



**ccnm**  
CANADIAN COLLEGE OF  
NATUROPATHIC MEDICINE

ROBERT SCHAD NATUROPATHIC CLINIC

## **PATIENT CONSENT FORM FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

Privacy and protecting your personal information is an important part of Robert Schad Naturopathic Clinic (RSNC).

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 trained in the appropriate use and protection of your information.

### ***Our privacy policy outlines what the RSNC is doing 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
- To be used for educational and research purposes at CCNM (this includes case summaries, photographs, lab results and other pertinent medical information). Your identity will be protected at all times and if necessary, identifying information will be altered to protect your privacy in all the above instances

---

### **PATIENT CONSENT**

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

I agree that the RSNC can collect, use and disclose personal information about \_\_\_\_\_ as set out above in the information about the RSNC's privacy policies. (Patient Name)

---

Signature

Print name

Date

The below section is separate from the above consent form. Please check:

- I would like to be sent informational emails including notice of seminars, campaigns, workshops and other events at the college
- I would like to be contacted with information regarding research trials that may be of interest to me