



DR GRAHAM KUCAN, B.SC., DC.  
CHIROPRACTOR  
KUCAN CHIROPRACTIC & ACUPUNCTURE CLINIC  
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## PRIVACY CODE

Privacy of personal information is important to Kucan Chiropractic and Acupuncture Clinic. We are committed to the collection, use and disclosure of this information in a responsible way.

### **Personal Information:**

Personal information is information about an identifiable individual. Generally, the information we collect is limited to name, home contact information, gender and age. As part of your patient file, we retain your health history, health measurements and examination results, health conditions, assessment results and diagnosis, the health services provided to you or received by you, your prognosis and other opinions formed, compliance with treatment and the reasons for your discharge and discharge recommendations. We may also maintain records for payment and billing purposes. Only necessary information is collected about you. We only share your information with your consent, the use, retention and destruction of your personal information complies with existing legislation and privacy protection protocols. Privacy protocols comply with privacy legislation, standards or our regulatory body, the College of Chiropractors of Ontario and the law.

### **Clinicians and Staff Members:**

Clinicians and staff members who come into contact with your personal information are aware of the sensitive nature of the information you have disclosed to use. They are trained in the appropriate uses and protection of your information. These individuals include clinic reception and the treating chiropractor.

### **Disclosure of Personal Information:**

Our clinic understands the importance of protecting your personal information. To help you understand how we are doing that, we outline below how our clinic will use and disclose information.

- to deliver safe and effective patient care
- to be able to contact you
- to communicate with your other health care providers
- to complete and submit claims on your behalf to third party payers
- to comply with legal regulatory requirements under the Chiropractic Act and the Regulated Health Professions Act
- to process payments and collect unpaid accounts

By signing the consent section of this 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.

**Contact Process**

On occasion we may need to contact you regarding scheduling, cancellation or other instances related to your care. Please check the appropriate boxes below for the following forms of acceptable communications and fill in the appropriate number or email address for each selected option.

- Telephone Messages at home \_\_\_\_\_
- Cell phone \_\_\_\_\_
- Telephone Messages at work \_\_\_\_\_
- Fax \_\_\_\_\_
- Regular Mail \_\_\_\_\_
- Email \_\_\_\_\_

RESTRICTIONS (please explain): \_\_\_\_\_

\_\_\_\_\_

I have reviewed the above information that explains how the clinic uses my personal information, I know that I may ask to see this Privacy Code at any time.

I agree that Kucan Chiropractic and Acupuncture Clinic can collect, use and disclose my personal information as set above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Witness