



# FOREST CITY ENDODONTICS

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## **PATIENT CONSENT FORM – COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

As dental professionals we are required to comply with **Federal and Provincial Privacy Legislation, (PIPEDA) and (PHIPA)**. In order to do so, each of our patient's must sign a consent form acknowledging and allowing us to collect, use and disclose personal information according to specific guidelines. At our office, the privacy of your personal information is of utmost importance. We are committed to collecting, using and disclosing your personal information responsibly. Our policies regarding your personal information are open and transparent.

In this office, Dr. Amanda Reavely acts as the Privacy Information Officer. All staff members are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate uses and protection of your information; we are committed to adhering closely to our Privacy Code. Please do not hesitate to discuss and review our policies and Privacy Code with any member of our team.

We limit the collection of personal information to only the relevant and necessary information. Your personal information will be stored, retained and destroyed in compliance with the existing legislation and privacy protection protocols of our regulatory body, the Royal College of Dental Surgeons of Ontario, and the federal legislation of the Personal Information Protection and Electronic Documents Act (PIPEDA).

In our office we will collect, use and disclose your personal information for the following purposes:

- to accurately assess your overall medical and dental health in order to provide safe, efficient, quality endodontic treatment
- to establish and maintain communication with you in regards to all aspects of your care, including assessment, diagnosis, treatment, and your financial matters
- to communicate with your team of health care professionals (e.g. general dentists, dental specialists, medical doctors) in order provide the highest level of comprehensive care in a cohesive manner
- for teaching and demonstrating purposes on an anonymous basis
- to comply with all legal and regulatory requirements of provincial and federal laws
- to comply with all regulations set forth by the Royal College of Dental Surgeons of Ontario

### **PATIENT ACKNOWLEDGEMENT AND CONSENT**

I have reviewed the above information regarding the collection, use, and disclosure of the personal information, and have been given the opportunity to ask questions about the steps your office is taking to protect this information.

I acknowledge and agree that the office of Forest City Endodontics can collect, use and disclose the personal information as described above, and in accordance with the Privacy Code of their office.

Patient or Parent/Guardian Name \_\_\_\_\_  
(PLEASE PRINT)

Patient or Parent/Guardian Name \_\_\_\_\_  
(SIGNATURE)