



CONFIDENTIALITY AGREEMENT

The patient-doctor relationship is a discreet and honorable one that must be protected at all costs. Naturopathic Doctors adhere to the current standards of privacy as outlined by HIPAA (The Health Insurance Portability and Accountability Act of 1996).

The MERIDIAN INSTITUTE For NATUROPATHIC THERAPIES (MINT) keeps any and all patient information confidential. Patient cases and concerns are never discussed or disclosed to any parties and this information is considered private.

I, _____, also agree to keep any and all information regarding specific treatment plans confidential.

I understand that this is a formal, legal agreement and if either party should violate this agreement, legal action may be taken.

Patient Name: (Please print): _____

Patient or Guardian Signature _____ Date: _____

MINT Agent Name (Please print): _____

MINT Agent Signature _____ Date _____