

PATIENT CONSENT FORM: FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION (PIPEDA Legislation)

Privacy of personal information is an important part our office providing you with quality dental care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. *It is important to us to provide this service to our patients.*

Attached to 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 of your personal information complies with existing legislation, and privacy protection protocols;
- Our privacy protocols comply with Privacy Legislation, Standards of our Regulatory Body, the Royal College of Dental Surgeons of Ontario, and the Law

In this office, Dr. A Reddy acts as the Privacy Information Officer. Do not hesitate to discuss our policies with Dr. A Reddy or any member of our office staff. Please be assured that every staff person in our office is committed to ensuring that you receive the best quality dental care.

HOW OUR OFFICE COLLECTS, USES AND DISCLOSES PATIENTS PERSONAL INFORMATION

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

The 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 to provide health care
- To advise you of your treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care
- To communicate with other health treating providers, including specialists and general Dentists who are the referring Dentists and/or peripheral Dentists
- To allow us to maintain communication and contact you to distribute healthcare information and to book and confirm appointments. This may include sending postcard type- reminders through the mail and to book and confirm appointments.
- To allow us to efficiently follow- up for treatment, care and billing
- To complete/ submit predeterminations and dental claims for third party adjudication and payment; to provide further information that your insurer may request to aid in the processing of predeterminations and claims
- To comply with legal and regulatory requirements, including the delivery of patients charts and records to The Royal College of Dental Surgeons of Ontario in a timely fashion, when required and records to the provisions of the *Regulated Health Professions Act*
- To comply with the agreements/ undertakings entered into the voluntary by the member with the Royal College or Dental Surgeons of Ontario, including the delivery and/ or review of patients charts and records to the College in a timely fashion or regulatory monitoring purposes
- To permit potential purchasers, practise brokers or advisors to conduct an audit in preparation for a practise sale
- To deliver your charts and records to the Dentists insurance carrier to enable the insurance company to access liability and quantity damages, if any;
- To prepare materials for the Health Professionals 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 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 assessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario 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 request is made, we will forward the information directly for your review, and for your specific consent.

When unusual requests are received, we will contact you for permission to release to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of the decision, and the process.

LOCAL ANESTHESIA: *May cause reactions which: Bruising, Hematoma, Cardiac Stimulation, Temporary, or rarely permanent numbness of the tongue, lips, teeth, jaw and/ or facial tissue and muscle soreness.*

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 *Dr. Anupama Reddy Dentistry Professional Corporation* can collect, use and disclose personal information about

as set out above in the information about the office's privacy policies.

SIGNATURE

PRINT NAME AND RELATIONSHIP TO PATIENT IF SIGNING FOR CHILD

DATE

SIGNATURE OF WITNESS