

PROTECTING YOUR PRIVACY

The personal information in your file (medical history, treatment plans, etc.) is confidential. The following briefly summarizes the reasons for the collection, use and disclosure of client information. Please review it carefully before signing. I will be happy to answer any questions you may have.

I collect, use and disclose information about you for the following purposes:

- to deliver safe and effective treatment, and ensure continuous high quality care
- to assess your health needs, goals, and determine the best treatment options
- to enable contact/communication with you as necessary/appropriate
- to allow me to communicate with other health care providers
- to invoice for goods and services provided
- to process credit card payments
- to collect unpaid accounts
- to complete and submit for third party adjudication and payment
- for teaching and demonstrating purposes (anonymous - no names used)
- to prepare materials for the Health Professions Appeal and Review Board
- to comply with legal and regulatory requirements of the Regulated Health Professions Act
- to permit professional audit and peer evaluation by the CMTO
- to permit potential purchasers to conduct an audit in preparation to purchase
- to deliver your charts to my insurance carrier, in order that they can assess liability and quantify damages, if any
- to comply with public health legislation concerning communicable diseases

Your information may be accessed by the regulatory authorities under the terms of the Regulated Health Professionals Act, and for defense of a legal issue.

Your written consent is required for release of medical information to your insurance company. If I receive requests for information not related to any of the above, I will forward the request to you for consent. I may also advise you on the appropriateness of the request.

You may withdraw your consent for use and/or disclosure of your information at any time. I will explain the ramifications of that decision at that time.

CLIENT CONSENT

I have reviewed and understand the above information, and give _____RMT, permission to collect, use and disclose my personal information, as set out above.

Signature:_____ Print name:_____

Date:_____ Witness:_____