



### **Dental Office Personal Information Consent Form**

We are committed to protecting the privacy of our patient's personal information and to utilizing all personal information in a responsible manner. This document summarizes some of the personal information that 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.

We collect information from our patients such as names, home and work addresses, home and work telephone numbers, and e-mail addresses. (Collectively known as "Contact Information") Contact information is collected and used for the following purposes:

- To open up 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 from third-party health benefit providers and insurance companies.
- To send reminders to patients concerning the need for further dental examination or treatment.
- To send patients information material about our dental practice.

Contact information is 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 the patients' behalf.

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

We collect information from our patients about their health history, their family health history, physical condition and previous dental treatments. (Collectively known as "Medical Information") Patients' Medical information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Patients' Medical information is 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 the patients' behalf.
- To other dentists and dental specialists, where we are seeking a second opinion and the patient has consented to obtaining a second opinion.
- To other dentists and dental specialists if the patient, with their consent, has been referred by us to the other dentist or dental specialist for treatment.
- To other health professionals such as physicians if the patient, with their consent, has been referred by us to the other health care professional for either a second opinion or treatment.

If we are ever considering selling all or part of our dental practice, qualified 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 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 disclose of my personal information as set out above.

**Agreed and accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

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**Signature of Patient**