



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 names, home addresses, telephone numbers and email addresses, or collectively referred to as "Contact Information", which is collected and used for the following purposes:

- To open and update patient files.
- To invoice patients for dental services, to process payments, or to collect unpaid accounts.
- To process claims for payment or reimbursement from third-party health benefit providers, employers or insurance companies.
- To send reminders to patients concerning the need for continuing care and treatment.
- To send patients informational materials regarding our practice and dental health care.

Contact Information is disclosed to third-party health benefit providers, employers, or insurance companies where the patient has submitted a claim for reimbursement or payment for all or part of the cost of dental treatment, or has requested us to submit a claim or inquiry on the patient's behalf.

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

We collect information from our patients about their own health history, their family health history, physical condition, and dental treatments, or collectively referred to as "Medical Information", which is collected and used for the purpose of diagnosing dental conditions and providing dental treatment. Medical Information is disclosed under the following circumstances:

- To third-party health benefit providers and insurance companies where the patient has a claim submission for reimbursement or payment of all or part of the cost of dental treatment, or has asked us to submit a claim or inquiry on the patient's behalf.
- 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 a second opinion and/or treatment.
- To other dentists or dental specialists where those dentists have asked us, with the consent of the patient, to provide a second opinion and/or treatment.
- 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 purchaser safeguards all personal information.

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

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

Date

Print Name

Signature