

Information Consent Form



We are committed to protecting the privacy of our patients' information and to utilizing it in a responsible and professional manner. Find below a summary of the personal information we collect, use and disclose.

We collect information from our patients such as names, addresses, phone numbers (collectively referred to as "Contact Information") for the following purposes:

- To open and update patient files
- To invoice patients for dental services, to process credit card payments, or collect unpaid accounts
- To process claims for payment or reimbursement from third-party health benefit providers and insurance companies
- To send reminders to patients
- To send informational materials about our dental practice

Contact information is disclosed to third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf.

We collect information from our patients about their personal health history, family health history, physical condition, and dental treatments (collectively referred to as "Medical Information"). Patients' Medical Information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Patients' Medical Information is Disclosed:

- To third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf
- To other dentists and dental specialists of the patient, if the patient, with their consent, has been referred by us to the other dentist or dental specialist for treatment
- To other dentists and dental specialists, where seeking a second opinion and the patient has consented to us obtaining a second opinion
- To other health care professionals such as physicians, if the patient, with their consent, has been referred by us to the other health care professional for either a second opinion or treatment

In addition, dentists are regulated by the Alberta Dental Association and College, which may inspect our records and interview our staff as part of its regulatory activities in the public interest.

I consent to the collection, use and disclosure of my personal information as set out above.

Date: _____

Print Name: _____ Signature: _____

Print Names of Minors: _____

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