



## PRIVACY STATEMENT FOR PATIENTS

As of January 1<sup>st</sup>, 2004, a law was put into effect by PIPEDA (Personal Information Protection Electronic Documents Act) which requires all dental patients to read and sign a privacy statement and consent form. Sorry for any inconvenience but please take a moment to read, sign and date this form. Thank you!

Privacy of our patients' personal information is important to us and we are committed to collecting, using, and disclosing personal information responsibly.

**Personal Information:** Personal information for our purpose is that information necessary for the provision of professional oral healthcare services provided to you and information necessary to administer this dental practice. Personal information includes all that information provided by you to us on our patient information/health/medical history forms at the first visit and any subsequent visits. Personal information may also include any information provided by you to us during the normal course of communication between patient and dental office staff. We will use and disclose only information provided to us by you or another person acting on your behalf.

**Information Protection:** We are committed to protecting your personal information. We have established and implemented a variety of security measures to properly manage and safeguard your personal information from loss, theft, and unauthorized access. Access to your personal information shall be on a 'need to know' basis.

**Information Disclosure:** Your personal information shall be disclosed to only those who have a need to know and the specific information disclosed shall be restricted to only that information relevant to the recipients need to know. Those who have a need to know include other dentists and healthcare providers (i.e. Dental specialists, personal physicians). Further, the personal information disclosed to benefit providers is limited to only that personal information required by the provider. You may at any time designate any restrictions as to whom we may disclose your personal information or restrict the content of a disclosure.

**Information Retention & Destruction:** We will retain your personal information for the period necessary to continue providing oral health services to you and for its related administration. We will destroy information in a secure manner when the information is no longer necessary for the provision of oral health services and is not required to be retained for compliance with provincial or federal regulations or statutes.

**Your Access to Your Records:** We are committed to providing you with open access to your personal information held by us. You may at any time ask us to see your records held by us and to request amendments to that information. We will provide access to you within a reasonable timeframe recognizing your desire for the information and our need to carry on our practice with limited interruption.

**Complaint Process:** Should you wish to make a formal complaint regarding our privacy practices, please do so in writing to our privacy officer, Carrie McDonald.

**Contact:** Should you have any questions, comments, or concerns, please bring them to my attention or the attention of our privacy officer, Carrie McDonald. We will be pleased to assist you.

## CONSENT

Having read and understood the PRIVACY STATEMENT FOR PATIENTS, I consent to the collection, use and disclosure of my personal information as presented in the STATEMENT, subject to the restrictions identified below.

No Restrictions: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_