



64 Dufferin Street, Bridgewater, Nova Scotia B4V 2G3

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www.bridgewaterchiropractor.com

Associate Chiropractic Centre Limited – Patient Privacy and Disclosure Statement

This statement outlines how our clinic protects your privacy and handles your personal health information in compliance with the Nova Scotia Personal Health Information Act (PHIA)

a. General Description of Privacy Information Practices

Our clinic collects, uses, and discloses your personal health information solely to provide you with safe, high-quality chiropractic care.

- **Collection:** We collect details about your health history, physical examinations, treatment plans and billing/insurance details.
- **Use:** We use this information to assess your clinical needs, administer treatment, and process payments.
- **Disclosure:** Your personal health information is kept strictly confidential. It is only shared outside this clinic with your expressed consent, or when permitted or required by law (such as sharing relevant treatment information with your family physician, processing third-party insurance claims, or responding to legal directives).
- **Security:** We employ strict physical, electronic, and administrative safeguards to protect your records from unauthorized access, loss, or modification.

b. Contact Persons & Custodian of Patient Records

The designated **Health Information Custodians** and primary contact person for all privacy-related matters at our clinic are:

- **Primary Contact Representative:** Victoria Cusack, Office Manager
- **Primary Custodian:** Dr. Ian Culbert, Clinic Director
- **Names of Custodians:** Dr. Ian Culbert, chiropractor; Dr. Candace Higney, chiropractor; Dr. Jordan Arsenault, chiropractor.

- **Clinic Name:** Associate Chiropractic Centre Limited
- **Mailing Address:** 64 Dufferin St. Bridgewater, NS B4V 2G3
- **Phone Number:** (902) 543-2131
- **Fax Number:** (902) 543-2860
- **Email Address:** associatechiropractic@bellaliant.com

c. Access to and Correction of Health Records

You have the right to look at or receive a copy of your personal health information. You also have the right to request a correction if you believe the information in your file contains errors or omissions.

- **To Request Access:** Please submit a written request directly to our **Primary Contact Representative** with the name of your specific **Custodian** listed in section (b). We will respond to your request within 30 days, as required under PHIA. A reasonable fee may apply for copying or printing records.
- **To Request a Correction:** Please submit your request in writing to our **Primary Contact Representative** with the name of your specific **Custodian** listed in section (b), explaining what information is inaccurate or incomplete and providing the necessary correction. If approved, we will update your file and notify anyone who recently received the incorrect information.

d. Privacy Complaints Process

If you have a concern about how your personal health information has been handled, you have the right to file a formal complaint.

1. **First Instance (Internal Complaint):** We encourage you to first bring your complaint directly to our clinic's **Primary Contact Representative** along with the name of your specific **Custodian** listed in section (b). We take all privacy concerns seriously and will investigate immediately.
2. **Review Officer (External Complaint):** If you are not satisfied with our clinic's response, or if you prefer to bypass internal review, you can file a formal complaint under PHIA with the independent Office of the Information and Privacy Commissioner (OIPC) for Nova Scotia:
 1. **Mailing Address:** Review Officer,
Personal Health Information Act
PO Box 181, Halifax, NS B3J 2M4
 2. **Phone:** (902) 424-4684 / **Toll Free:** 1-866-243-1564
 3. **Fax:** (902) 424-8303
 4. **Website:** www.foipop.ns.ca