

Personal Information Consent Form

We are committed to protecting the privacy of our patients' personal information and utilizing all personal information in a responsible and professional manner.

We collect personal contact information from our patients such as names, home addresses, home telephone numbers, work telephone numbers, and e-mail addresses. Contact information is collected and used to create and update patient files. We will use this information to contact patients in regard to their ongoing dental treatment and care.

Contact Information is disclosed to third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement 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, physical condition, and previous dental treatments. Medical information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Photographs and radiographs are taken to assist the dentist in proper treatment planning and to help educate and inform the patient as to their oral health.

Medical Information, including radiographs and digital photographs, may be disclosed to other dental professionals, dental specialists and health care providers where the dentist is seeking a second opinion or referring the patient for further, specialized treatment.

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.

I consent to the collection, use and disclosure of my personal information as set out above.

Date

Print Name

Signature