

Privacy of your personal information is an important principle at Meridian Spine & Joint / Active Joint Physiotherapy. Meridian Spine & Joint/Active Joint Physiotherapy are committed to keeping your personal and health information safe and confidential. We have a strong policy and procedure in place to protect the privacy of your 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 all trained in the appropriate uses and protection of your information.

What Type of Information Do We Collect About You?

To provide you with quality health care, we collect both personal and health information from you. Your name, date of birth, address, health insurance numbers and your employer are examples of personal information. Your health history, the records of your visits to the Centre and what health care we provide to you during those visits are examples of your health information.

How is Your Information Used?

The information we collect from you is used to:

- Provide you with quality health care and follow-up care in the community.
 - To deliver safe and efficient patient care.
 - To identify and ensure continuous high quality service.
 - To assess your health records.
 - To provide health care.
 - To advise you of treatment options.
 - To allow us to efficiently follow-up for treatment, care, and billing.
 - To complete and submit claims for third party adjudication and payment.
 - To invoice for goods and services.
 - To process credit card payments.
 - To collect unpaid accounts.
- Establish and maintain communication with you.
- Carry out quality assurance to help make us better.
 - To permit potential purchasers, practice brokers or advisors to evaluate the practice.
- See how we are doing – through patient satisfaction surveys.
- Comply with legal and regulatory requirements.
- Notify you of community health seminars, health and wellness information, and service options and new programs.
 - To allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments.
- Communicate with other members of your health care team.
 - To communicate with other treating health-care providers, including specialist and family doctors who are the referring doctors.
- For teaching and demonstration purposes on an anonymous basis.

If your information were to be used for any other purpose, your specific permission would be required first.

Do We Share Your Information with Anyone?

Meridian Spine & Joint/Active Joint Physiotherapy does share your personal and health information with your family and/or referring physician, who are part of your health care team for the purpose of your continuing care. Your information is shared with agencies that fund your care, for example, health insurance companies or the Workplace Safety and Insurance Board.

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

If you have any questions or concerns about how we collect and share your personal or health information contact our Privacy Officer, Taylor Field at: Telephone: (519) 439-2977 Email: tfield@meridianhearingcentre.com

PATIENT CONSENT AND RELEASE OF INFORMATION APPROVAL

I have reviewed the above information that explains how your office will use my personal information, and the steps that your office is taking to protect my information.

I know that your office has a Privacy Policy, and I can ask to see the Policy at any time. I agree Meridian Spine & Joint and/or Active Joint Physiotherapy can collect, use, and disclose personal information about

_____ as set out above in the information about the office's Privacy Policy.

<print patient name>

I hereby also specifically authorize the Meridian Spine & Joint and/or Active Joint Physiotherapy Centre to release and receive any pertinent medical information concerning:

Patient Signature
(Required for Relevant Items Checked)

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Insurance Company: | _____ | _____ |
| <input type="checkbox"/> Ministry of Health & Long Term Care (MOHLTC) | _____ | _____ |
| <input type="checkbox"/> Physician: | _____ | _____ |
| <input type="checkbox"/> X-Rays: | _____ | _____ |
| <input type="checkbox"/> Medical Reports: | _____ | _____ |
| <input type="checkbox"/> WSIB: | _____ | _____ |
| <input type="checkbox"/> Employer: | _____ | _____ |
| <input type="checkbox"/> Self: | _____ | _____ |
| <input type="checkbox"/> Other: | _____ | _____ |

Email Address: Home _____ Work: _____

Patient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(if patient is under the age of 18)

Witness Signature: _____ Date: _____