

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 name, home address, home telephone number, work telephone number, e-mail address, and cellular phone numbers. Contact information is collected and used for the following purposes:

1. To open and update patient files
2. To invoice patients for dental services, process credit card payments, or to collect un-paid accounts.
3. To process claims for payment or reimbursement from the third party dental benefit insuring company
4. To send reminders to patients the need for further dental treatment or examinations
5. To send patients informational material about our dental practice.

Contact information is disclosed to third party dental benefits and insurance companies where the patient has submitted a claim for reimbursement of all or part of the cost of dental treatment or has asked us to submit a claim on their behalf.

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

We collect medical information from our patients about their health history, family history, physical condition and current and past dental history, including x-rays. Patient’s medical information is collected and used for the purpose of diagnosing dental conditions and providing dental services.

Patient’s medical information is disclosed:

1. To third party dental benefits and insurance companies where the patient has submitted a claim for reimbursement of all or part of the cost of dental treatment or has asked us to submit a claim on their behalf.
2. To other dentists and dental specialists, where we are seeking a second opinion and the patient has consented to this.
3. To other dentists and dental specialists, where those dentists ask us to provide and are seeking a second opinion and the patient has consented to this.
4. To other dentists and dental specialists if the patient, with their consent, has been referred by us to the other dentist or specialist for treatment.
5. To the other health care professional such as physicians if the patient, with their consent, has been referred by us to the other health care provider for a second opinion or treatment.

If we are considering selling part or all 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 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 have read and understand this information and consent to the collection, use and disclosure of my personal information as set out above.

Date: _____

Print Name: _____ **Name of Dependant/Minor child:** _____

Signature: _____ **Signature of Parent/Guardian:** _____