

PRIVACY INFORMATION CONSENT

We are committed to protecting the privacy of our patient's personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes some of the personal information we collect, use and disclose. In addition to the circumstances described in this form, we also collect, use and disclose personal information when permitted or required by law.

Contact Information (address, telephone numbers, email, etc.)

- To open and update patient files
- To invoice patient's for dental services, to process credit card payments, to collect unpaid accounts.
- To process claims for payment from third party health benefit providers and insurance companies.
- To send informational material about our practice to patients.

Contact Information is disclosed to third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment or has asked us to submit on their behalf.

Financial information may be collected in order to make arrangements for the payment of dental services.

Medical Information (health history, physical condition, etc.) is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Medical Information Disclosed:

- To third-party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on their behalf.
- To other dentist/dental specialist, where we are seeking a second opinion and the patient has consented to us obtaining the second opinion.
- To other dentist/dental specialist if the patient, with consent, has been referred by us to the other dentist/dental specialist for treatment.
- To other dentist/dental specialist where those dentist have asked us, with patient consent, to provide a second opinion.
- To other health care professionals, with patient consent, if the patient has been referred to us by the other health care professional for either a second opinion or treatment.

If we ever consider selling all or part of our practice, qualified potential purchasers may be granted access as part of the due diligence process 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 information.

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

I consent to the collection use and disclosure of my personal information as set out above.

Date _____ Name _____ Signature _____