

# **Stuart Denture Clinic**

## **Personal Information Protection Act Consent Form**

In our office, we are dedicated to ensuring the protection of our patients personal information and insuring that this information is used only in a professional manner. The following indicates some of the information that is collected, why we collect it, and when we may disclose it. We collect, use and disclose your personal information where permitted or required by law.

### **Contact Information**

We collect information such as full name, home address, home telephone numbers, work telephone number, cell numbers and email address. This is considered Contact Information and it is collected for a variety of purposes including the following:

- To open and update a patient file;
- To invoice patients for dental services, to process credit card payments;
- To send correspondence to our patients regarding need for further examination or treatment;
- To send correspondence to our patients regarding our clinic and practice;
- To process claims for payment or send pre-authorization to insurances companies or third party health benefit provider.

### **Medical/Dental History**

We collect from our patients, information about their health history, family health history, physical and mental condition and their dental health history. This Medical/Dental information is collected for a variety of purposes and may be used in part to assist us in diagnosing dental conditions and providing appropriate treatment for you and may be disclosed for the following purposes:

- To a third party health care provider or insurance company, in the submission of a claim on the behalf of the patient, for reimbursement or payment of the cost of the treatment.
- To a third party health care provider or insurance company on behalf of the patient in the submission of a preauthorization of treatment.
- To other health/dental providers where, upon your consent, we are seeking a second opinion or have referred you to for additional/alternative treatment.

### **Financial Information**

We collect information related to financial matters for facilitation of payment of your treatment(s).

### **Future Use**

If consideration to sell this practice ever occurs, any qualified potential purchasers may be granted access as part of due diligence process to patient information, in order to verify information related to the sale. If this ever occurs, we will take necessary steps to ensure that the prospective purchaser protects any personal information, as we have done.

### **Regulatory**

The College of Alberta Denturists regulates all Denturists in the Province of Alberta and as part of their regulatory function, may inspect our records and interview our staff.

### **Consent**

I hereby authorize and consent to the collection, use and disclosure of personal information concerning myself with regards to the above purposes, dated at the City/Town of \_\_\_\_\_ in the province of Alberta, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_