

Consent to Collect and Use Personal Information

The information requested in this intake form is gathered to create your medical file and account, and to create a health history for the purposes of providing health care to you by the practitioners at Keenan health Centre. Your information will be kept private and secure in our database and in physical storage if printed.

Please indicate your consent to share or use the information that you provide and is gathered during your course of care, by initialing the points below. Initial under “Yes” if you agree, and under “No” if you do not consent to having your information used in the manner described.

| Yes | No | |
|-------|-------|---|
| _____ | _____ | To phone or leave a voicemail for the purposes of: appointment confirmations, overdue schedule reminders, doctor courtesy calls and case discussion including test results if required. |
| _____ | _____ | To email you for the purposes of: appointment confirmation, overdue schedule reminders, doctor courtesy calls and case discussion including test results if required. |
| _____ | _____ | Reporting test results, diagnosis, treatment plans and progress to your medical doctor(s) and other members of your health care team. |
| _____ | _____ | Reporting test results, diagnosis, treatment plans and progress when referring your case to another practitioner or party. |
| _____ | _____ | Reporting test results, diagnosis, treatment plants and progress to a legal team you specify, WSIB or your motor vehicle accident insurer, should your case be accident related. |
| _____ | _____ | To speak with your insurer to verify or explain services and products you have attempted to claim. |
| _____ | _____ | To mail or email: newsletters, updates, promotions and greeting cards. |
| _____ | _____ | To provide relevant case information to your employer for requesting time off or returning to work. |

I, _____ have read and understand the ways in which my information may be used, and have indicated my consent or lack thereof, by initialing either yes or no beside each option above.

I understand that I may change my consent at any time, in writing.

Signature

Date