

## PRIVACY POLICY

I, Alana Gulka, Registered Massage Therapist and Certified Athletic Therapist, am committed to respecting the privacy of individuals and recognize the need of people with whom I do business (patients, clients, health care providers, third party payers, benefit insurance companies) for the appropriate management and protection of any personal Information that you agree to provide to me.



**Collection:** My practice will collect patients' personal information in order to better understand health history and provide treatment. I will make all reasonable efforts to fully inform my clients about the planned use or disclosure. I will limit the collection and use of personal information to that required for valid treatment purposes or to comply with legislation.

**Accuracy:** My practice will make every reasonable effort to ensure that the personal information it collects and uses is accurate and complete. Individuals providing personal information will have the opportunity to review and correct their personal information, and on written or verbal request by an individual to whom the information relates, I will change or update the information as required.

**Storage:** I will store personal information using a hard copy or electronic means in such a way as to prevent unauthorized collection, access, use, disclosure, or disposal.

**Retention:** I will retain your personal information for a minimum of 10 years following the last treatment date, or until 10 years following the individual's 18<sup>th</sup> birthday. I will advise in writing, telephone or in person of any practice location changes and where individual personal information records will be stored.

**Disclosure:** I will not disclose personal information unnecessarily to any third party without consent from patient/client

**Access:** I will provide access to any individual to personal information kept about themselves. I will provide access within a reasonable time period. I will provide access to a third party upon verbal or written consent from patient/client.

In addition to the care that I, Alana Gulka RMT CAT(C) take directly to protect your personal information, I would require your authorization in case of emergency while in attendance at my practice to contact your emergency contact.

In case of personal emergency for myself, I would require your authorization to allow a third party designated by me to have authorization to access your personal information to reschedule an appointment if applicable. In addition to this, any designated third party individual that in any way handle or manage personal information in my office have acknowledged and agreed to adhere to my privacy policy and procedures that support it.