

PRIVACY CONSENT FORM: FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Privacy of your personal information is an important part of our office providing you with quality care. The Vassos Clinic understands the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

All staff members 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.

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

- Only necessary information about you is collected
- We only share information with your consent
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols.
- Our privacy protection complies with privacy legislation, standards of our regulatory body, the Alberta Dental Association & College, and the law.

The Vassos Clinic will collection, use and disclose information about you for the following purposes:

- To deliver safe and efficient patient care
- To identify and ensure continuous high quality service
- To assess your health needs and provide health care
- To advise you of treatment options
- To enable us to contact you and maintain communication with you, including distributing health-care information and book and confirm appointments
- 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 health-care providers, including physicians, pharmacists, referring dentists and specialists
- To allow us to efficiently follow-up for treatment, care and billing
- For teaching and demonstration purposes
- To complete and submit dental claims for adjudication and payment
- To comply with legal and regulatory requirements, including the delivery of patient records to the Alberta Dental Association in a timely fashion when required, according to the provisions of the Regulated Health Professions Act
- To comply with agreements and undertakings entered into voluntarily by The Vassos Clinic with the Alberta Dental Association & College, including the delivery and or review of patient's charts and records in a timely fashion for regulatory and monitoring purposes
- To permit potential purchasers, practise brokers or advisors to evaluate the practice and potentially allow such people to conduct an audit in preparation for a practice sale
- To deliver your charts and records to the staff's insurance carriers to enable the insurance company to assess liability and quantify damages, if any
- 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
- To comply generally with the law

IMPORTANT NOTE REGARDING COLLECTION USING A CAMERA:

Photos of your intra-oral cavity may be taken throughout your treatment. These records are important in tracking the progress of your treatment. They may also be used in obtaining information for research purposes to be used in a study and or published article. Any information used in the studies and or published articles will be on an anonymous basis.

By signing this consent section of the 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 above. If a new purpose arises for the user and or disclosure of your personal information, we will seek your approval in advance.

You may withdraw your consent for use or disclosure of your personal information at any time. It is also your right to choose not to provide us with some or all of your personal information, or deny us the use or disclosure of your information. If you exercise this right, please be aware we may be limited in our ability or may not be able to provide you with dental services.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act 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 for your specific consent. When unusual requests are received, we will contact you for permissions to release such information. We may also advise you if such a release is inappropriate.

Please do not hesitate to discuss our privacy policies with any member of our staff team. Please contact our Privacy Officer if you want a better understand of our Privacy Policy, if you have any questions regarding our Privacy Policy or if you wish to address any concerns regarding our Privacy Policy.

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.

I know that your office has a Privacy Policy, and I can ask to see the Code at any time.

I agree that The Vassos Clinic, under D.M. Vassos Professional Corporation can collect, use and disclose personal information about me as set out above.

Patient (OR Guardian) (print name)	X Signature	Date
Witness (print name)	X Signature	Date