

PERSONAL INFORMATION DISCLOSURE

FEDERAL GOVERNMENT PRIVACY LEGISLATION

EFFECTIVE JANUARY 1, 2004

The privacy of your personal information is an important part of our office providing you with quality dental care. We understand the importance of protecting this information and we are committed to collecting, using and disclosing any of it, in whole or in part, in a responsible manner. We value being as open and transparent as possible about the way we handle your personal information and it is important to us to be committed to providing this service to our patients. Here at March Dental, Dr. Yolande Dmytrowski herself, as well as our office Manager are the Privacy Information Officers so please do not hesitate to discuss our policies with us directly or any members of our March Dental Team.

All team members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us and they are all trained in the appropriate use and protection of this information. To help you understand how we are doing that, we have outlined below why and when our office is using and disclosing your information.

This office will collect, use and disclose 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 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 allow us to maintain communication and contact with you to distribute healthcare 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, including the delivery of patient's charts and 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 (RHPA)
- 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 patient's chart and records to the College in a timely fashion for regulatory and monitoring purposes
- to permit potential purchasers, practice brokers or advisors to evaluate and to conduct an audit in preparation for a practice sale in accordance with the *Personal Health Information Protection Act, 2004 (PHIPA), c. 3, Ached. A, s. 42 (1)*
- to deliver your 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 invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist this office to comply with all regulatory requirements and to comply with the law in general

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 for the use and/or disclosure of your personal information, we will seek your approval in advance.

Our office will not, under any conditions, supply your insurer with your confidential medical history and should any unusual requests be received, we will contact you directly for permission to release such information.

PATIENT CONSENT

I have reviewed the above information that explains how your office will use my personal information and the steps your office is taking to protect my information and I agree that **March Dental** can collect, use and disclose my personal information as set out above.

Signature

Print Name

Date