

## **PRIVACY NOTICE FOR OUR DENTAL OFFICE-IN ACCORDANCE WITH PIPEDA**

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

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

- To deliver safe and efficient patient care
- To identify and to ensure continuous high quality service
- To assess your health needs and provide health care
- To enable us to contact, establish and maintain communication with you (distribute health care information, book and confirm appointments)
- To offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care generally
- To communicate with other treating health care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- To allow us to efficiently follow up for treatment, care and billing
- For teaching and demonstrating purposes on an anonymous basis
- To complete and submit dental claims for third party adjudication and payment
- To comply with legal and regulatory requirements, including the delivery of patient charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, in accordance to the provisions of the Regulated Health Professions Act
- To permit potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- To deliver your charts and records to the dentists' insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the Health Professions 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
- To comply generally with the law

By signing the consent section of this Patient Consent Form, you have agreed that you have been 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 the regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario (RCDSO) fulfilling its mandate under the RHPA, and for the defense 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 question 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 the permission to release such information. We will also advise you if such a release is inappropriate.

**Patient Consent**

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

I am aware your office has a Privacy Code, and I can ask to see the code at any time.

I agree that **ARTIN DENTAL OFFICE** can collect, use and disclose personal information about \_\_\_\_\_ (patient name) as set out above in the information about the office's privacy policies.

\_\_\_\_\_  
(print name )

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(patient signature)