

Dr. Pakozdi and Associates

103-460 Main St E
Hamilton, ON L8N 1K4

OFFICE POLICY FOR THE COLLECTION, USE AND DISCLOSURE OF PATIENT PERSONAL INFORMATION

As dental professionals we are required to comply with **Federal and Provincial Privacy Legislation, (PIPEDA) and (PHIPA)**. In order to do so, each of our patients must sign a consent form acknowledging and allowing us to collect, use and disclose personal information according to specific guidelines.

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

All staff members who come in contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

Our office has a Privacy Code which you may review at any time and freely discuss with our **Privacy Information Officer (federal) also known as our Health Information Custodian (provincial)**.

In our office we will collect, use and disclose information about you for the following purposes:

- to assess your health needs and risks and to provide safe and efficient dental care
- to enable us to contact you to schedule and confirm appointments, including following up for treatment
- to offer and to provide treatment, care and services in relation to the mouth and jaws
- to communicate with other treating health-care providers, including other specialists and general dentists and/or referring dentists, physicians, pharmacists and laboratory technicians
- to allow us to efficiently manage your account, including invoicing for goods and services, obtaining debit and credit card payments, credit authorization purposes and for collection of unpaid accounts
- to complete and prepare dental treatment estimates /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 permit potential purchasers, practice brokers or legal and financial advisors to evaluate the dental practice
- to deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability
- for teaching and demonstrating purposes on an anonymous basis
- to assist this office in complying with all regulatory requirements and generally with the law

PATIENT ACKNOWLEDGEMENT AND CONSENT

I have reviewed the above information that explains why and how our office will collect, use and disclose my personal information and have been given the opportunity to ask questions about the steps your office is taking to protect this information. I acknowledge and agree that the office of **DR. PAKOZDI** can collect, use and disclose personal information about me for the purposes listed.

Patient _____

Signature _____

Witness _____

Date _____