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## **PRIVACY POLICY**

The primary purpose for collecting personal information is to ensure my patients are provided with the best care possible. For example, I collect information about the patient's health history, including their family history, physical condition and function situation in order to help me assess what their health needs are, to advise them of their options and then to provide the health care they choose to have. This may include administrative and clinical office procedures designed to optimize scheduling and the coordination of care between the osteopathic practitioner (myself) and other health care professionals.

I understand the importance of protecting personal information. For that reason, I have taken the following steps:

- Paper information is either under supervision or secured in a locked or restricted area.
- Electronic hardware is either under supervision or secured in a locked or restricted areas at all times. In addition, passwords are used on computers.
- Electronic information is transmitted through a direct line.
- I keep patient files for ten years, after said time;
- 1) I destroy all paper files and documents containing personal information by shredding.
- 2) I destroy electronic information by deleting it.

Please be aware of the following:

- The use and disclosure of personal information by a practitioner is only necessary to fulfill their duties and remains in accordance with this privacy policy.
- External consultants and agencies with access to personal information must enter into privacy agreements with me.
- I may use and disclose health information to obtain payment for services I provide. This may include patient health information with an invoice used to collect payment for care received, but not without prior consent (e.g. personal and/or automobile insurance forms).
- Various government agencies and associations have the authority to review our files and interview practitioners as part of their mandates.

Your personal information and clinical chart may only be disclosed to other health care providers with your written consent. By signing this disclosure statement, you (the Patient) agree to allow me to release your information and/or clinical chart to other health care providers as I see fit and necessary.

Any personal information (unrelated to treatment) spoken within the confines of a treatment will be held in the strictest of confidence and will not be released.

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_