

Patient Privacy Consent Form

Privacy of your personal information is an important part of our office providing you with quality dental care. We understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly.

In this office the doctors act as the Privacy Information Officers. All staff members who come in contact with your personal information are aware of the sensitive nature of the information. Do not hesitate to discuss our policies with any member of our office staff.

At the Metrowest Dental Center, we ensure that only necessary information is collected about you; we only share your information with your consent; storage, retention, and destruction of your personal information complies with existing legislation, and privacy protection protocols; our privacy protocols comply with privacy legislation standards of our regulatory body and the law.

We will collect, use, and disclose information about you for the following purposes:

- To deliver safe and effective patient care
- To ensure continuous high quality service
- To assess your health needs
- To comply with legal and regulatory requirements according to provisions of the regulated health professions act and also for other regulatory and monitoring purposes
- To advise you of treatment options
- To facilitate the billing process
- To complete and submit dental claims on your behalf
- To communicate with other treating healthcare providers, including specialist and General Dentist

Our office will not under any circumstances supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent. You may withdraw your consent for the use or disclosure of your personal information and we will explain the ramifications of that decision and the process.



Patient Consent

I have reviewed the above information that explains how your office will use my personal information and the steps your office is taking to protect my information. I know that your office has a Privacy Code and I can ask to see the code at any time. I agree that Metrowest Dental Center can collect, use and disclose information about _____ as set out above in the information about the offices privacy policies.

Signature of Parent or Guardian

Relationship

Date

Signature of Doctor(*Witness*): _____