



## **Personal Information Consent Form**

### **Hermitage Dental**

The privacy of our patients' information is important to us. We are committed to collecting, using, and disclosing personal information responsibly.

#### **Personal Information**

Personal information for our purposes is information necessary for the provision of professional oral health care services provided to you, and information necessary to administer this dental practice. Personal information includes all that information provided by you to us on our patient information/health/medical history form at the first visit and any subsequent visits. Personal information may also include any information provided by you to us during the normal course of communication between patient and dental office staff. We will use and disclose only information provided to us by you or another person acting on your behalf.

#### **Disclosure to Third Party Providers**

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 in order to make arrangements for the payment of dental services.

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



Patient's Medical 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.
- To other dentists and dental specialists, where we are seeking a second opinion and the patient has consented to us obtaining the 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.

### **Information Disclosure**

Your personal information shall be disclosed to only those who have a need to know and the specific information disclosed shall be restricted to only that information relevant to the recipients need to know.

If we are ever considering selling all or part of our dental practice, qualified potential purchasers may be granted access 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.)



### **Information Destruction**

We will destroy information in a secure manner when the information is no longer necessary for the provision of oral health services and is not required to be retained for compliance with provincial or federal regulations or statutes.

### **Access to Your Records**

We are committed to providing you with open access to your personal information. You may at any time ask us to see your records held by us and to request amendments to that information. We will provide access to you within a reasonable time.

### **Complaint Process**

Should you wish to make a formal complaint regarding our privacy practices, or wish to view your information, please do so in writing to our Practice Privacy Officer, Anu Kaur.

### **Acknowledgement**

Having read and understood the Privacy Statement for patients, I consent to the collection, use and disclosure of my personal information as presented in the Statement.

Print \_\_\_\_\_

Signature \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_