

PRIVACY STATEMENT FOR PATIENTS
& CONSENT FORM

Privacy of our patient's personal information is important to us. We are committed to collecting, using, and disclosing personal information responsibly.

PERSONAL INFORMATION

Personal information for our purposes is; that information necessary for the provision of professional oral healthcare services provided to you, and information necessary to administer this dental practice. Personal information includes all that information provided by you to us on our patient information/health history form at the first visit and subsequent visits. Personal information may also include any information provided by you to us during the normal course of communication between patient and dental office staff. We will use and disclose only information that you or another person acting on your behalf have provided.

INFORMATION PROTECTION

We are committed to protecting your personal information. We have established and implemented a variety of security measures to properly manage and safeguard your personal information from loss, theft and unauthorized access. Access to your personal information shall be on a "need to know" basis.

INFORMATION DISCLOSURE

Your personal information shall be disclosed to only those who have a need to know and the specific information disclosed shall be restricted to only that information relevant to the recipients. Those who have a need to know include other dentists and health care providers (i.e. dental specialists, personal physicians) and insurance benefit providers. Further, the personal information disclosed to dental benefit providers is limited to only that personal information required by the provider. You may at any time designate any restrictions as to whom we may disclose your personal information or restrict the content of a disclosure.

INFORMATION RETENTION AND DESTRUCTION

We will retain your personal information for a period necessary to continue providing oral health services to you, and for its related administration. We will destroy information in a secure manner when the information is no longer necessary for the provision of oral health services and is not required to be retained for compliance with provincial or federal regulations or statutes.

YOUR ACCESS TO OUR RECORDS

We are committed to providing you with open access to your personal information held by us. You may at any time ask us to see your records and to request amendments to that information. We will provide access to you within a reasonable timeframe recognizing your desire for the information and our need to carry on our practice with limited interruption.

COMPLAINT PROCESS

Should you wish to make a formal complaint regarding our privacy practices, please do so in writing to our privacy officer, Dr. Paul Bonazza.

CONTACT

Should you have any questions, comments or concerns, please bring them to the attention of our receptionist or Dr. Paul Bonazza. We will be pleased to assist you.

CONSENT _____

ACKNOWLEDGEMENT

Having read and understood the PRIVACY STATEMENT FOR PATIENTS, I consent to the collection, use and disclosure of my personal information as presented in the document above, subject to the restrictions identified below.

No restrictions_____

RESTRICTED ACCESS

My personal information shall not be provided to the following individuals or organizations:_____

RESTRICTED INFORMATION

Personal information disclosed from the personal information collected, shall not include:_____

PATIENT SIGNATURE_____

DATE_____