

PRIVACY AGREEMENT & PATIENT CONSENT FORM for Canmore Downtown Dental

We are committed to protecting the privacy of our patients' personal information and to utilizing all personal information in a responsible and professional manner according to the guidelines outlined in The Personal Information Privacy Act ("PIPA"). This document summarizes some of the personal information that we collect, use and disclose. In addition to the circumstances described in this form, we also collect, use and disclose personal information when permitted/required by law.

All Canmore Downtown Dental staff who come in 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 and protection of your information.

We collect information from our patients such as names, home addresses and telephone numbers, work addresses and phone numbers, forwarding contact numbers and addresses in case of relocation from the Bow Valley, e-mail addresses, Social Insurance Numbers, Alberta Health Care Numbers, and Dental Insurance Information (collectively referred to as "Contact Information"). Contact information is collected and used for the following purposes:

- 1) To open and update patient files
- 2) To invoice patients for dental services, to process credit card payments, or to collect unpaid accounts
- 3) To process claims for payment/reimbursement from third-party health benefit providers & insurance companies.
- 4) To send reminders to patients concerning the need for further dental examination or treatment.
- 5) To send patients information material about our dental practice.
- 6) To assess your health needs and advise you of treatment options.

Contact Information is disclosed to third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf.

Financial Information may be collected in order to make arrangements for the payment of dental services.

We collect information from our patients about their health history, their family health history, physical condition, and existing dental treatments (collectively referred to as "Medical Information"). Patients' Medical Information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Medical Information is disclosed:

- 1) To third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf.
- 2) To other dentists and dental specialists, where we are seeking a second opinion and the patient and the patient has consented to us obtaining the second opinion.
- 3) To other dentists and dental specialists if the patient, with their consent, has been referred by us to the other dentist or dental specialist for treatment.
- 4) To other dentists and dental specialists where those dentists have asked us, with the consent of the patient, to provide a second opinion.
- 5) To other health care professionals such as physicians if the patient, with their consent, has been referred by us to the other health care professional for either a second opinion or treatment.

If we are ever considering selling all or part of our dental practice, qualified potential purchasers may be granted access as part of the due diligence process to patient information in order to verify information important to the potential sale. If this occurs, we will take steps to ensure that the prospective purchaser safeguards all personal information.

Dentists are regulated by the Alberta Dental Association and College, which may inspect our records and interview our staff as part of its regulatory activities in the public interest. Information may also be requested by the regulatory authorities under the terms of the Regulatory Professions Act (RHPA) and for defense on a legal issue.

Privacy of your personal information is an important part of our office providing you with quality dental care. If you have any questions/concerns or need to obtain information, please contact our on site Privacy Information Officer. If you need to transfer your records to another office in the case of relocation, our Privacy Information Officer will need you to first sign a release. Storage, retention, & destruction of your personal information complies with existing legislation & privacy protocols.

I, _____ (print patient's full name), consent to the collection, use and disclosure of my personal information by the office of **Canmore Downtown Dental** as outlined above.

Date

Patient's Signature