



**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. At MINT, we believe that all patient cases and concerns are never discussed or disclosed to any parties and this information is considered private therefore, we will never share any of your details without your consent.

Patients have a right to disclose their medical information with whomever they so choose. At MINT we will not discuss your health with any other person unless the patient provides written consent. Patients who are minors or patients with a legal representative are exempt from this requirement.

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 \_\_\_\_\_