



Patient Consent Form Collection, Use & Disclosure 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 we are committed to collecting, using and disclosing your personal information responsibly. We also try to be as transparent as possible about the way we handle your personal information. All staff members who come in contact with your personal information are aware of the sensitive nature of the information disclosed to us. They are trained in the appropriate use and protection of your information.

Attached to this consent form, we have outlined what our office is doing to assure that:

- Only necessary information is collected
- Information is only shared with patient consent
- Privacy protocols, storage, retention and destruction of your personal information complies with existing legislation and privacy protocols provided by our regulatory body, the Royal College of Dental Surgeons of Ontario and the law.

Please do not hesitate to discuss our policies with any of our staff members as we are all dedicated to ensuring you receive the best quality dental care.

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 listed. If a new purpose arises, we will seek your approval in advance.

Your information may be assessed 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 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 review and consent.

When unusual requests are received, we will contact you for your permission to release 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 that decision and the process.

Patient Consent

I have reviewed and understood the above information

Print Name

Signature

Date

Witness Signature