

DR. CONNY ATHANASOPOULOS

## PATIENT CONSENT FORM

Effective January 4, 2004, the New Federal Personal Information Protection and Electronic Documents Act (PIPEDA) regulated the collection, use, and disclosure of personal information in the private sector.

PIPEDA allows for information to be disclosed to other healthcare providers, laboratories, related health professionals, including commercial third parties in the course of activities for reimbursement as long as the information is related to care and treatment of a patient and that the patient knows the information will be shared.

This office will comply with the principles of PIPEDA and as such will ensure that:

1. Only necessary information is collected about you.
2. Only share your information with your consent.
3. Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols.
4. Our privacy protocols comply with Federal privacy legislation, standards of our regulatory bodies (The Manitoba Dental Association and The Royal College of Dental Surgeons of Ontario).

Our orthodontic office is committed to protecting your personal information that we collect from you (such as medical history, address, phone number, social insurance number (where needed), credit card information, insurance information, marital status, and dependants). To help you understand how we are doing that, we have outlined below how your personal information is being used by our office.

- To deliver safe and efficient orthodontic care.
  - Ensure that side effects from adding or mixing medications will be minimized.
  - Ensure that any health problems that you may have will not be aggravated or cause problems with treatment that is done.
- To identify and ensure quality care.
- To assess your dental health needs.
- To provide proper and timely orthodontic care.
- To advise you of treatment options.
- To enable us to maintain communication with you for the following purposes:
  - To follow-up for treatment, care, and billings.
  - Book and confirm appointments.
  - Distribute dental health information.
- To communicate with other treating dentists and healthcare providers, including specialists and/or referring dentists.
- To comply with legal and regulatory requirements as stated in *The Dental Associate Act*, which would include:
  - Delivery of patient charts, x-rays, and other materials to The Manitoba Dental Association and The Royal College of Dental Surgeons of Ontario for the purposes of reviewing patient complaints.
  - To prepare materials for the Peer Review Inquiry Panel as identified in The Dental Association Act.
- To complete and submit dental claims to insurance companies for review and payment in their third party insurance plans.

- To process payments for orthodontic care and purchases from our office.
- To assist in the collection of outstanding accounts.
- To permit potential purchasers, practice brokers or advisors to evaluate the practice and/or conduct an audit in preparation of its sale.
- To comply with PIPEDA.

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

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, we will seek your approval in advance.

Our office 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, we will contact you for your permission to release such information. 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.

**Patient Right to Access Personal Information**

Patients have a right to access their personal information collected by our orthodontic office, correct or amend any personal information which is identified as being incorrect, and/or make a complaint about the privacy practices.

If you do have a concern and/or wish to make a complaint to us about our privacy practices, including asking questions about the contents of your charts or records, you must make your request in writing and submit it to our office Privacy Officer.

**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 agree that ACP Orthodontics can collect, use, and disclose personal information about \_\_\_\_\_ as set out above in the information about the office’s privacy policies.  
Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness