

## INFORMED CONSENT AND PATIENT PRIVACY

Our office understands the importance of protecting your personal information. To help you understand how we are doing this, we have outlined how we will use and disclose your information.

We will ask for, use and disclose information about you for the following purposes:

- To deliver safe and efficient patient care
- To identify and endure continuous high quality service
- To assess your health needs
- To provide health care
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care, in general
- To communicate with other treating health care providers including: medical doctor/specialists, dental specialists, general dentist who may be the referring dentist and/or peripheral dentists
- To allow us to maintain communication and contact with you to distribute health care information and to book and confirm appointments
- To allow us to efficiently follow-up on treatment, care and billing
- For teaching and demonstration purpose on an anonymous basis
- To complete and submit dental claims for 3<sup>rd</sup> 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 one the *Regulated Health Professions Act*
- To comply with agreements/undertaking entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patient charts and records to the College in a timely fashion for regulatory and monitoring purposes
- To permit potential purchaser, practice brokers or advisors to evaluate the dental practices and conduct and audit in preparation for practice sale
- To deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare material for the Health Professions Appeal and Review Board (HPARB)
- To invoice 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

By signing this consent, you have agreed that you have given informed consent to Carp Family Dentistry for the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the collection, use and/or disclosure, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulatory Health Professions Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defence of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical history. In the event of 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 permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

### **PATIENT CONSENT**

I have reviewed the above information that explains how your office will use my personal information and the steps the office is taking to protect my information. I know that Carp Family Dentistry has a Privacy Code, and I can ask to see the Code at any time.

I agree that Dr. Kasper and her staff can collect, use and disclose personal information about \_\_\_\_\_ as set out above in the information about the office's privacy policies.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_