

Patient Consent Form: Collection, Use and Disclosure of Personal Health Information

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

In this office, Corrie Worby is the contact person for personal health information related matters.

All staff members who come in contact with your personal health information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

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 health information complies with existing legislation, and privacy protection protocols
- our privacy protocols comply with privacy legislation, standards of our provincial dental regulatory body, and the law

Do not hesitate to discuss our policies with any member of our staff.

How Our Office Collects, Uses and Disclosed Patients Personal Health Information

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

This office will collect, use, and disclose personal health 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
- to provide health care
- to advise you of treatment options
- to enable us to contact you
- to establish and maintain communication with you
- to offer and provide treatment, care and services in relation to the oral and maxillofacial complex and dental / orthodontic care generally
- to communicate with other treating health care providers, including specialists and general dentist who are the referring dentists and / or peripheral dentists, physicians and other health care providers
- to allow us to maintain communication and contact with you to distribute health care information and to book and confirm appointments
- to allow us to efficiently follow-up for treatment, care and billing
- for teaching and demonstrating purposes on an anonymous basis
- to complete and submit dental claims for third party adjudication and payment

- to comply with legal and regulatory requirements according to the provisions of the Regulated Health Professions Act
- for storage of patients' charts and records in an off-site monitored storage facility
- to permit potential purchasers, practice brokers or advisors to evaluate the orthodontic practice or to conduct an audit in preparation for a practice sale
- to deliver your charts and records to the dentist's / orthodontist's insurance carrier / NHIB, TVCC or similar facility to enable the company to assess liability, quantify damages or calculate funding, if any
- to a lawyer representing the dental practice in case of an official complaint, legal action or similar situation
- 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 health information for the purposes that are listed. If a new purpose arises for the use and / or disclosure of your personal health information, we will seek your approval in advance.

Your personal health information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA).

You may withdraw your consent for use or disclosure of your personal health information at any time.

PATIENT CONSENT

I have reviewed the above information that explains how your office will use my personal health information, and the steps your office is taking to protect my information.

I agree that Dr. Drew Smith (Smith Orthodontics) can collect, use and disclose personal health information about

_____ as set out above in the information about the office's
Patient name

privacy policies.

Signature (parent / guardian if patient under age 18)

Date

Print name

Signature of witness