FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The privacy of your personal health 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 information responsibly. We also try to be as open and transparent as possible about the way we handle your personal health information. It is important to us to provide this service to our patients. In this office, Dr. Taner Cakmak acts as the Privacy Information Officer.

All staff members who come in contact with your personal health 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.

Attached to this consent form, we have outlined what our office is doing to ensure that:

- only necessary information is collected about you.
- we only share your information with your consent.
- storage, retention, and destruction of your personal health 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 Ontario, and the law. Do not hesitate to discuss our policies with me or any member of our office staff. Please be assured that every staff person of our office is committed to ensuring that you receive the best quality of dental care. HOW OUR OFFICE COLLECTS, USES AND DISCLOSES PATIENT'S PERSONAL INFORMATION Our office understands the importance of protecting your personal health information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information.

This office will collect, use, and disclose personal health information about you for the following purposes:

- To deliver safe and efficient patient care
- To identify and to ensure continuous high-quality service
- To assess your health needs
- To provide health care
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care, and services in relation to the oral and maxillofacial complex and dental care generally
- To communicate with other treating health care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- To allow us to maintain communication and contact with you to distribute health care information and to book and confirm appointments
- To allow us to efficiently follow up for treatment, care, and billing
- For teaching and demonstrating purposes on an anonymous basis
- To complete and submit dental claims for third-party adjudication and payment

- To comply with legal and regulatory requirements, including the delivery of patients' charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act
- To comply with agreements/undertakings entered voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patient's charts and records to the College in a timely fashion for regulatory and monitoring purposes
- To allow consultants or advisors to conduct an audit and assist in beneficial office management processes.
- To deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and eligibility and satellite dental offices.
- To prepare materials for the Health Professions Appeal and Review Board (HPARB)
- To invoice for goods and services
- To process credit card payments
- To assist this office to comply with all regulatory requirements
- To comply generally with the law

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/ or disclosure of your personal health information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal health information, we will seek your approval in advance. Your personal health information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA. Our office will not under any conditions supply anyone with your confidential documents. In such event, a request will be made, and we will forward the information directly to you for review and for your consent. If any unusual requests are received, we will contact you for permission to release information and we may also advise such a release as inappropriate. You may withdraw your consent for use or disclosure of your personal health information at any time.

Patient Name:			Patient Signature:	
Date:		Witness:		