

Leacock Family Chiropractic
420 Leacock Dr. Unit F Barrie ON, L4N 5G5

Information regarding the Collection, use and/or Disclosure of Personal Information

Leacock Family Chiropractic will:

- Only collect information relevant to the services we provide
- Only share your personal information with your written consent, unless as required by law
- Store, retain and destroy your personal information in compliance with existing legislation, and privacy protocols.
- Ensure that our privacy protocols comply with the current Federal and Provincial privacy legislations, the standards of our regulatory body, The College of Massage Therapists of Ontario (CMTO), the Massage Therapy Act, and the Regulated Health Professions Act.

At Leacock Family Chiropractic, Lorne Finnerty, DC; Debbie Foll; Susetta Greco, RMT; Leanne Murray, RMT; Katie Stevenson, RMT and Terri Tracey are the Health Information Custodians (HIC's).

Why does Leacock Family Chiropractic need to collect, used and/or disclose your Personal Information?

- To provide safe and efficient massage therapy treatments
- To establish a baseline of health information and assess your health needs
- To advised you of treatment options and/or communicate with others regulated health professionals who are in your "circle of care".
- To enable Leacock Family Chiropractic to contact you
- To invoice for goods and services and collect unpaid accounts
- To comply with our regulatory body, The College of Massage therapists of Ontario (CMTO) who conduct regular inspections across the province.

How will Leacock Family Chiropractic protect your Personal Information?

- Information is either supervised or secured in a locked area
- Staff and volunteers are trained in accordance with our privacy policy
- External agencies must enter privacy agreements with us
- Files are kept at least 10 years after your last appointment with us
- Paper information is destroyed by shredding

Consent for the Collection, Use and/or Disclosure or Personal Information

I have reviewed this information sheet explaining how and why Leacock Family Chiropractic will collect, use and/or disclose my personal information. I understand that by signing the consent section of this sheet, I agree to the collection, use and/or disclosure of my personal information for the purposes listed above. If a new purpose arises for the use and/or disclosure of my personal information, I know that Leacock Family Chiropractic will seek my approval in advance.

Cancellation Policy

PLEASE NOTE – 24 HOURS NOTICE IS REQUIRED FOR CANCELLED APPOINTMENTS – I understand that a full-service charge will be applied for missed appointments or cancellations without 24 hours notice – I further understand that my extended health benefits **CANNOT** be billed for appointments that are missed or cancelled with less than 24 hours notice - Initials _____

Printed Name: _____

Signature: _____

Date: _____