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**PRIVACY ACT CONSENT FORM**

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 service
- To provide health care in either shiatsu, acupuncture or other services
- To advise you of your treatment options
- To enable us to contact you in order to book or confirm appointments
- To establish and maintain communication with you
- To communicate with other health care providers treating you
- To allow efficient follow-up for treatment, care, and billing
- To comply with legal and regulatory requirements
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for practice sale and to purchase such information but only as part of the purchase of such practice
- To invoice goods and services.
- To process credit card payments and sales transactions

**PATIENT CONSENT**

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Signature

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Print name

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Date

