BIHC Belleville Integrative Health Centre
WORKING TOGETHER FOR YOUR HEALTH

Consent for collection, use and disclosure of personal information

Privacy of your personal health information is an important part of our clinic. We understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. We will try to be as open and transparent as possible about the way we handle your personal information.

All staff members who encounter 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.

In this clinic, there are numerous health care providers who work together for the best interest of your health. Through your visits here, we develop an integrative approach by utilizing multiple health care services to better service your injuries and ailments. The health care team consists of the following providers: chiropractors, naturopathic doctors, massage therapists, physiotherapists, and kinesiologists. All our providers share access to a common file for each patient, which will only benefit you. Through this, our providers can openly discuss cases and collaboratively work together at achieving the best prognosis possible.

With specific regard to naturopathic care, we understand that some of the information that you may discuss with your naturopath might be of a sensitive, personal nature and that you may not typically discuss it in the context of care with other providers at the clinic. Therefore, we have established a separate record keeping system for patients of our naturopathic doctors. All with all practitioners in the clinic, your naturopathic doctor will ensure that any information discussed in collaboration with your other care providers is limited to relevant, pertinent information, applicable to your chief concerns.

Our privacy policy ensures that:

- Only necessary information is collected about you
- We only share your information with your consent
- Storage, retention and destruction of your person information complies with existing legislation, and privacy protection protocols
- Our privacy protocols comply with the privacy legislation and standards of our regulatory bodies for each health care provider servicing your injuries/ailments

Patient Consent – Confidentiality

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others without my consent, unless required by law.
I acknowledge my information will be used and disclosed for the following purposes:

- To assess your health concerns and advise you of treatment options
- To communicate with other treating health-care providers (with prior consent obtained)
- To allow us to efficiently communicate for scheduling, treatment, care and billing
- To comply with legal and regulatory issues

I have reviewed the above information that explains how the BIHC will use my personal information, and the steps taken to protect my privacy. I agree that BIHC can collect, use and disclose personal information among internal care providers.

_____ _____

Print Name Signature

_____ _____

Date Witness signature