

Dental office 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 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 addresses, work addresses, home telephone number, work telephone number and email addresses (collectively referred to as contact information)/ contact information is collected and used for the following purposes:

- To open and update patient files
- to invoice patients for dental services, process credit card payments, or collect unpaid accounts
- to send reminders to patients concerning the need for further dental examination or treatment
- to send patients informational 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 patient's behalf. Financial information may be collected in order to make arrangements for the payment of dental services.

We collect information from our patients about their health history, their family health history, physical condition and dental treatments (collectively referred to as medical information). Patients' medical information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Patient 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 their behalf
- to other dentists and dental specialists where we are seeking a second opinion and the patient has consented to us obtaining the 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 dentists and dental specialists where those dentists have asked us, with the consent of the patient to provide a second opinion
- to other health care 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 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 the necessary 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.

This consent is in effect once signed or once the patient has received dental treatment at Foothills Dental Group. It must be signed as is, and is not subject to change or modification.

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

Date Patient Name Guardian Name Signature