

# Consent to Collect, Use and Disclose Personal Health Information-Niagara Therapeutics Inc.

I, \_\_\_\_\_, or my substitute decision  
Print Name

maker (if required) \_\_\_\_\_ give consent for  
Print Name

Niagara Therapeutics Inc. To collect, use and disclose my personal health information for the purpose of providing treatment to me. The personal health information that may be collected, used or disclosed by the Clinic may include the following:

- my birth date and contact information
- my health history and family health history
- my health status
- the other health care I receive-including identifying my health care providers
- my health number
- the identification of my substitute decision maker, if any
- insurance or billing information relating to healthcare

## **How my information will be used**

I understand that my personal health information may be collected, used or disclosed for the following reasons:

- To provide me with treatment at Niagara Therapeutics Inc.
- To obtain payment for services provided
- To assist insurance companies with insurance claims verification
- To seek advice for potential treatment options
- To provide and arrange health care in cases of emergency
- To fulfill any obligations as mandated by law

## **Acknowledgement**

I allow Niagara Therapeutics Inc. To collect, use or disclose my personal health information as outlined above.

Additional Comments or Restrictions:

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→ Turn Over

I, \_\_\_\_\_ give permission for Niagara  
Print name

Therapeutics to contact me regarding appointment bookings, modifications and cancellations.  
Niagara Therapeutics Inc. may contact me via:

Email: \_\_\_\_\_  
email address-please print clearly

Text: \_\_\_\_\_  
Mobile #

Phone: \_\_\_\_\_  
# you wish to be reached at

Preferred method of contact:

- Email
- Text
- Phone

I give permission for Niagara Therapeutics Inc. to send me clinic announcements,  
informational articles etc. via email (approx 3-5 per year)

Patient  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_