

# PRIVACY DISCLOSURE

Holistic Healing Arts  
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[www.ndoc.ca](http://www.ndoc.ca)

By signing this section of the consent, you have agreed that you have given your informed consent for the collection, use and/or disclosure of your personal information for the purpose of planning and directing your personal health care only. If a new purpose arises for the use of your personal information, I will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) and for the defence of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information to you for review, and for your specific consent. When unusual requests are made, we will contact you for permission to release such information.

You may withdraw your consent for disclosure of your personal information at any time.

## PATIENT CONSENT

I, \_\_\_\_\_, Have reviewed the above information and agree that Robert M DeRubeis and his assistants can collect, use, and disclose my personal information for the above stated purpose in accordance with this offices privacy policies.

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

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