



**PATIENT CONSENT FORM:
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, and are committed to collecting, using and disclosing information responsibly.

In this office, Dr. Mark Straus, DDS acts as the Privacy Information Officer.

All staff members who come in contact with your personal information are trained in the appropriate uses and protection of your information.

In 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 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

This office will collect, use and disclose information about you for the following purposes:

- To deliver safe and efficient patient care
- To identify and 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, establish and maintain communication with you (including booking and confirming appointments, treatment follow-up, billing, etc)
- To offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care generally
- To communicate with other treating healthcare providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- To complete and submit dental claims for third party adjudication and payment
- To comply with legal and regulatory requirements, including the delivery of patient charts and records to the Royal College of Dental Surgeons of Ontario when required, according to the *Regulated Health Professions Act*
- To deliver charts and records to the dentist's insurance carrier 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 permit potential purchasers, practice brokers or advisors to evaluate the dental practice and/or conduct an audit in preparation for a practice sale
- 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 information for the purposes that are listed. If a new purpose arises, 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 purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defence 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 review, and for your specific consent.

When unusual requests are received, we will contact you for 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 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. Mark Straus, DDS** and **members of staff** may collect, use and disclose personal information for the following individual(s) as set out in the office's privacy policies:

Print Name(s): _____

 Print Name

 Signature

 Date

 Signature of Witness