

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 manner. This document summarizes some of the personal information that we collect, use and disclose. In addition to the circumstances 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 and work addresses, home and work telephone numbers, and e-mail addresses 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 rendered, to process credit card payments, or to collect on unpaid accounts
- . To process claims for payment or reimbursement from third-party health benefit providers and insurance companies
- . To send reminders to patients concerning the need for further dental examination, or treatment
- . To send patients information material about our dental practice and new services offered

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 for the payment of dental services rendered.

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

Patients' medical information is disclosed:

- . To third-party health benefit providers and insurance companies where the patient has submitted a claim 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
- . To other dentists and dental specialists, where we are seeking a second opinion and the patient has consented to us obtaining a 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 buyers 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 buyer safeguards all personal information.

Dentists are regulated by the Alberta Dental Association and College, whom may inspect our records and interview staff as part of its regulatory activities in the public interview.

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

Date

Print Name

Signature