

## **CLIENT CONSENT FORM: FOR COLLECTION USE AND DISCLOSURE OF PERSONAL INFORMATION**

Privacy of your personal information is an important part of 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 are dedicated to handling your personal information discretely and with one hundred percent confidentiality.

Our dental team who comes in contact with your personal information is aware of the sensitive nature of the information that you have disclosed to us. They are trained professionals in the appropriate usage and protection of your information.

Attached to this consent form we have outlined what our office is doing to ensure that your information remains safe and secure:

- Only necessary information is collected
- 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

Please be assured that every member of our dental team is committed to ensuring that you receive the best quality dental care. Do not hesitate to contact our office at any time to discuss our policies regarding client records and client confidentiality.

## **How Our Office Collects, Uses and Discloses Clients Personal Information**

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

Our office will collect, use and disclose your information for the following purposes:

- To deliver safe and efficient client specific care
- To identify and ensure continuous high quality treatment
- To assess your health condition and current needs
- To provide gold standard health care
- To advise you of treatment options
- To communicate with other healthcare professionals, including specialists, physicians, and general dentists to provide you with optimal dental care
- To establish communication and maintain contact with you to distribute healthcare information and to book and confirm appointments
- To allow us to efficiently follow up for treatment and billing
- To submit dental insurance claims for third party adjudication and payment
- To comply with agreements/undertakings entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of clients charts and records to the College in a timely fashion for regulatory and monitoring purposes
- To deliver your charts and records to the dental insurance carriers to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the Health Professions Appeal and Review Board (HPARB)
- To invoice for goods and services
- To process credit and debit payments
- To collect unpaid accounts
- To assist the office in complying with all regulatory requirements
- To comply with the law

By signing this Client Consent Form, you have agreed that you have given your informed consent to the collection, usage 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 accessed by the 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 a request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests are received, we will contact you for your permission 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.

### **Client Consent**

I have reviewed the above information and 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 *Lake Street Dental* can collect, use and disclose personal information about \_\_\_\_\_ as set out above in the information about the office's privacy policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness