

Personal Information Consent Form

We are committed to protecting your personal information and to utilizing it 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 your name, home and work addresses, home, and work telephone numbers for use as contact information, which we use for the following purposes:

To open and update your patient file.

- To invoice you for dental services, to process credit card payments, or to collect unpaid accounts.
- To process claims for payment or reimbursement from third party health benefit providers and insurance companies.
- To send you reminders concerning the need for further dental examination or treatment.
- To send you informational material about our dental practice.

Your contact information is disclosed to third party health benefit providers and insurance companies where you, or our office on your behalf, have submitted a claim for reimbursement or payment of the cost of your dental treatment.

We may collect your finance's information to make arrangements for the payment of your dental services.

We collect information about your health history, family health history, physical conditions, and dental history for use as medical information. Your medical information is collected and used for the purpose of diagnosing your dental conditions and providing dental treatment.

Your medical information is disclosed:

- To third party health benefit providers and insurance companies where you, or our office on your behalf, have submitted a claim for reimbursement or payment of the cost of your dental treatment.
- To other dentists and dental specialists:
 - if you seek a second opinion from another dentist or dental specialist
 - if we refer you to another dentist or dental specialist for treatment
 - if we are asked to provide you a second opinion
- To other health care professionals, such as physicians, if we refer you for either a second opinion or other treatment.

If we sell all or part of our dental practice, qualified potential buyers may be granted access to your personal information as part of the due diligence process to verify information important to the potential sale. If this occurs, we will take steps to ensure that the prospective buyer safeguards your personal information.

Dentists are regulated by the College of Dental Surgeons of Alberta, which may inspect our records, including your personal information, and interview our staff as part of its regulatory activities in the public interest.

I consent to the collection, use and disclosure of my, my child's, or my ward's personal information as set out above.

Patient Signature: _____

Date: _____