

We collect personal health information about you directly from you and this personal health information may include, for example, your name, date of birth, address, email address, phone numbers, health history, records of your visits.

We may use and disclose your personal health information only to the extent necessary to:

- Treat and care for you
- Receive payment for your treatment and care (Credit Card information)
- Plan, administer and manage our internal operations
- Conduct quality improvement activities (such as sending patients satisfaction surveys) informational letters and coupon advertising
- Compile statistics (**this excludes the use of names, addresses, phone numbers and email addresses**)
- Comply with legal and regulatory requirements and fulfill other purposes permitted or required by law

- We take steps to protect your personal health information from theft, loss and unauthorized access, copying, modification, use, disclosure and disposal.
- We conduct audits and complete investigations to monitor and manage our privacy compliance.
- We take steps to ensure that everyone who performs services for us protects your privacy and only uses your personal health information for the purposes you have consented to.

For more information about our privacy protection practices, or to raise a concern you have with our practices, contact us at:

66 Avenue Rd. Suite 4, Toronto, ON M5R 3N8 416-922-2868 416-922-2026 fax www.spamedica.com

You have the right to complain to the Information and Privacy Commissioner/Ontario if you think we have violated your rights. The Commissioner can be reached at:

The Office of the Privacy Commissioner Of Canada

112 Kent Street Place de Ville Tower B, 3rd Floor, Ottawa, Ontario K1A 1H3 1-800-282-1376 613-947-6850 fax 613-992-9190 TTY

I, _____, have reviewed SpaMedica's Privacy Policy concerning the collection, use and disclosure of personal health information.

I understand that SpaMedica is seeking my consent to collect, use and/or disclose my personal health information from me or from the person acting on my behalf for any or all of the purposes listed above.

I understand that I can refuse to sign this consent form and that I can withdraw my consent at any time by writing to SpaMedica. **I understand that refusal to sign this consent form or withdrawal of my consent may result in SpaMedica refusing to provide services to me.**

I hereby authorize SpaMedica to collect, use and disclose my personal health information for the purposes listed above.

Name: _____

Address: _____

Tel. Home: _____

Tel. Work: _____

Signature: _____

Date: _____