

Harborn Dental/Mississauga Dental Specialists/ GD Orthodontics
2090 Hurontario Street Unit 2&3, Mississauga, Ontario, L5B 1M8
905-275-1300/905-275-1022
harbordental@gmail.com
contactus@dentalspecialist.ca

**How Our Office Collects, Uses and Discloses Patients
Personal Information**

Our office understands the importance of protecting your personal 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 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 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 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 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 agreement/undertaking entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patients charts and records to the College in a timely fashion for regulatory and monitoring purposes
- To permit potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- To delivery your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials 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 this office to comply with all regulatory requirements
- To comply generally with the law

By signing the consent 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, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulatory Health Profession Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defence of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to your for review, and for your specific consent.

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

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

If you would like us to contact you via email to provide you with relevant dental health information, treatment options, billing & financial, invoices and appointment information please complete the following:

Email: _____ Sign: _____ Date: _____

You may choose to withdraw your consent at any given time by sending an email to us with the message NO MORE EMAILS in the subject line.

Patient Consent

I have reviewed the above information that explains how your office will use my personal information and the steps your office are taking to protect my information. I know that your office has Privacy Code, and I can ask to see the Code at any time.

I agree that the Staff at Harborn Dental can collect, use and disclose personal information about _____ as set out above in the information about the
(Patient's Name)

Office's privacy policies.

Signature

Print Name

Date

Signature of Witness

I also authorize the staff at Harborn Dental to release any personal, medical, dental or financial information to my following family members:

Name of family member

Relationship

Name of family member

Relationship

Name of family member

Relationship

Name of family member

Relationship

For Out of Province Patients

I agree that the relationship between the dentist and myself shall be governed and construed in accordance with the laws of the province of Ontario. I acknowledge that the treatment/service is to be performed in the province of Ontario, and agrees that the courts of the province of Ontario shall have exclusive jurisdiction to adjudicate any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the treatment.

I agree that I will commence any such legal proceedings in the province of Ontario and only in the province of Ontario and hereby submits to the jurisdiction of that province.

Signature of Patient

Date

Name of Patient

Place (Name of city)

Signature of Witness

Name of Witness (Print)