

# Privacy Policy Consent Form

Wellness Wizards Ltd.

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## Consent Declaration

My office understands the importance of protecting your personal information. To help you understand how I am doing that, I have outlined below how the office is using and disclosing your information.

This office will collect, use and disclose only necessary information about you for the following purposes:

- To collect information for nutritional and dietary assessments of imbalances
- To collect RNCP consultation fees/supplement costs
- Newsletters
- Emailing of Education, wellness, and health-related topics
- Seminars, workshops and surveys to promote nutritional consulting

### DISCLOSURE:

- To suppliers when shipping supplements directly to clients
- To a specific doctor who you are working with
- To an emergency service if one's life could be endangered

I will only share your information with your consent. Storage, retention and destruction of your personal information complies with existing legislation, and privacy protocols.

I am trained in the appropriate uses and protection of your information.

The privacy officer of this office is Irene Wells, RNCP. If you have any questions regarding the Privacy Policy, please do not hesitate to ask.

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## Client Acceptance

I agree to this office collecting, using and disclosing personal information about me as set out above and in the Privacy Policy.

DATE: \_\_\_\_\_

PRINTED  
NAME: \_\_\_\_\_