

## **Privacy Policy Consent** **For Collection, Use and Disclosure of Personal Information**

Privacy of your information is an essential part of this clinic. We understand the importance of protecting your personal information and we are committed to collecting, using and disclosing your information responsibly. Any staff who comes in contact with your personal information is aware of the sensitive nature of the information that you have provided to us and has been trained in the appropriate uses and protection of your information.

This clinic will ensure that:

- Only necessary information is collected from you
- That we only share your information with your consent
- That the storage, retention and destruction of your information complies with privacy protocols
- Our privacy protocols comply with privacy legislation and standards of our regulatory body

### **How Our Office Collects, Uses and Discloses Patients' Personal Information**

Our clinic understands the importance of protecting your personal information. Here is an outline of how our clinic is using and disclosing your information:

- To assess your health needs
- To provide health care and treatment in a safe manner
- To advise you of treatment options
- To enable us to contact and maintain communication with you
- To collaborate with other treating health care providers, like specialists and referring Dentists
- To book and confirm appointments
- To be able to follow up on treatment care and billings
- For teaching or demonstrating on an anonymous basis
- To complete and submit claims for payment
- To comply with legal and regulatory requirements, to the provisions of the Regulated Health Professions Act and to governing bodies
- To be assessed by regulatory bodies under the Regulated Health Professionals Act and for the defense of a legal issue
- In the event of a records keeping review or audit
- To the clinics insurance carrier, in an event where they need to access liability and damages
- To prepare records for the Health Professions and Review Board (HPRB)
- To invoice for treatment, services or goods
- To collect unpaid accounts

Our clinic will not supply your insurer with your confidential medical history. In an event that this kind of request is made, we will forward the information directly to you for your review and consent.

I have reviewed the above information that explains how this clinic will use my personal information and the steps that the clinic is taking to protect my information. By signing this consent form, I have agreed to and have given informed consent to the collection, use and disclose of my personal information for the purposes that are listed above. I am aware that the clinic follows a privacy policy and I can ask to see the code or can withdraw my consent at anytime.

Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

### **General Release and Waiver for Dental Liability**

I, the undersigned, certify that I have provided an accurate, truthful and complete personal, medical and dental history to the best of my knowledge. Should there be any changes to my health status or with any of the other information that has been provided, I will advise the providers at Something To Smile About. I have agreed and given consent for the treatment and care that my hygienist will be providing for me today. Something to Smile About is a clinic that provides dental hygiene specific care, treatment and services. I am aware that diagnosing decay is out of the scope of practice for a dental hygienist, and therefore I do not hold Valerie Empey RDH and health care provider liable for the diagnosing of decay or for areas of decay that may go undiagnosed or undetected. As a patient, it is my responsibility for me to continue to see a Dentist on the recommended once a year minimum basis for routine exam, xrays and dental care.

Date: \_\_\_\_\_

Patient, Parent or Gaurdian Signature: \_\_\_\_\_

Whom may I thank for referring you: \_\_\_\_\_

All records reviewed by: \_\_\_\_\_