

PATIENT CONSENT FORM: FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Privacy of you and your families (if applies) information is an important part of our office providing you with quality dental care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle you and your families (if applies) information. It is important to us to provide this service to our patients.

In this office, **Dr. Stacey Saunders** acts as the privacy information officer.

All staff members who come in contact with you and your families (if applies) information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

Attached to this consent form, we have outlined what our office is doing to ensure that our privacy protocols comply with privacy legislations, standards of our regulatory body, the Royal Collage of Dental Surgeons of Ontario, and the law.

Do not hesitate to discuss our policies with Dr. Stacey or any member of our team.

How Our Office Collects, Uses and Discloses Patients' Personal Information

This office will collect, use and disclose information about you and your family (if applies) for the following purposes:

- To deliver safe and efficient patient care
- To identify and to ensure continuous high quality service
- To assess your health needs
- To provide health care
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care and services in relationship to dental care generally
- To communicate with other treating health-care providers such as specialists

- To allow us to maintain communication and contact with you and your family(if applies) to distribute health-care information and to book and confirm appointments
- To allow us to efficiently follow-up for treatment, care and billing
- To complete and submit dental claims for third party adjudication and payment
- To comply with legal and regulatory requirements, including the delivery of patients' charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act
- To permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- To deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the Health Professions Appeal and Review Board (HPARB)
- To invoice goods and services
- To process credit card payments
- To collect unpaid accounts
- To assist this office to comply with all regulatory requirements
- To comply generally with the law

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use, and/or disclosure of you and your families (if applies) personal information for the purpose that are listed. If a new purpose arises for the use and/or disclosure of you and your families (if applies) personal information, we will seek your approval in advance.

Patient Consent

I have reviewed the above information that explains how your office will use my personal information along with the information of my families (if applies), and the steps your office is taking to protect my/our information.

I know that your office has a Privacy Code, and I can ask to see the Code at any time

I agree that Dr. Stacey Saunders can collect, use and disclose personal information about my/our oral health status as set out above in the information about the office's privacy policies.

Signature

Print Name

Date

Signature of Witness