

**PATIENT CONSENT FORM:
COLLECTION, USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION**

Privacy of your personal information is an important part of our office providing you with quality dental care. We understand the importance of protecting your personal health information. We are committed to collecting, using and disclosing your personal health information responsibly.

In this office, Dr. Harvey acts as the Privacy Information Officer. He is the contact person for personal health information related matters.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed with us. They are all trained in the appropriate uses and protection of your information.

To help you understand how our office is protecting your personal information, we have outlined here how our office is using and disclosing your information.

- To deliver safe and efficient health and patient care
- To identify and ensure continuous high quality services in relation to oral health and dental care.
- To access your dental needs
- To advise you of treatment options
- To enable us to contact you and to establish and maintain communication with you
- To communicate with other treating health-care providers
- To allow us to efficiently follow-up for treatment, care and billing.
- To process credit card payments and to collect unpaid accounts
- To completed and submit dental claims for third party adjudication and payment
- To comply with legal and regulatory requirements of the Royal College of Dental Surgeons of Ontario, and the law.

By signing the consent section of the Patient Consent Form, 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 above. Do not hesitate to discuss our policies with any of our staff members. Please be assured that Dr. Harvey and his staff are committed to ensuring that you receive the best quality dental care.

I have reviewed the information that explains how Harvey Dental will use my personal information, and the steps the office is taking to protect my information.

Signature:

Date:
