New Roots THERAPY

Counselling & Wellness Services for Individuals, Couples, & Families

Patient Consent for Collection, Use, and Disclosure of Personal Information

Privacy and protecting your personal information is important to us at New Roots Therapy.

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. They are trained in the appropriate use and protection of your information.

Our privacy policy outlines what New Roots Therapy does 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 the naturopathic professions regulatory body.

How our Clinic Collects, Uses and Discloses Patients' Personal Information

We are committed to collecting, using and disclosing your information responsibly and do so for the following purposes:

- To assess your health concerns, provide health care and advise you of treatment options
- To establish and maintain contact with you
- To remind you of upcoming appointments
- To allow us to efficiently follow-up for treatment
- To complete claims for insurance purposes
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts and follow up on billing as required
- To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse, reportable diseases and individuals who may be an imminent threat to harm themselves or others

I have reviewed the above information that explains how New Roots Therapy will use my personal information, and the steps that New Roots Therapy is taking to protect my information.

I agree that New Roots Therapy can collect, use and disclose personal information about myself, _____ (print name) as set out above in the information about New Roots Therapy's privacy policies.

Patient Signature: _____Date: _____(MM/DD/YYYY)

Office: 213 Byron Street South, Unit 203, Whitby, ON, L1N 4P7
E-mail: info@newrootstherapy.com| Phone: (905) 665-8150|Fax: 289-274-2833