

## CONSENT FOR THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

**Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined below how our office collects, uses and discloses your personal information.**

This office will collect, use and disclose information about you for the following purposes:

- To assess your health needs
- To deliver safe and efficient dental care
- To identify and to ensure continuous high quality service
- To advise you of treatment options
- To establish and maintain communication with you
- To communicate with other treating health-care providers, including other dentists, specialists, physicians, pharmacists and lab technicians
- 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 patients' 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* or for monitoring purposes
- To deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, as necessary
- To permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- 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

**Email :** We will not release your email address or personal information to any outside source without written consent. We will not use your email address for any purpose other than sending notices and other mailings.

**Thank you for your support and understanding in helping our office to comply with all regulatory requirements, and generally with the law.**

I, \_\_\_\_\_, understand that to provide me with dental services and goods, *Dr. Lancelot A. Brown*, as a Health Information Custodian (HIC) will collect, use and disclose personal information from me as set out above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date