



**POLO HEALTH + LONGEVITY CENTRE**  
**PRIVACY OF INFORMATION AND GENERAL CLINIC POLICY &**  
**WAIVERS**

**PRIVACY OF INFORMATION**

In order to comply with the regulations as set out in British Columbia's Personal Information and Protection Act ("PIPA") enacted on January 1, 2004, the following policy has been developed for use by Polo Health + Longevity Centre ("PHLC").

The privacy act applies to the collection, use, or disclosure of personal information. "Personal information" means any identifiable information about an individual that relates to their personal characteristics - example: age, gender, colour, ethnic background, family status, education, health history, family medical history, etc.

Privacy of your personal information is an important part of PHLC providing you with quality care. We understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information.

**In this office, Dr. Allana Polo, N.D. acts as the Privacy Information Officer**

All staff members and associates who come into contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information. The following is an outline of what our office is doing to ensure that:

- Only necessary information is collected about you
- We collect protected information in the form of registration information that you provide in order to enroll as a patient or use the online Patient Portal
- We collect protected information in the form of information that is created, used, or disclosed in the course of providing health care services to you, which we file in your medical record electronically and/or on paper
- We do not collect any more protected information than reasonably necessary to provide our services, operate our Electronic Medical Record ("EMR") and Patient Portal, and respond to your requests
- We will use your billing information to obtain payment for the services that we provide to you
- We only share your information with your consent
- Storage, retention, and destruction of your personal information complies with existing legislation and privacy protection protocols
- Our privacy protocols comply with privacy legislation and standards that have been set in accordance with our regulatory bodies and current laws

**Do not hesitate to discuss our policies with any member of our staff.** Please be assured that every team member in this office is committed to ensuring that you receive the best quality care.

How Our Office Collects, Uses, and Discloses Patients' Personal Information:

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information.

This office will collect, use, and disclose information about you for the following purposes:

- To deliver safe and efficient patient care
- To identify and to ensure continuous high quality care
- To assess your health needs
- To provide health care
- To advise you of treatment options
- To offer and provide treatment, care, and services in relation to preventative, integrative and functional medicine and acute and chronic naturopathic health care generally
- To communicate with other treating health-care providers, including specialists, family practitioners, referring physicians, and any other provider involved in the care of a patient with your signed consent
- To enable us to contact you
- To establish and maintain communication with you
- To allow us to maintain communication and contact with you by electronic mail to distribute news, bulletins, educational materials, marketing materials, or other information based on your protected health information which may be targeted to your specific health condition(s), to book and confirm appointments, to communicate with you about our ongoing in-clinic specials, in-clinic events, monthly clinic newsletter and other information about clinic events and/or clinic information that may be of interest to you
- If we choose to send you bulletins, updates, or other unsolicited, marketing-related communications, we will provide you with the ability to opt-out of receiving such communications. However, you may not opt-out of formal notices concerning operation of our EMR or the Patient Portal, or other related notices concerning your relationship to us
- You may not opt-out of being provided with content passively via the internet or Patient Portal pages that you choose to access
- You may disable Patient Portal access to all or some of your protected information by sending us a written request to that effect. Doing so does not affect our records, but only determines whether those records are accessible via the Patient Portal
- To contact you by telephone, and to leave telephone messages, at times to remind you of appointments or notification that lab results or other test results have arrived or to leave a general message asking you to call PHLC
- To allow us to efficiently follow-up for treatment, care, and billing
- For teaching, research and demonstrating purposes on an anonymous basis including but not limited to the taking of before and after photographs which can be used as a gauge for visual progress during a treatment protocol

- To comply with legal and regulatory requirements, including the delivery of patients' charts and records to the appropriate regulatory body in a timely fashion, when required, according to the provisions of the Health Practitioners Act
- To comply with the agreements/undertakings entered into voluntarily by the member with the appropriate regulatory body, including the delivery and/or review of patients' charts and records to the Board in a timely fashion for regulatory and monitoring purposes
- To permit advisors, and regulatory boards to evaluate the practice at PHLC
- To deliver your charts and records to the practitioners' insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the regulatory body's complaints committee
- To invoice for goods and services
- To process credit card payments
- To complete claims for insurance purposes
- To collect unpaid accounts
- To assist the office to comply with all regulatory requirements
- To comply generally with the law

By signing the consent section of this Privacy Policy 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.

This office will not, under any circumstances supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate. You may withdraw your consent to use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

**Patient Consent: I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information. I know that your office has a Privacy Code, and I can ask to see the Code at any time. I agree that PHLC can collect, use, and disclose personal information as set out above in the information about the office's privacy policies.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

## 1. GENERAL CLINIC POLICY & WAIVERS

### Patient Confidentiality:

Polo Health + Longevity Centre (PHLC) is bound by law to protect your privacy. We also comply with the privacy regulations of various regulatory bodies that the practitioners at PHLC belong to. You are always in control, and we are here to help, meaning you have the right to give, refuse or withdraw consent to any treatment at any time; this will not affect your ability to receive care in the future. Polo Health + Longevity Centre has a Privacy Policy in place to ensure that your personal health information is protected and a copy of it has been given to you for your review and consent.

### Payment and Cancellation Policies:

You are responsible for the full payment of any fees incurred during your visit to Polo Health + Longevity Centre at the end of each visit and in some instances, payment will be required prior to the visit. We accept Visa, Mastercard and Cash. We do not accept cheques. We require a minimum of 24 hours' notice if you wish to cancel or reschedule an appointment failing which you will be charged for the time set aside and, in the case of a scheduled treatment, the cost of non-reusable products prepared for you. Notice of cancellation or rescheduling must be given during regular clinic hours. We do not accept appointment changes via email.

For the respect and convenience of our patients and for the efficient operation of our clinic, we endeavor to keep scheduled appointments on time. However, complications and emergencies do arise and in these circumstances, we appreciate your patience and understanding. ***Please note that when you arrive late for your appointment, only the balance of time that was booked for you can be used.***

### Hours of Operation:

Monday through Friday: 8:00 a.m. to 8:00 p.m.

Saturday: 9:00 a.m. to 5:00 p.m.

Sunday: Closed

Polo Health + Longevity Centre will be closed on all Statutory Holidays and most Civic Holidays. In some case we may choose to be opened during some of these times.

### Extended Health Insurance and MSP:

Many extended healthcare insurance providers cover the services provided at Polo Health + Longevity Centre. Please check with your provider to determine the amount of coverage under your policy. Supplements are not covered by insurance.

**Insurance Provider:** \_\_\_\_\_

**Policy No:** \_\_\_\_\_

**Plan No:** \_\_\_\_\_



Fees:

Fees may change at any time without notice. Fees do not include the cost of supplements, other items being sold in the clinic or applicable taxes.

Disclaimer:

Polo Health + Longevity Centre will do everything possible to ensure your visit runs smoothly. In the unlikely event that things happen beyond our control, where we are late for the appointment or have to cancel last minute, we will do everything to ensure this is mitigated in a timely manner.

*The practitioners and staff at Polo Health + Longevity Centre thank you for taking the time to fill out this form and we thank you for your understanding of these policies and welcome you. We look forward to working with you on the road to better health and longevity.*

I, \_\_\_\_\_, have read, understand, and agree to the above clinic policies of Polo Health + Longevity Centre.

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Print your name