

D'VINE LIVING

Dr. Sharon Edwards HD(Rhom), DNM, RNCP

HOMEOPATHIC DOCTOR
DOCTOR OF NATURAL MEDICINE
REGISTERED NUTRITIONAL CONSULTANT

45 DALKEITH DRIVE, UNIT #11 BRANTFORD, ON N3P 1M1 ~ 519.750.0440.

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

Privacy of your personal information is an important part of D'VINE LIVING, while providing you with quality care. 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 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 ensures 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 our regulatory body The Examining Board of Natural Medicine Practitioners.

HOW OUR CLINIC COLLECTS, USES AND DISCLOSES PATIENT'S PERSONAL INFORMATION

D'VINE LIVING will collect, use and disclose information about you for the following purposes:

- To assess your health concerns
- To advise you of treatment options
- To send you newsletters and other informative mailings
- To communicate with other treating health care providers
- To complete claims for insurance purposes
- To process Credit Card Payments
- 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 provide health care
- To establish and maintain contact with you
- To remind you of upcoming appointments
- To allow efficient follow-up for treatment
- To invoice for goods and services

PATIENT CONSENT

By signing this Patient Consent Form, you have agreed that you have given your consent to the collection, use and/or disclosure of your personal information as outlined above.

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

I agree that D'VINE LIVING can collect, use and disclose personal information about _____ as set out above in the information about D'VINE LIVING's privacy policies.

Signature

Print Name

Date