



Personal Information Consent Form

We are committed to protecting the privacy of our clients' personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes some of the personal information that we collect, use and disclose. In addition to the circumstances described in this form, we also collect, use and disclose personal information when permitted or required by law.

We collect information from our clients such as names, homes addresses, work addresses, home and work telephone numbers, and e-mail addresses (collectively referred to as "Contact Information").

Contact Information is collected and used for the following purposes:

- To open and update client files.
- To invoice clients for dental services, to process credit card payment, or to collect unpaid accounts.
- To process claims for payment or reimbursement from third-party health benefit providers and insurance companies.
- To send reminders to clients concerning the need for further dental examination or treatment.
- To send clients informational material about our dental practice.

Contact Information is disclosed to third party health benefit providers and insurance companies where the client has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the client's behalf.

Financial information may be collected in order to make arrangements for payment of dental services.

We collect information from our clients about their health history, their family health history, physical condition, and dental treatments (collectively referred to as "Medical Information"). Clients' Medical Information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Clients' Medical Information is disclosed:

- To third party health benefit providers and insurance companies where the client has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the client's behalf.
- To other dentists and dental specialists, where we are seeking a second opinion and the client has consented to us obtaining the second opinion.
- To other dentists and dental specialists if the client, with their consent, has been referred by us to the other dentist or dental specialist for treatment.
- To other dentists and dental specialists where those dentists have asked us, with the consent of the client, to provide a second opinion.
- To other health care professional such as physicians if the client, with their consent, has been referred by us to the other health care professional for either a second opinion or treatment.

If we are ever considering selling all or part of our dental practice, qualified potential purchasers may be granted access to client information, as part of the due diligence process, in order to verify information important to the potential purchaser. If this occurs, we will take steps to ensure that the prospective purchaser safeguards all personal information.

Dentists are regulated by the Alberta Dental Association and College which may inspect our records and interview our staff as part of its regulatory activities in the public interest.

I consent to the collection, use and disclosure of my personal information as set out above.

Signature

Print Name

Signature

Date