

# **ST. Margaret's Bay Chiropractic Centre** **Patient Privacy Consent Form**

## **For Collection, Use and Disclosure of Personal Information**

Privacy of your personal information is an essential part of our office providing you with quality care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your information responsibly. We also try to be 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.

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 your information.

In this consent form, we 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 protocols;
- Our privacy protocols comply with privacy legislation, standards of our regulatory body and the law.

### **Information Disclosure**

Your personal information shall be disclosed to only those who have a need to know and the specific information disclosed shall be restricted to only that information relevant to the recipients need to know. Those who have a need to know include other chiropractors and health care providers. Further, the personal information disclosed to benefit providers is limited to only that personal information required by the provider. You may at any time designate any restrictions as to whom we may disclose your personal information or restrict the content of a disclosure. Your information may be accessed by regulatory authorities under terms of the Chiropractic Act of Nova Scotia and for the defense of a legal issue. **Our office will not under any conditions 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 your review, and for your specific consent. When unusual requests are received, we will contact you for your 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 we will explain the ramifications of that decision, and the process.

### **Contact or Complaint Process**

Should you have any questions, comments, concerns, or complaints regarding our privacy practices, please do so in writing to our privacy officer, Renee Fogarty.

On occasion we may need to contact you regarding scheduling, cancellations, or other circumstances. Please check the appropriate boxes below for the following forms of acceptable communications.

**No Restrictions:**

- Restrictions:**  telephone messages at home  fax  
 telephone messages at work  regular mail  
 e-mail  cell phone

**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 **The St. Margaret's Bay Chiropractic Centre** can collect, use and disclose personal information about the mentioned person below as set out above in the information about the office's privacy policies.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

# Privacy Information Sheet

## How To Access the Privacy Process in Our Office

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Our privacy information officer can be reached at:

Renee Fogarty  
5715 St. Margaret's Bay Road  
Head of St. Margaret's Bay, NS B3Z 2E3  
Phone: (902) 826-1088  
Fax: (902) 826-1089  
e-mail: [info@stmargaaretsbaychiro.com](mailto:info@stmargaaretsbaychiro.com)

Our privacy information officer will attempt to answer any questions or concerns that may arise.

If you do have a concern and/or wish to make a complaint about our privacy practices, including asking questions about the contents of your charts or records, you must make your request in writing. Please send it to our office 's Privacy Information Officer by surface mail, fax or e-mail.

Our Privacy Information Officer will promptly acknowledge receipt of your complaint in writing, and will ensure that it is investigated thoroughly. You will be provided with a formal decision in writing, and the reason for the decision. If you are dissatisfied with the decision, you may seek further information from the Privacy Commissioner of Canada. We have included all the necessary contact information listed below.

**Postal Address:**

Privacy Commissioner of Canada  
112 Kent Street  
Ottawa, ON K1A 1H3

**General Inquiries:**

Phone: 613-995-8210  
Toll free: 1-800-282-1376  
Fax: 613-947-6850

Our privacy policies and procedures comply with federal legislation called the Personal Information Protection and Electronic Documents Act (PIPEDA). This very complex law does provide for some exceptions to the privacy principles that are too detailed to outline here.

Our Privacy Code sets out this office's commitment to protecting your private health and personal information. It is available on request by asking any 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.