

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

Privacy of your personal information is an important part of providing you with quality naturopathic care. At the clinic of Adam Gratton, ND, we understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly.

All staff members who come into contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. As such, we strive to ensure that:

- Only necessary information is collected about you
- We only share your information with your written 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 Board of Directors of Drugless Therapy – naturopathy, and the law.

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

- To assess your health needs and advise you of treatment options
- To establish and keep in communication with you, and remind you of upcoming appointments
- To communicate with all other health care providers in your health care team.
- To allow us to efficiently follow up for treatment, care, and billing
- To assist this office to comply with all regulatory requirements
- To comply with the law

By signing 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 collection, use, and/or disclosure of your personal information, we will seek your written approval in advance.

Our office will not, under any circumstances, supply your insurer with your confidential medical history. In the event that 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 the office of Adam Gratton, ND will use my personal information. I know that the office has a Privacy Code, and I can ask to see the Code at any time.

I agree that Adam Gratton, ND can collect, use and disclose my personal information as set out above in the information about the office's privacy policies.

Print Name

Signature

Date