



## Collection, Use, and Disclosure of Personal Information

Privacy of your personal information is essential in order for us to provide you with quality dental care. We understand the importance of protecting your personal information and are committed to collecting, using and disclosing your information responsibly. All staff members who come in contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

In this consent form, we have outlined what our office is doing to ensure that:

- Only necessary information is collected about you
- We only share your information with your consent
- Storage, retention, and destruction complies with existing legislation and privacy protection protocols
- Our privacy protocols comply with privacy legislation, standards, our regulatory body (The Royal College of Dental Surgeons of Ontario) and the law

Please do not hesitate to discuss our policies with any member of our staff and be assured that we are committed to ensuring that you receive the best quality dental care.

### How Our Office Collects, Uses and Discloses Personal Information

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

- To deliver safe and efficient patient care
- High quality service
- To access your health care
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain contact with you
- To offer and provide treatment care and services in relationship to oral and maxillofacial complex and dental care
- To allow us to maintain communication and contact with you to distribute health care information and to book and confirm appointments
- To efficiently follow-up for treatment care and billings
- 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 eh Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provision of the Regulated Health Professions Act
- To permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale.
- To deliver your charts and records to the dentist's insurance carrier to enable the insurance company to access liability and quantity damages, if any.
- To prepare materials for the Health Professional Appeal and Review Board (HPARB)
- To invoice for goods and services
- To process credit and payments
- To collect unpaid accounts
- To assist this office to comply withal regulatory requirements

- To comply generally with the Law

By Signing this consent section of this Patient Consent Form, you have agreed that you have given your information 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 regulatory authorities under the terms of the Regulatory Health Professions Act (RHPA) for the purpose of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defence of a legal issue.

Our office will not under any conditions supply other offices with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review and for your specific consent. When unusual requests are made we will contact you for permission to release such information. We may also advise you in such release is inappropriate.

You may withdraw your consent and we will explain the ramifications of that decision, and the process.

**Patient Consent**

I have reviewed the above information that explains how your office will use my personal information and the steps your office is taking to protect my information. I know that your office has a privacy code, and I can ask to see the code at any time.

I agree that Paramount Dentistry can collect, use and disclose personal information about

\_\_\_\_\_ as set out in the above information.

Please print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date