



Synergy Naturopathic Clinic

169 East St.
Sault Ste. Marie, ON P6A 3C8
Telephone: 705.949.2300

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

Privacy of your personal information is an important part of Synergy Naturopathic Clinic, while providing you with quality naturopathic care. We understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. We will try to be as open and transparent as possible about the way we handle your personal information.

All staff members who come in contact with your personal information are aware of sensitive nature of the information that you have disclosed to us. They are trained in the appropriate use and protection of your information.

Our privacy policy outlines what Synergy Naturopathic Clinic 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 and standards of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy.

How Synergy Naturopathic Clinic Collects, Uses and Discloses Patients' Personal Information

Synergy Naturopathic Clinic understands the importance of protecting your personal information. To help understand how we are doing that, we have outlined here how our Clinic is using and disclosing your information.

Synergy Naturopathic Clinic will collect, use and disclose information about you for the following purposes:

- to assess your health concerns
- to provide health care
- to advise you of treatment options
- to establish and maintain contact with you
- to send you newsletters and other information mailings

(See Reverse & Sign)

- to remind you of upcoming appointments
- to communicate with other treating health-care providers
- to allow us to efficiently follow-up for treatment, care and billing
- to complete claims for insurance purposes
- to comply with legal and regulatory requirements of our regulatory body, the Board of Directors of Drugless Therapy - Naturopathy acting under the authority of the *Drugless Practitioners Act*
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist Synergy Naturopathic Clinic to comply with all regulatory requirements
- to comply generally with the law
- to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale

By signing the consent section of Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information as outlined above.

Patient Consent

I have reviewed the above information that explains how Synergy Naturopathic Clinic will use my personal information, and the steps your Clinic is taking to protect my information.

I agree that Synergy Naturopathic Clinic can collect, use and disclose personal information about _____ (your name) _____ as set out above in the information about the Clinic's privacy policies.

Signature: _____ Print name: _____

Date: _____ Signature of witness: _____

CANCELLATION POLICY

I understand that Synergy Naturopathic Clinic has a cancellation policy and **that 24 hours notice is required to reschedule or cancel my appointment or I will be charged a \$35 missed appointment fee.** I understand that this policy is implemented in order to accommodate other people waiting for an appointment. I further understand that all payments are due in full after each visit.

Signature: _____ Print name: _____

Date: _____ Signature of witness: _____