I have the right to expect an organization to handle my information reasonably and to not use it for any other purpose other than the one to which I consented.
- I have the right to know who in an organization is responsible for protecting my information.
- I have the right to expect an organization to protect my information from unauthorized disclosure.
- I have the right to ensure the identification information an organization holds about me is accurate, complete and current.
- I have the right to expect an organization to destroy my identification information when requested or when no longer required for the intended original purpose (except when destruction is not allowed by law, for insurance purposes, or allowed under the College of Chiropractors of Ontario requirements).
- I have the right to confidentially complain to an organization about how it handles my identification information and may escalate my complaint to the Privacy Commissioner of Canada, if need be; and
- I have the right to remove my consent at any time by contacting Fergus Family Chiropractic Wellness Centre in writing.

I understand that Fergus Family Chiropractic Wellness Centre will not:

- Sell my information to anyone without my prior consent and/or:
- Share my information with organizations outside of our normal relationship that would use it to contact me, the patient, about their products or services without prior consent.

I, the undersigned, understand and consent to this document under the Privacy Act.

_____/_____/_____
PATIENT NAME PATIENT SIGNATURE DATE (MM/DD/YYYY)

I, the undersigned, consent to Fergus Family Chiropractic Wellness Centre dispensing information to my insurance company/extended health benefits regarding confirming visit dates in the course of their routine claims audits.

_____/_____/_____
PATIENT NAME PATIENT SIGNATURE DATE (MM/DD/YYYY)