

## PATIENT PRIVACY CONSENT FORM

Privacy of your personal information is an important part of our office. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

In this office, Dr. Wendy Tang acts as the Privacy Information Officer. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information. Do not hesitate to discuss our policies with any member of our office staff.

At Just4Kids Pediatric Dentistry, we ensure that only necessary information is collected about you; we only share your information with your consent; storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols; our privacy protocols comply with privacy legislation, standards of our regulatory body, the Royal College of Dental Surgeons of British Columbia, and the law.

We will collect, use and disclose information about you for the following purposes:

- to deliver safe and efficient patient care
- to ensure continuous high quality service
- to assess your health needs
- to advise you of treatment options
- to communicate with other treating health-care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- to enable us to contact and maintain communication with you, to book and confirm appointments
- to allow us to efficiently follow-up on your treatment and on-going care
- to facilitate the billing process
- to complete and submit dental claims on your behalf
- to comply with legal and regulatory requirements according to the provisions of the *Regulated Health Professions Act* and also for other regulatory and monitoring purposes
- to present individual cases for teaching and demonstrating purposes on an anonymous basis

Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of a request is made, we will forward the information directly to you for review, and for your specific consent.

By signing the consent section of this Patient Privacy Consent Form (below), you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance. You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

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## PATIENT PRIVACY CONSENT

I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information. I know that your office has a Privacy Code, and I can ask to see the Code at any time. I agree that Dr. Wendy Tang Inc. can collect, use and disclose personal information about \_\_\_\_\_ as set out above in the information about the office's privacy policies.

(Patient's Name)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date (MM/DD/YY)