

PERSONAL INFORMATION CONSENT FORM

We are committed to protecting the privacy of our patients' personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes the personal information that we collect, use and disclose.

Contact information and identifying information

We collect information from our patients such as names, home addresses, work addresses, telephone numbers, email addresses, patient's date of birth, spouse's date of birth, employer policy numbers, SIN.

Contact information is collected and used for the following purposes:

- To open and update patient files.
- To invoice patients for dental services, to process credit card payments, or to collect unpaid accounts.
- To process claims for payment or reimbursement of all or part of the cost of treatment from third-party health benefit providers and insurance companies, whether by mail or by internet.
- To call patients to remind them of dental appointments or to discuss dentally related business.
- To call or send reminders to patients concerning the need for further dental examination or treatment.
- To send patients information material about our dental practice, and dentistry in general.

Medical/dental information

We collect information from our patients about their health history, physical condition, and dental conditions and treatments past and present, which are used for the purpose of diagnosing dental conditions and providing dental treatment. It is also used to:

- Process claims and pre-authorization to third party health benefit providers and insurance companies.
- Other dentists and dental specialists, where we are seeking a second opinion or treatment and the patient has consented to us obtaining or providing the second opinion or treatment.
- Other health care professionals as needed with the patients' consent.

Other circumstances

When considering selling all or part of this practice, potential purchasers may be granted access to patient information in order to verify information important to the potential sale. If this occurs, we will take steps to ensure that the prospective purchaser safeguards all personal information.

Dentists are regulated by the Alberta Dental Association and College which may inspect our records and interview our staff as part of its regulatory activities in the public interest.

I consent to the collection, use and disclosure of personal information as set out above and when required by law, for me and my dependants.

Date

Print Name

Signature

Email Address