



Dr. Mojan Zehtabchi (ND)
www.drznd.com
1-(844)-DIAL-DRZ
1-(844)-342-5379

Consent for the Collection, Use, and Disclosure of Personal Information

At our clinic, we understand the importance of protecting the privacy of your personal information and we are committed to collecting, using, and disclosing your personal information responsibly. All staff members who come into contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. As such, we strive 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, the standards of our regulatory body, and the law.

We will collect, use, and disclose information about you for the following purposes:

- To assess your health needs and advise you of treatment options.
- To communicate with you and remind you of upcoming appointments.
- To communicate with all other health care providers in your health care team
- To allow us to efficiently follow-up for treatment, care, and billing.
- To assist in complying with all regulatory requirements and the law, including requirements to advise authorities of child abuse and to report diseases and individuals who may be an imminent threat to themselves or others.
- To invoice for goods and services, process payments, and collect unpaid accounts.

If a new purpose arises, we will seek your written approval in advance. We will not, under any circumstances, supply your insurer with your confidential medical history. In the event that this kind of request is made, we will forward the information directly to you for review, and for your specific consent.

PATIENT CONSENT:

I have reviewed the above information that explains how my naturopathic doctor will use my personal information. I know that my naturopathic doctor has a Privacy Code and that I can ask to see that code at any time. I agree that my naturopathic doctor can collect, use, and disclose my personal information for the purposes listed above. I also acknowledge that the clinic director, physicians, officers and employees have access to my personal information and they will follow the regulatory body's privacy legislation to protect confidentiality of my personal information.

Prepared by Dr. Mojan Zehtabchi, BSc, ND



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Print Name _____

Signature _____ Date _____