

Patient Consent Form for Collection, Use & 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 & disclosing your personal information responsibly. We also try to be as open & transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

The Privacy Information Officer may be reached at:

Trilliant Dentistry
100 Bronte Street S Unit 3
Milton, ON, L9T 1Y8
289-851-0307

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

- only necessary information is collected about you;
- we only share your information with your consent;
- storage, retention & destruction of your personal information complies with existing legislation, & privacy protection protocols;
- our privacy protocols comply with privacy legislation, standards of our regulatory body, the Royal College of Dental Surgeons of Ontario, & the law.

Please do not hesitate to discuss our policies with any individual on our dental team & be assured that we are committed to ensuring that your received the best quality dental care.

How Our Office Collects, Uses & Discloses Patients' Personal Information

Our office understands the importance of protecting your personal information. To help you understand how we are doing that we have outlined here how our office is using & disclosing your information. This office will collect, use & disclose information about you for the following purposes:

- to deliver safe & efficient patient care & to assess your health needs
- to identify & to ensure continuous high-quality services
- to provide health care & to advise you of treatment options
- to enable us to contact you & to establish & maintain communication with you
- to offer & provide treatment, care & services in relationship to the oral maxillofacial complex & dental care generally
- to communicate with other treating health-care providers, including specialists & general dentists who are the referring dentists &/or peripheral dentists
- to allow us to maintain communication & contact with you to distribute health-care information & to book & confirm appointments
- to allow us to efficiently follow-up for treatment, care & billing
- for teaching & demonstrating purposes on an anonymous basis
- to complete & submit dental claims for third party adjudication, pre-approval when necessary, & payment
- to comply with legal & regulatory requirements, including the delivery of patient's charts & records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the *Regulated Health Professions Act*
- to comply with agreements/undertakings entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery &/or review of patients' charts & records to the College in a timely fashion for regulatory & monitoring purposes
- to permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale & to purchase such information but only as part of the practice
- to deliver your charts & records to the dentist's insurance carrier to enable the insurance company to assess liability & quantify damages, if any
- to prepare materials for Health Professions Appeal & Review Board (HPARB)
- to invoice for goods & services
- to process credit card, debit & cheque payments
- to obtain a Credit Bureau report for the purpose of arraigning credit terms
- to collect unpaid accounts; this may include referral to a third-party collection agency & may include that agency reporting unpaid accounts to a Credit Bureau.
- 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 &/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use &/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the *Regulated Health Professions Act* (RHPA) for the purpose of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, & 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 to you for your review, & 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, & we will explain the ramifications of that decision, & the process.

Patient Privacy Consent

I have reviewed the above information that explains how your office will use my personal information, & the steps your office is taking to protect my information. I know that your office has a Privacy Code, & I can ask to see the Code at anytime.

I agree that Trilliant Dentistry can collect, use & disclose personal information about _____ as set out above in the information about the office's privacy policies. (patients name)

Signature

Date

Next Page ----->

EDI Signature

**Trilliant Dentistry
100 Bronte Street South
Milton, ON, L9T1Y8**

I authorize release, to my dental benefits plan administrator, information contained in claims submitted electronically.

This authorization shall continue in effect until the undersigned revokes the same.

(Signature of Patient, Parent or Guardian)

(Date)

(Printed Name)