



Balance
Integrative Health + IV Therapy

Balance Integrative Health
1960 Appleby Line, Suite 25
Burlington, ON
L7L 0B7

Patient Consent Form for Collection, Use and Disclosure of Personal Information

We understand the importance of protecting your personal information. To help you understand how we are doing that, we have outlined below how our office is using and disclosing your information.

Our privacy policy outlines what we do to ensure that:

- Only necessary information is collected.
- We only share your information with your consent.
- Storage, retention and destruction of your personal information complies with existing legislation, and privacy protocols set out by the College of Naturopaths of Ontario (CONO) and Ontario's Personal Health Information Protection Act (PHIPA).

How our clinic collects, uses and discloses patients' personal information:

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| <ul style="list-style-type: none"> • To assess your health concerns and provide healthcare. • To advise you of treatment options. • To establish and maintain contact with you. • To send you newsletters and other mailings. • To remind you of upcoming appointments. • To communicate with other healthcare providers (with your consent). • To allow us to efficiently follow-up for treatment, care and billing. | <ul style="list-style-type: none"> • To complete claims for insurance purposes. • To invoices for goods and services. • To process credit card payments. • To collect unpaid accounts. • To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse and reporting diseases and individuals who may be an imminent threat to harm themselves or others. |
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No Show and Reminder Call Policy

Our scheduling system automatically sends appointment reminder emails 48 hours prior to your scheduled time. In order to best accommodate the needs of a patient's varying schedules, it is essential to maintain a policy that reduces no-shows as much as possible. As such, a 24-hour notice is required for cancellation – otherwise you will be charged a **\$50.00** cancellation fee.

Please check the box if you WOULD like to receive an appointment reminder by phone.

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I have reviewed the above information that explains how my personal information will be used and protected. I agree that Kristin Wootton ND can collect, use, and disclose my personal information as set out above. I understand that in order to cancel an appointment and avoid being charged the cancellation fee, I must give at least 24 hours notice.

Patient Signature

Date

(please type your name and check the box to indicate signature if completing virtually)