

Personal Information Protection Act Consent Form

SWISS DENTURE CLINIC 211, 2505 17 AVENUE SW CALGARY, ALBERTA 403-246-8685

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 your personal information. We collect, use and disclose your personal information where permitted or required by law.

Contact Information

We collect contact information from our patients such as full name, home address, home telephone number(s), home email address, work address, work telephone number(s), work email address, and cellular phone number. This information is considered as 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, or to collect unpaid accounts;
- To process claims for payment or reimbursement from a third-party health benefit provider or insurance company*;
- To send correspondence to our patients regarding need for further examination or treatments; and
- To send correspondence to our patients regarding our clinic and practice.* Contact information is/may be disclosed to a third party health benefit provider or insurance company when submitting a claim on the patients' behalf, for payment or reimbursement of all or part of the cost of the treatment provided, or when a patient has requested a preauthorization of a proposed treatment.

Medical/Dental History

We collect from our patients, information about their health history, family health history, physical and mental condition, their dental health history, and family 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 benefit provider or insurance company, in the submission of a claim on behalf of the patient, for reimbursement or payment of all or part of the cost of the treatment ;
- To a third-party health benefit 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;
- To other health/dental providers where, upon your consent, we 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 or a portion of 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 in the process of their duties.

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__.

Patient /Guardian Name (print)

Patient/Guardian Name (signature)