

Consent for Personal Information

NOTE TO CLIENT: In accordance with the new privacy act effective January 2004, we must ask for your informed consent. This means we want you to understand what we do with personal information that we obtain about you. Your signature below allows us to obtain this information to open a confidential file for you. This is the only reason we need to collect your personal information.

I understand that to provide me with Chiropractic goods and services, Hampton Family Chiropractic Clinic will collect some personal information about me (e.g. telephone number, address, health card number).

I have reviewed the Hampton Family Chiropractic Clinic's Privacy Policy about the collect, use and disclosures of personal information, steps taken to protect information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given the chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction.

I understand that only if I check off the following statements will I receive the following:

- I would like to receive notice when it is time to review whether I need new goods and services.
- I would like to receive newsletters and other informational mailings from Hampton Family Chiropractic Clinic.
- I would like to receive notice of promotions and special offers from Hampton Family Chiropractic.
- I would like to receive newsletters and other informational mailings and notice of promotions and special offers from other organizations the Hampton Family Chiropractic Clinic thinks might be of interest to me.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to the commitments.

I agree to Hampton Family Chiropractic Clinic collecting, using and disclosing personal information about me as set out and in the Hampton Family Chiropractic Clinic's Privacy Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Notes Made by Hampton Family Chiropractic Clinic  
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NOTE: If you wish to obtain your x-rays, there is a charge of \$120.00 to release them.