

## **PRIVACY STATEMENT/CONSENT FORM FOR PATIENTS**

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 is information that is necessary for the provision of professional oral health care services provided to you and information necessary to administer this dental practice. Personal information includes all information provided by you to us on our patient information/health/medical history form at the first visit and any subsequent visits.

Personal information may also include any information provided by you to us during the normal course of communication between patient and dental staff. We will use and disclose only information provided to us by you or another person acting on your behalf during professional communications.

### **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 recipient's need to know. Those who have a need to know include other dentists and health care providers (i.e. dental specialists, personal physicians). Further, the personal information disclosed to dental benefit providers is limited to 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 the 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 YOUR 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 held by us. We will provide access to you within a reasonable time frame.

**CONTACT:**

Should you have any questions, comments, or concerns, please bring them to my attention or the attention of our team. We will be pleased to assist you.

SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_

DDS