



Dr. Holly Giannatselis, HBSc, MSc, ND
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PATIENT CONSENT FORM FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL 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. They are trained in the appropriate use and protection of your information.

This privacy policy outlines what Dr. Holly Giannatselis is doing 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;
- The privacy protocols comply with privacy legislation and standards of the naturopathic professions regulatory body

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

Dr. Holly Giannatselis is committed to collecting, using and disclosing your information responsibly and does so for the following purposes:

- To assess your health concerns, provide health care and advise you of treatment options
- To establish and maintain contact with you
- To remind you of upcoming appointments
- To allow us to efficiently follow-up for treatment
- To complete claims for insurance purposes
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts and follow up on billing as required
- To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse, reportable diseases and individuals who may be an imminent threat to harm themselves or others

I have reviewed the above information that explains how Dr. Holly Giannatselis will use my personal information, and the steps that Dr. Holly Giannatselis is taking to protect my information. I agree that Dr. Holly Giannatselis can collect, use and disclose personal information about _____ (Patient Name) as set out above in the information about the privacy policies.

Signature

Print Name

Date

I agree to allow Dr Holly Giannatselis to correspond via email regarding the following but not exclusive of, appointment scheduling, treatment protocols or queries, and laboratory findings.

I would like to receive newsletters/informational material from Dr. Holly Giannatselis