

## **Patient Privacy Consent Form**

### **For Collection, Use and Disclosure of Personal Information**

Privacy of your personal information is an essential part of our office providing you with quality 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 your personal information. It is important to us to provide this services to our patients.

All Staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate use and protection of your information. In this consent form, we have outlined our office is doing to ensure that :

- Only necessary information is collected about you
- We only share information with your consent
- Storage ,retention and destruction of your personal information complies with the existing legislation and privacy protocols
- Our privacy protocols comply with privacy legislation, standards of our regulatory body and the law

### **How Our Office Collect, Use and Disclose Patient's Personal Information**

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined below how our office is using and disclosing your information.

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

- To identify and deliver safe and efficient patient care with high quality services.
- To access your health needs and provide you with related health needs.
- To advise you on your treatment options and offer you with treatment, care and services
- To enable us to contact you and maintain communication with you
- To communicate with other treating health care providers including specialist and referring doctors
- To allow us 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 claims for third party adjudication and payment.
- To comply with legal and regulatory requirements, including the delivery of patients' chart and record to governing bodies when required according to regulated health professional act.
- To comply with agreements/undertakings entered into voluntarily by the member with governing bodies including the delivery and/or review of patients' charts and for regulatory and monitoring purpose
- To allow potential purchasers ,practice brokers/ advisors to conduct an audit in preparation for practice sale
- To deliver your charts and records to the office's insurance carrier to enable insurance company to assess liabilities and quantify damages , if any
- To prepare materials for Health Professional Appeal and Review Board ( HPARB)
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To assist this office to comply with all regulatory requirements and 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 your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of Regulated Health Professional Act ( RHPA) and for the defence of a legal issue. Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review and for your specific consent. When unusual requests are received, we will contact you for permission to release such information. We may advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision and the process.

## Patient Consent

I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information.

I agree that Glenanna Dental Group can collect, use and disclose personal information about

\_\_\_\_\_ ( Patient's name) as set above in the information about the office's privacy policy.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_

## Permit for Operations

This is to certify that I, \_\_\_\_\_ (Patient's name) consent to performing of the dental and oral surgery procedures agreed to be necessary or advisable, including the use of general or local anaesthetic as indicated and I will assume responsibility for the fee associated with those procedures.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_