

**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 and disclose personal information when permitted or required by law.

**Contact information** is collected and used for the following purposes:

- To open and update patient files;
- To process payments from patients or to collect unpaid accounts;
- To process claims of payment for the patient or dental provider from insurance companies.

Contact information is disclosed to third party health benefit providers and insurance companies where a claim has been submitted for reimbursement or payment of all or part of the costs of dental treatment to the patient or dental provider.

**Financial information** is collected in order to make arrangements for the payment of dental services.

**Medical and dental information** is collected from our patients for the purpose of diagnosing dental conditions and providing dental treatment.

Medical and/or dental information is disclosed:

- To third party health benefit providers and insurance companies where the patient has submitted a claim or preauthorization for reimbursement or payment of all or part of the cost of dental treatment;
- 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 dentists 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 practice, qualified purchasers 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 our 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.

Last name	First name	Middle name
Dependant:		
Last name	First name	Middle name
Signature	Date	

**Cancellations:** Appointments are scheduled specifically for you. Our team will contact you prior to your scheduled appointment with a courtesy reminder. However, it is your ultimate responsibility to arrive for the scheduled appointment. We require a minimum of two full business days notice to change or cancel appointments.