

Dental Office Personal Information Consent Form

In our office, we are dedicated to ensuring the protection of our patients' information and insuring that this information is used only in a professional manner. The following indicates some of the information that is collected, why we collect it and when we may disclose your personal information. We collect, use and disclose your personal information where permitted or required by law.

Contact Information

We collect contact information from our patients such as full name, home address, home telephone numbers(s), home email address, work address, work telephone number(s), work email address and cellular phone number. This information is considered as Contact Information and it is collected for a variety of purposes including the following:

- To open and update patient files;
- To invoice patients for dental services, to process credit card payments, or to collect unpaid accounts;
- To process claims for payment or reimbursement from third-party health benefit provider and insurance company; and
- To send correspondence to our patients regarding need for further examination or treatments

Contact information is/may be disclosed to a third party health benefit provider or insurance company when submitting a claim on the patients' behalf, for payment or reimbursement of all or part of the cost of the treatment provided, or when a patient has requested a preauthorization.

Medical/Dental History

We collect from our patients information about their health history, family health history, physical and mental condition, and their dental health history. This Medical/Dental information is collected for a variety of purposes and may be used in part to assist us in diagnosing dental conditions and providing appropriate treatment for you, and may be disclosed for the following purposes:

- To a third-party health benefit provider or insurance company, in the submission of a claim on behalf of the patient, for reimbursement or payment of all or part of the cost of the treatment;
- To a third-party health benefit provider or insurance company on behalf of the patient, in the submission of a preauthorization of treatment;
- To other health/dental providers where, upon your consent, we are seeking a second opinion;
- To other health/dental providers where, upon your consent, we have referred you to for additional/alternative treatment

Financial Information

We collect information related to financial matters for facilitation of payment of your treatment(s).

Note:

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.

Consent

I hereby authorize and consent to the collection, use and disclosure of personal information concerning myself with regards to the above purposes.

Date: **X**
 Signature of: Patient Parent/Guardian