

## **Privacy Policy: Patient Consent Form: For Collection, Use, and Disclosure of Personal Information**

Privacy of your personal information is an important part of Dental Hygiene on Demand (DHOD) and a part of providing you with quality dental care. DHOD understands the importance of protecting your personal information. DHOD is committed to collecting, using, and disclosing your personal information responsibly. DHOD also tries to be as open and transparent as possible about the way we handle your personal information. It is important that we provide this service to our clients.

In this business, Melissa Sedore, R.D.H., acts as the Privacy Information Officer.

I am aware of the sensitive nature of the information that you have disclosed to DHOD. I am trained in the appropriate uses and protection of your information.

Attached to this consent form, I have outlined what DHOD is doing to ensure that:

- Only necessary information is collected about you;
- I only share your information with your consent;
- Storage, retention, and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- DHOD's privacy protocols comply with privacy legislation, standards of my regulatory body, the College of Dental Hygienists of Ontario, and the law.

Do not hesitate to discuss these policies with me.

Please be assured that I am committed to ensuring that you receive the best quality dental care.

### **How DHOD Collects, Uses, and Discloses Patients' Personal Information**

DHOD understands the importance of protecting your personal information. To help you understand how I am doing that, I have outlined here how DHOD is using and disclosing your information.

DHOD will collect, use, and disclose 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 DHOD to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care, and services in relationship 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 DHOD to maintain communication and contact with you to distribute health-care information and to book and confirm appointments.
- To allow DHOD 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 College of Dental Hygienists of Ontario in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act
- To comply with agreements/undertakings entered into voluntarily by the member with the College of Dental Hygienists of Ontario, including the delivery and/or review of client's charts and records to the College in a timely fashion for regulatory and monitoring purposes
- To permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- To deliver your charts and records to the dental hygienist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare material for the Health Professions Appeal and Review Board (HPARB)
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To assist DHOD 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 information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, DHOD will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the *Regulated Health Professions Act* (RHPA) for the purposes of the College of Dental Hygienists of Ontario fulfilling its mandate under the RHPA, and for the defense of a legal issue.

DHOD 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.

When unusual requests are received, DHOD will contact you for permission to release such information. DHOD may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and DHOD will explain the ramifications of that decision, and the process.

**Patient Consent**

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

I know that DHOD has a Privacy Code, and I can ask to see the Code at any time.

I agree that Melissa Sedore, R.D.H. can collect, use and disclose personal information about myself as set out above in the information about the office's privacy policies.

\_\_\_\_\_

(PRINT NAME)

\_\_\_\_\_

(SIGNATURE)

\_\_\_\_\_

(SIGNATURE OF WITNESS)

\_\_\_\_\_

(DATE)