

4th Avenue Dental Centre
Personal Information Consent Form

We are committed to protecting the privacy of our patients' 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 patients such as names; home and work addresses; home, business and cellular numbers and email addresses (collectively referred to as `Contact Information`). Contact information is collected and used for the following purposes:

- To open and update patient files
- To invoice patients for dental services; to process credit/debit card payments or to collect unpaid accounts
- To process claims for payments or reimbursement from third party health benefit providers and insurance companies
- To send reminders to patients concerning the need for further dental examinations or treatment
- To send patients informational material about our dental practice

Contact information is disclosed to third party health benefit providers and insurance companies where the patient 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 patients; behalf.

Financial information may be collected in order to plan for the payment of dental services.

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

Patients' medical information is disclosed:

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

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

I consent to receive electronic communication from 4th Avenue Dental. I can withdraw my consent at any time.

EMAIL ADDRESS: _____ TEXTING: _____

DATE

PRINT NAME & RELATIONSHIP TO PATIENT

SIGNATURE