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Privacy Policy and Consent

Beginning January 1, 2004 the Canadian Federal Government's privacy legislation, the Personal Information Protection and Electronic Documents Act (the Act) came into force for private business. This office is committed to protecting your personal information in accordance with this Act.

In general, The Act requires that the office obtain your consent before obtaining or using information about you or disclosing this information to others (there are some exceptions). This requirement also applies to personal information that has already been collected about you before January 1, 2004. This notice explains why the office collects personal information from you, how it will be used and the steps being taken to ensure your privacy is protected.

What is personal information?

Personal information is information that identifies you as an individual. It includes information such as your name, address, telephone number, e-mail address, and date of birth, medical history and medical records.

What happens to my personal information?

All information collected by this office, remains in this office. Files are placed in a locked room and can only be accessed by the practitioner and his/her personal staff. From time to time case histories are discussed between practitioners in an effort to provide the best possible course of action for our patients.

Our staff sign a 'Confidentiality Agreement' upon employment here. Staff may not discuss information outside of this practice. All information contained in the practice including telephone conversations, correspondence and files are privileged information and cannot be released, copied or discussed without the prior written consent of the client.

Staff are aware of personal identifying information only. They pull and file records as required.

I have read this notice and understand it contents.

I, _____ (the undersigned) do hereby acknowledge that I have read and understood the above Privacy Policy and Consent of this office.

Client's Name: _____

Signature: _____

Date: _____