

PATIENT CONSENT FORM – COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

At the orthodontic practice of Dr. Austin Chen the privacy of your personal information is of utmost importance. We are committed to collecting, using and disclosing your personal information responsibly. Our policies regarding your personal information are open and transparent.

In this office, Dr. Austin Chen acts as the Privacy Information Officer. All staff members are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate uses and protection of your information; we are committed to adhering closely to our Privacy Code. Please do not hesitate to discuss and review our policies and Privacy Code with any member of our team.

We limit the collection of personal information to only the relevant and necessary information. Your personal information will be stored, retained and destroyed in compliance with the existing legislation and privacy protection protocols of our regulatory body, the Royal College of Dental Surgeons of Ontario, and the federal legislation of the Personal Information Protection and Electronic Documents Act (PIPEDA).

- To accurately assess your overall medical and dental health in order to provide safe, efficient, quality orthodontic and dentofacial orthopedic assessment, diagnosis and treatment
- To identify and to ensure continuous high quality service
- To establish and maintain communication with you in regards to all aspects of your care, including assessment, diagnosis, treatment, and your financial matters
- To offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care generally
- To communicate with your team of health care professionals (e.g. general dentists, dental specialists, medical doctors) in order provide the highest level of comprehensive care in a cohesive manner
- To communicate with laboratories in cases where laboratory services are required
- 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 for treatment, care and billing
- For teaching and demonstrating purposes on an anonymous basis
- 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*
- To comply with agreements/undertakings entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patients' charts and records to the College in a timely fashion for regulatory and monitoring purposes
- 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 deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and qualify damages, if any
- To prepare materials for the Health Professions Appeal and Review Board (HPARB)
- To invoice for goods and services, process credit card payments and collect unpaid accounts
- To assist this office to comply with all regulatory requirements
- To comply generally with the law

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

Your information may be accessed by regulatory authorities under the terms of the *Regulated 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 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
(Patient or Parent/Guardian)
will use my personal information, and the steps your office is taking to protect my information.

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

I agree that Dr. Austin Chen and his staff can collect, use and disclose personal information about
_____ as set out above in the information about the office's privacy policies.
(Patient)

Signature

Print name

Date

Signature of witness